



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

## Issued by the Chief Inspector

Name of designated centre:	Dungarvan Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	21 September 2021
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0034234

## About the designated centre

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

The centre was re-registered in 2018 to provide long-term residential care and one transition respite bed to 16 adults, both male and female, although the current residents are all female. The service is provided up-to and including retirement age to adults with a primary diagnosis of mild to moderate intellectual disability, autism and behaviours that challenge. The centre consists of three detached single story houses, in different locations in a seaside town and is in close proximity to all local services and amenities. One of the current houses will be vacated on the registration of the new purpose built house. All of the houses, which will then comprise the reformed centre, are purpose built and accessible. The new house has five large bedrooms and assisted en-suites. The remaining houses contain suitably adapted and sufficient bathrooms to facilitate the residents. This reconfiguration will also ensure that the shared bedroom in one house is no longer required. Each house has a safe accessible garden. There are three day services/ workshops allied to the centre, which are tailored to the residents' different needs and preferences. There were 15 residents living in the centre at the time of this inspection with one respite bed being used for transition to care into the centre.

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

Number of residents on the date of inspection:	14
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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 - 2015 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
Tuesday 21 September 2021	8:40 am to 3:30 pm	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with the 14 residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall, the inspector found that although residents were supported to live a good quality life. It was evident that supports were provided to residents in a respectful manner, in line with their assessed needs, choices and wishes. However improvements were required to the designated centre's contingency plan for an outbreak of COVID-19 and the management of residents' finances.

The inspector spoke with and observed care delivery to all residents. In one of the houses, the inspector observed residents getting up and ready for the day ahead. The breakfast table was set, and one resident made porridge with support from the staff on duty.

Throughout the inspection, residents appeared comfortable in the presence of staff members, and interactions between residents and staff were noted to be respectful in nature. One resident told the inspector that they had been shopping that weekend, and were observed showing staff the clothes they had bought on the shopping trip. In one of the houses, the residents were all sitting at the table making sausage rolls. Residents spoke about activities they enjoyed, which included walks, playing bowls and arts and crafts. One resident had previously worked making hand-made items including hats and scarves. When the inspector met them, they were about to start to crochet a tea cosy from a pattern they had in a magazine.

There were three houses in the designated centre, which were all inspected in full as part of this inspection. Two of the houses were observed to be clean and suitably decorated. However, in one of the houses there were some issues with mould in the laundry area, and the flooring in the bathrooms required replacement. Although there was evidence that an external contractor had been to review the mould issue, they were still trying to find a long term solution to fix this problem.

The three houses were located in close proximity to a number of local amenities including restaurants, shops and the beach. Each resident had their own private bedroom, and these were personalised in line with each residents' likes and preferences. Each house had a garden area with patio furniture, where residents could sit outside and enjoy the sunshine. Residents in one house told the inspector that residents from one of the other houses had recently visited, where they had sat outside and chatted over a cup of tea.

The residents living in two of the houses had not yet returned to day services,

however they planned to return in the days after the inspection. One staff member told the inspector that these residents really enjoyed having a lie-in each morning, therefore it was planned that day services would now start later in the morning. Residents living in the third house had retired, and were supported by staff members each day in their home.

The inspector was also provided with 10 questionnaires completed by residents about the quality of care that they received in their home. These had been completed in anticipation of an inspection by the Health Information and Quality Authority (HIQA). Overall, residents said they were happy with the supports they received in their home. They were happy with the staff members that supported them in their home. Residents said that they lived with their friends, and that they participated in a wide variety of activities.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

The inspector found that there was a good level of oversight of care delivery. There were structures in place to ensure that residents were supported in line with their assessed needs and organisational policy.

There were clear lines of authority and accountability in the designated centre. A person in charge had been appointed, and they held the necessary skills and qualifications to fulfill the role. They held the role for this designated centre alone, and their office was located close by.

Oversight was maintained in a number of ways. The person in charge completed regular audits on the quality of care provided to residents on a regular basis. An annual review of the quality and safety of services provided to residents included consultation with the residents, and an action plan so that improvements could be made as part of continuous quality improvement. The registered provider representative completed unannounced six monthly visits to the designated centre, with the most recent visit occurring the weekend before the inspection.

At the time of the inspection, there were no open complaints in the designated centre. There was a complaints log, which included actions taken to resolve complaints, and if the complainant was satisfied with these actions. The complaints process was clearly outlined, and it included a process for appeals. In the residents' questionnaires, it was evident that residents had been supported to make complaints in the past, and they said that they were happy with how these had been dealt with.

Information required to support residents was readily available to staff members. This included the policies and procedures specified in Schedule 5 of the regulations. It was evident that this information was reviewed on a regular basis, in line with the regulations.

### Regulation 19: Directory of residents

The registered provider had a directory of residents. This was made available to the inspector when requested, and it was evident that it included all of the information specified in Schedule 3 of the regulations. This had been provided for each resident that lived in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. There was evidence of regular audits, actions plans and continuous quality improvement in the designated centre.

An annual review of the quality of service provided to residents included consultation with residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints log in the designated centre. This included information about the actions taken to resolve complaints, and if the complainant was satisfied with these actions.

The complaints process was clearly outlined, and it included a process for appeals.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The written policies and procedures required under Schedule 5 of the regulations

were readily available in the designated centre. Each of these documents had been reviewed every three years, as specified by the regulations.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality of care and support in their home. It was evident that residents' choices were promoted and respected. However improvements were required to the designated centre's contingency plan for an outbreak of COVID-19 and the management of residents' finances.

