



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:	Announced
Date of inspection:	24 May 2022
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0036450

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. Each house has a safe accessible garden. There are day services/ workshops allied to the centre, which are tailored to the residents' different needs and preferences.

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 (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 24 May 2022	08:30hrs to 16:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with 13 of the 14 residents that lived in this designated centre. Residents lived in three houses which were all located a short drive apart, in a seaside town. Overall, residents told the inspector that they were happy in their homes, that they lived with their friends and that they enjoyed a wide range of activities.

Residents showed the inspector around their homes. Residents' bedrooms were observed to be decorated in line with their likes and interests, with each resident having their own private bedroom. Items of importance to residents, including photographs, were on display around the designated centre which provided a homely feel. Residents spoke about care planning, and told the inspector the reasons that they had care plans in place. One resident spoke about independently administering their own medicines each day, and the importance of this to them.

Residents were supported to attend local day services and activities of their choosing. One resident spoke about their job in a local charity shop, while another resident showed the inspector crafts that they donated to the charity shop on a regular basis. Residents spoke about activities they enjoyed including swimming, bowling, shopping and going to local Cafés. In one house, residents were looking forward to the sunny weather, so that they could take out the BBQ and enjoy the summer months.

Residents in one of the designated centre's houses had been supported to make a complaint. This house had a vacancy, and while there was a vacancy the spare bedroom was used as an activity room for residents. Residents told the inspector they loved the activity room, and that it provided a quiet environment for them to relax and engage in preferred activities. This room was filled with artwork which residents proudly showed to the inspector. Before this inspection took place, residents had been informed that this room would be changed back to a bedroom for five days to facilitate respite for a resident. Residents made a complaint, and the resolution to the complaint outlined that the room would be changed back to an activity room when the resident finished their respite break. Residents were very happy with this outcome.

At the time of this inspection, this room was used as an activity room. However, the provider had requested this room to be registered as a bedroom for the designated centre's upcoming cycle of registration. This would not provide a long-term solution to the residents' complaint. This would provide little communal space for residents other than the kitchen and sitting room, which given the centre's layout, would not be sufficient for six residents. It was also noted that one resident regularly engaged in behaviours that challenge which included verbal aggression on one date for a period lasting eight hours. The inspector was not assured that registering this house for six registered beds was appropriate, given the support needs and views of the

residents.

The inspector was provided with 14 questionnaires about the care and support provided to residents in their home. These were completed by residents and their representatives. These reported positive experiences about life in the centre and expressed residents' happiness in their home. The inspector also received a letter from one resident's family, which stated that the staff in the centre went 'above and beyond the call of duty' in caring for residents. 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 purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, the registered provider had submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. The registered provider had applied to renew the registration for 16 registered beds, with 14 bedrooms currently in use by residents living and accessing respite in the centre. However, on foot of a complaint made by residents in one house, the inspector was not assured that the renewal of registration for 16 registered beds was appropriate. This was discussed with the registered provider on the day of this inspection, who committed to review the number of registered beds being proposed for renewal of registration.

Residents were complimentary of the staff supporting them in their home. Staff members spoken with on the day of this inspection were familiar with residents, and they had a good knowledge of their support needs. At all times, positive and respectful interactions were observed between staff members and residents. All staff reported directly to the person in charge. The person in charge carried out induction and probationary reviews to new staff members. Existing staff members completed supervision on an annual basis.

Oversight of the designated centre was maintained in a number of ways. The person in charge regularly visited each of the designated centre's houses. They also completed a series of audits and reviews to ensure continuous quality improvement. They worked in an office in close proximity to each of these houses, which ensured that they were available if required.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to renew the

registration of the designated centre. This included submitting documents in the correct format, and payment of the application fee.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members completed a variety of training to ensure they provided a safe service to residents. Training included fire safety, medicines management and administration, first aid, management of behaviour that is challenging and the safeguarding of vulnerable adults. In response to the COVID-19 pandemic, staff members participated in training in infection prevention and control, hand hygiene and the use of personal protective equipment (PPE).

