



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Cove Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	02 August 2023 and 03 August 2023
Centre ID:	OSV-0002087
Fieldwork ID:	MON-0031689

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cove Residential Services is a designated centre operated by Carriglea Cairde Services. It provides a community residential service to a maximum of 13 adults with a disability. The designated centre consists of three houses, one in a urban estate and two in a rural setting within close proximity of that town. Each house comprised of a kitchen, dining room, sitting rooms and individual resident bedrooms. The staff team consists of a social care workers and care assistants. The staff team are supported by the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 2 August 2023	09:45hrs to 18:00hrs	Conan O'Hara	Lead
Thursday 3 August 2023	09:30hrs to 15:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted by one inspector over two days to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet with 10 residents over the course of the inspection. All residents used different means to communicate, such as verbal communication, vocalisations, facial expressions, behaviours and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with the staff team and management, monitoring care practices and reviewing documentation.

On the first day of the inspection, the inspector visited the first unit which was home to three residents. At the time of the inspection, the centre was also supporting one adult to transition into the service. On arrival, the inspector met with the three residents as they were enjoying their holidays from their day services. The inspector observed residents relaxing watching TV, engaged in cooking and preparing to have lunch. Later in the morning, the resident who is transitioning to the centre arrived and was observed relaxing in the conservatory room. Overall, the residents appeared relaxed and comfortable in their home.

In the afternoon, the inspector visited the second unit which was home to three residents. The inspector met two residents of this unit as one resident was spending time with a family member. On arrival the inspector was welcomed by one resident who showed the inspector around their home. The resident also showed the inspector their bedroom and photos of people important in their life. The resident then made plans with staff to go for a coffee. The inspector met with the second resident in the sitting room and they were observed to be relaxed in the presence of the staff team and management. Positive interactions were observed between the residents and the staff team.

On the second day of inspection, the inspector visited the third unit of the centre which was home to five residents. The inspector was informed that one resident availed of the service for certain days during the weeks. On arrival, the inspector observed residents being supported to prepare for the day. During the morning the inspector observed residents making plans with staff to go out in the community for lunch.

The inspector also reviewed six questionnaires completed by residents' describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a level of satisfaction with many aspects of service in the centre such as bedrooms, meals and the staff who supported the residents. However, three residents noted that they would like their bedrooms painted.

The inspector carried out a walk through of the centre accompanied by the Senior Services Manager. As noted, the centre is comprised of three houses located within a close proximity of each other. Each house comprised of a kitchen, dining room, sitting rooms and individual resident bedrooms. All three houses were observed to be clean and homely in nature. Residents' photographs and personal items were located throughout their home. The previous inspection found that two of the houses required painting. This had been completed.

Overall, residents were supported to live a good quality of life and appeared comfortable in their home. The staff team were observed supporting the residents in an appropriate and caring manner. However, there were a number of areas identified which required improvement including governance and management, staffing arrangements, staff training and development, personal plans, restrictive practices and fire safety.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management system in place which ensured a good level of oversight of care delivery in the designated centre. On the days of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, improvements were required in governance and management, staffing arrangements and staff training and development.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was on leave on the days of the inspection and therefore the inspection was facilitated by the Senior Services Manager. There was evidence of quality assurance audits taking place including the annual review and six-monthly unannounced audits as required by the regulations. However, improvements were required in the timeliness of the six-monthly unannounced audits.

On the days of inspection, there were sufficient numbers of staff on duty to support residents' assessed needs. The inspector observed positive interactions between the residents and the staff team. From a review of the roster, it was evident that there was a core staff team in place which ensured continuity of care and support to residents. However, the staffing arrangements required further review. For example, the provider had self-identified a reliance in agency staffing and was actively working to reduce same. In addition, the staffing arrangements in place in one unit required review following a change in the day service provision for one resident.

There were systems in place for the training and development of the staff team. From a review of a sample records, it was evident that the majority of staff team in

the centre had up-to-date training. However, some improvement was required to ensure all of the staff team were up to date in training.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that there was a core staff team in place. The inspector was informed that the centre was operating with two vacancies. One vacancy had been filled with the staff member due to start shortly following the inspection. The other vacancy was being filled by regular agency and relief staff while recruitment was ongoing. This ensured continuity of care and support to residents.