While there were good practices relating to infection and prevention control, suitable contingency planning required improvements. Staff members wore face masks at all times in the designated centre. At the time of this inspection, one resident was self-isolating as they awaited a COVID-19 test result. Personal protective equipment (PPE) was located outside the resident's bedroom, and staff members were observed donning and doffing PPE. There was evidence that the person in charge had advised staff members about the measures to be enacted to support the resident who was awaiting the results of a COVID-19 test. However, it was noted that the designated centre's contingency plan did not include the measures to be enacted specific to the designated centre, in the event of an outbreak of COVID-19.

Improvements were required to ensure residents finances had access and control over their individual finances at all times. Residents living in the designated centre had a bank account that was managed by the registered provider in line with guidance from the Health Service Executive (H.S.E) on the management of patients' private property accounts. This arrangement was outlined in the policy on the management of residents' finances, and outlined in residents' money assessments. However, it was noted that when residents' money was withdrawn from their individual accounts, it was pooled together with other residents' money. When a resident spent money, this was usually taken from the pooled amount of all residents' money in the designated centre. As a result, a number of residents did not have an individual wallet or purse which contained their individual finances. Although there was evidence of oversight regarding this practice, it required review to ensure that residents had access to and retained control and independence regarding their own finances.

Each resident had a staff member that was assigned as their keyworker. These staff members supported residents to meet the goals outlined in their personal plans, following each residents' person centred planning meeting. Residents were aware that they had support plans, and that staff members support them to meet the goals outlined in their plan. When one resident chose not to engage in the person centred planning process, this choice was respected and documented in their personal plan. The inspector reviewed the information recorded by staff members in residents' care



plans and daily notes and it was evident that these were written in a manner that respected each residents' dignity.

Where residents had identified health needs, these were supported by a plan of care. For example, when one resident had a fall, a mobility plan was developed with input from an allied health care professional including an occupational therapist and physiotherapist. One resident spoke about their experience after they were diagnosed with a serious health condition, and the supports they received in managing this new diagnosis. It was evident that they were happy with the supports that they had received at this time.

### Regulation 10: Communication

It was evident that residents were supported to communicate at all times in line with their assessed needs. One resident was deaf, and staff members encouraged the inspector to use a small whiteboard to communicate to them. A communication plan had been developed for this resident. Staff members were observed communicating to the resident in line with this plan on the day of the inspection.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to have visitors in their home. In line with guidance on the management of COVID-19, a visitor's checklist was completed before they entered the designated centre. A visitor's log was in place to ensure a record of all visitors to the centre. There was evidence that residents were supported to visit family and friends in their home and in the community.

Judgment: Compliant

### Regulation 12: Personal possessions

There was a finance policy which outlined how residents' finances were managed in line with guidance from the HSE for accounts referred to as a patients' private property accounts. Oversight of this was managed by the organisation's finance department.

However, residents' money was pooled together in the designated centre. Therefore, not all residents had their own wallet, and when a resident spent money this was regularly taken from the pooled amount in the centre. It was clear that this

arrangement required review to ensure that each resident had full control over their individual finances.

Judgment: Substantially compliant

### Regulation 17: Premises

There were three houses in the designated centre, which were all inspected in full as part of this inspection. Two of the houses were observed to be clean and suitably decorated. However, in one of the houses there were some issues with mould in the laundry area, and the flooring in the bathrooms required replacement. Although there was evidence that an external contractor had been to review the centre, they were still trying to find a long term solution to fix this problem flooring in the bathrooms required replacement.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A resident's guide had been developed, and was accessible to residents living in the designated centre. This included information including the services provided in their home, the complaints procedure and the terms in which they lived in their home.

Judgment: Compliant

### Regulation 27: Protection against infection

There was evidence of regular cleaning in the designated centre, and twice daily temperature checks for residents and staff members. A COVID-19 information folder was also available to staff members, and it included guidance on the management of COVID-19.

The person in charge had circulated an email outlining the measures to be taken by staff members to support a resident who was self-isolating at the time of this inspection. On review of the designated centre's contingency plan, it was noted that it did not include or consider the specific measures to be enacted specific to the designated centre, in the event of an outbreak of COVID-19. This included isolation areas, waste management and donning or doffing areas.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. A red light flashed in one resident's bedroom when the fire alarm was activated. This ensured that the resident was alerted to the alarm activation in line with their assessed needs.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident was subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. There was evidence of multidisciplinary input when required. Residents were supported to achieve their goals by their keyworker.

Judgment: Compliant

### Regulation 6: Health care

There was a clear plan of care for each residents' identified health needs. There was evidence of regular health monitoring, and nursing support was available from the person in charge as required.

Judgment: Compliant

### Regulation 9: Residents' rights

It was evident that residents were involved and supported to make decisions about their health care and treatment, and choices not to engage in processes including the personal planning process were respected. Personal communications including residents' personal files and daily notes were stored in a safe location. On review these were noted to be written in a respectful manner that promoted each residents dignity.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0034234

Date of inspection: 21/09/2021

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The process for ensuring that residents have access and control over their personal money is being reviewed with the following objectives:</p> <ul style="list-style-type: none"> <li>(a) Ensuring that residents are better informed on the Carriglea Cairde Services process for managing residents monies i.e. the residents cash float (RCF)</li> <li>(b) Reviewing each resident’s finance care plan to ensure adequate funding, pocket money and money for other spending is provided to each resident weekly or as required from the RCF</li> <li>(c) Following consultation with residents and reference to each person’s Money Management Competency Assessment any resident who wishes to have more control over their own individual finances, will be facilitated to do so.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Further external advice is being obtained with regard to addressing the issues with mould in the house identified. The laundry area will be redecorated along with any other area of the house where mould is present. The flooring in the bathrooms will be cleaned or replaced as necessary.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Contingency Plan has been updated to include measures to be enacted specific to the designated centre in the event of an outbreak of Covid 19. The Plan will be kept updated as necessary.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	01/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	11/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	01/11/2021

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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