Judgment: Compliant

Regulation 21: Records

The inspector completed a review of a sample of staff member's files. These files contained the information and documents specified in Schedule 2 of the regulations including evidence of staff members' qualifications, identification and appropriate vetting disclosures.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. Evidence of this was submitted with the centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff reported directly to the person in charge of the designated centre. The person in charge reported directly to their line manager, who was a person participating in

management.

Management systems were effectively monitored and ensured the provision of high quality and safe care. The person in charge had a schedule of audits which the person in charge and staff members completed on a regular basis. This included restrictive practices audits, COVID-19 reviews and medicines audits. External auditors also completed audits in line with their area of expertise to ensure learning and continuous quality improvement. Residents were very well supported and enjoyed a very good service in this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a contract which outlined the supports they would receive in their home. The contract also included details regarding the fees that residents would be charged and what this fee included.

One resident's contract had not been updated to reflect that they had moved from a different home in the organisation to this designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose, as is required by the regulations. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations. This was submitted in advance of the inspection as part of the centre's application to renew registration.

Judgment: Compliant

Regulation 30: Volunteers

A number of residents living in this designated centre received support from volunteers. Arrangements had been put in place to ensure volunteers had appropriate vetting disclosures in place. It was evident that details of their roles and responsibilities had been provided to them. However, there was no evidence that volunteers received appropriate managerial supervision and support since the reintroduction of volunteers after the Covid-19 pandemic.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents were supported by staff members to make a complaint, if they so wished. Residents spoke with the inspector about a complaint that they had made. This had been dealt with informally, and it was evident that residents were satisfied with the outcome of their complaint.

This was evidenced in the complaints form which had been completed to document the complaint. This included sufficient details regarding the complaint.

Judgment: Compliant

Quality and safety

Residents received a good quality of care and support in their home. Staff members were aware of the needs of residents and provided support that promoted their independence. Overall, residents were happy with the supports they received in their home. However, the number of registered beds proposed for renewal of registration in one house required review to reflect the views of residents that lived there.

This designated centre provided full-time residential services to 13 residents. One resident attended on a part-time basis, and it was agreed that on the dates that their bedroom was not occupied, that another resident would access it for respite. There were specific arrangements in place to ensure this was carried out appropriately, in line with the designated centre's statement of purpose. This included deep cleaning and the changing of bed linen between each resident's stay. A locked wardrobe was also provided to each resident to ensure that their belongings were kept safe at all times.

When a resident had an identified health care need, this was supported by an appropriate plan of care. These were located in each resident's file. One resident had recently recovered from surgery, and spoke about the level of support they received from staff members during their time of illness and during their recovery. It was clear that they were happy with the support they received.

Regulation 12: Personal possessions

Residents' bedrooms contained sufficient space to store their clothing, personal properties and possessions. Residents had access to facilities to launder clothing. Staff supported residents to complete this task, as required.

Each resident had an individual wallet. Where appropriate, residents were supported to manage and retain control of their personal monies. This was completed following an assessment of their money management and competency skills. One resident's money management care plan did require review to ensure it included the maximum amount of money that the resident should retain control over in their personal wallet, to ensure their finances were kept safe.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to access facilities for occupation. A number of residents worked as volunteers in shops in their local community and told the inspector that they enjoyed their work. Some of the residents attended day services each day, following the return of day services after they had closed during the COVID-19 restrictions. In one house, residents had expressed that they had enjoyed having a relaxed morning where they didn't have to hurry to get ready for day services each morning. In consultation with the residents, they now attended day services in the mid-morning to facilitate a relaxed and unhurried morning routine. Residents in one house did not attend day services, however staff provided them with a variety of activities in their home and the local community.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre was clean, warm and suitably decorated. It comprised of three houses located in the local community of a seaside town. The designated centre was inspected in full as part of this inspection. Residents showed the inspector their bedrooms. These were filled with personal items including art work and photographs. Residents in each house had access to a garden area.