On the days of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The staff team consisted of social care workers and care assistants. However, the staffing arrangements in one unit required review. For example, there had been a reduction in the day service provision for one resident. This meant that in this unit during the day, one resident attended day services and the three remaining residents were supported by two residential staff members. The inspector reviewed documentation outlining that the increase in residents being supported from home had an impact on one of the residents and required further review.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the majority of the staff team in the centre had up-to-date training. This meant that the staff team had the suitable skills and knowledge to support and meet the residents needs. However, some of the staff team required refresher training in fire safety and in safety and de-escalation and intervention techniques.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Senior Services Manager, who in turn reported to the Chief Executive Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. In addition, there was evidence of local audits completed by the quality and standards manager taking place across the three units.

However, the timeliness of the six-monthly provider audits required some improvement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that the residents were being supported in a person centre manner. However, some improvements were required in personal plans, fire safety and restrictive practices.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting residents with their personal, social and health needs. However, some improvement was required in ensuring the assessment of a number of the residents personal, social and health needs was up-to-date and reviewed at least annually.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvements were required to ensure that all residents could evacuate safely in the event of an emergency, particularly at night-time. This was identified to the Senior Services Manager during the first day of the inspection and a night-time fire drill was then completed in two of the three units.

## Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre was decorated in a homely manner and generally well-maintained. All three houses were observed to be clean and homely in nature. Residents' photographs and personal items were located throughout their home.

Judgment: Compliant

## Regulation 20: Information for residents

A residents guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 28: Fire precautions

The systems in place for fire safety management required improvement. While there was evidence of regular fire drills, a night-time drill had not been completed in the last year in two of units. This meant that it was not demonstrable that the arrangements in place at night-time were appropriate to evacuate all persons with the minimal numbers of staff from the designated centre in a timely manner. A night-time fire drill was completed in two of the units following the first day of the inspection. While a night-time drill had been completed in the third unit it required review to demonstrate that the night-time arrangements were appropriate.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs. However, some improvement was required in residents' personal files. For example, while the personal plans had been regularly reviewed, it was not evident that a number of the assessment of needs had been reviewed within the last year.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' health-care supports had been appropriately identified and assessed. The inspector reviewed a sample of health-care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The designated centre had ensured that the residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the residents. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified, assessed and reviewed. However, some improvement was required. For example, inactive bedroom door alarms were observed in place for number of residents which required review. This was identified to the Senior Services Manager on the first day of inspection and were disconnected during the inspection.

In addition, the inspector was informed that night-time checks were in place for all residents where waking night staff were present. However, the practice had not been identified as a restrictive practice as it was not clear if all residents required this level of support based on their individual needs.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were

kept safe at all times.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cove Residential Services OSV-0002087

Inspection ID: MON-0031689

Date of inspection: 02/08/2023 and 03/08/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Authorized Signatory on behalf of the provider, Person Participating Management and Proposed PIC will complete a staffing review for the designated centre by September 2023.  Staffing requirements currently in place meet the support needs of the residents in each home.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff who are out of date for refresher training in Cove Designated Centre will be scheduled to complete training in fire safety and behaviors of concern within the next 3 months.	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The six monthly provider review (report on the quality and safety of care and support and plan to address any concerns with regard to the standard of care and support in residential services) is in process and will be completed by 8th September 2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Night time fire drills were completed in all 3 houses since the inspection and are now scheduled twice yearly.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The individual assessments will be completed in line with residents personal plans in the next two months.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The practice of night time checks will be assessed for all residents in the designated centre and reflected accordingly in residents care plan .</p> <p>There will be an assessment and review of bedroom door alarms currently in place and changes will be implemented where recommended.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	08/09/2023

	<p>carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 28(3)(d)	<p>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.</p>	Not Compliant	Orange	07/09/2023
Regulation 05(1)(b)	<p>The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual</p>	Substantially Compliant	Yellow	31/10/2023

	basis.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2023