A number of areas of the centre required minor works to ensure it was kept in a good state of repair. This included painting, the upgrading of bathrooms and replacement of some flooring. There were plans in place for most of this work to take place after the inspection. A new system had been installed to rectify issues with mould in one of the houses.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals in line with their choices. Residents in one house had made sausage rolls for their lunch prior to the inspector's arrival. Wholesome and fresh food was readily available to prepare meals that residents had requested for dinner as part of their weekly house meetings. Residents in one house had plans to get a takeaway after the inspection had taken place, to celebrate a resident's birthday.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Staff members were aware of the measures in place to protect residents against COVID-19. Staff members wore appropriate personal protective equipment (PPE) when providing support to residents. A contingency plan had also been developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. Residents had a personal evacuation plan in the event they need to evacuate the designated centre. Regular fire drills were carried out in the designated centre, and

this evidenced that all residents could be safely evacuated in an emergency.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to meet their healthcare needs. Records of attendance at health appointments were documented in each resident's personal file. There was documented evidence of regular health monitoring for each resident to include weight checks and blood pressure monitoring. Residents were supported to access health care at times of illness, and residents spoken with were happy with the level of support they received from staff and management at this time.

Judgment: Compliant

Regulation 7: Positive behavioural support

When required, residents had a positive behaviour support plan in place. These were devised by behaviour specialists as part of a multi-disciplinary team approach. These plans included potential triggers and events that may make incidents more likely to occur. It also included proactive and reactive strategies that were in place to support residents.

There was no evidence of any restrictive practices in this designated centre, with the exception of PRN medicines (medicines taken only when required) upon request from residents before medical procedures to alleviate anxiety. There was a keypad on some doors for safety, however all residents knew the code for these doors to ensure they could enter and exit freely.

Judgment: Compliant

Regulation 8: Protection

Intimate care plans had been developed for each resident to outline the supports they required to meet their personal hygiene needs, and to outline the areas they could complete independently.

There were designated safeguarding officers that staff members could report concerns to. When a safeguarding plan was put in place, these were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to maintain their independence in line with their assessed needs. This was observed in areas such as medicines and money management. However, it was noted that residents were not happy that the activity room in their home had been used as a bedroom (which was in line with the designated centre's statement of purpose). The complaint had been addressed through the complaints process by the person in charge. However, the registered provider was applying to register this room as a bedroom for the upcoming cycle of registration. This did not ensure that residents' voice was heard in relation to decisions that would impact on their care and support. It was clear that residents did not want another resident to move to the centre, as they would lose their activity room.

It is noted that the registered provider made assurances that they would review the number of registered beds they were applying for, given the complaint made by residents.

Judgment: Not 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0036450

Date of inspection: 24/05/2022

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All residents contracts will be reviewed and updated as required to reflect the name of the designated centre/home in which each resident currently resides.</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>Additional measure will be put in place to supervise and support volunteers. In addition to the regular liaison between volunteers and staff members which is currently in place, The Person in Charge will formally meet with each volunteer at least on an annual basis. Support from the Services social worker will also be made available to volunteers.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Residents money management care plans will be updated in consultation with each resident to include the maximum amount of money that the resident wishes to retain</p>	

control over in their personal wallet to ensure their finances are kept safe. Staff will discuss the level of cash required by each person with individual residents on a weekly basis.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Houses will be reviewed for painting upgrades and minor maintenance works required and required works will be carried out. A plan is in place with a contractor to upgrade the bathroom facilities in one house.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The number of registered bedrooms in one house will be reduced from the current level of 6 to 5 bedrooms and capacity will be reduced to 5 residents. This will provide for the permanent provision of an activity room for the 5 residents. The Statement of Purpose, floor plans and other relevant documentation will be updated and re-submitted to HIQA to reflect this change in capacity and provision of an activity room within the premises.

For any future increase in residential capacity to 6 residents including the development of an additional bedroom within the house the Provider will ensure that appropriate communal / activity room is maintained and or developed. Such plans will be agreed with the Health Information and Quality Authority if a proposal on same is to be developed..

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	30/07/2022
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	31/08/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Substantially Compliant	Yellow	30/07/2022

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Substantially Compliant	Yellow	30/07/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/08/2022