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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Cove Residential Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Carriglea Cáirde Services</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Waterford</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 December 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0002087</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0023327</td>
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</table>
About the designated centre

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

The statement of purpose describes Cove Residential Services as supporting residents “to live the lives of their choosing and make informed decisions regarding their own lives”. Cove Residential Services consists of three houses, one in an urban estate and two in a rural setting within close proximity of that town. Each house has access to kitchen and dining facilities, sitting rooms and individual bedrooms. These houses provide thirteen residential spaces for persons with an intellectual disability. The local town provides an array of social and recreational opportunities. Day services are also available nearby.

Admission is for persons over 18 years of age with a primary diagnosis of intellectual disability and requiring medium to high support. The statement of purpose reflects that one of the houses is particularly adapted for persons requiring additional space due to physical disabilities. All three houses are staffed at night, with two being staffed by waking night staff. A social care model of staffing is in place with clinical oversight being provided by the person in charge and a clinical nurse manager participating in management.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 10 |
How we inspect

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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 December 2019</td>
<td>09:00hrs to 18:00hrs</td>
<td>Tanya Brady</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met with seven of the ten residents on the day of inspection across the three houses that make up this centre. Two of the residents recognised the inspector from their recent participation at meetings with HIQA called resident forums and were pleased to show off their home and to explain to the staff that they already knew the inspector.

A resident spontaneously made the inspector a cup of tea as they were making one for themselves and invited them to tour the house. In particular they showed off their bedroom which was covered in sports memorabilia from their favourite soccer team. All houses were decorated for Christmas and one resident was proud to show off new festive figures on the hearth that were in the county colours of blue and white. A resident in one of the centres was observed to be waiting for family as they went out to tea together at least once weekly, staff were seen to warmly welcome the family member to the house and to support the resident in getting ready to go out.

One resident was seen to be supported by staff in getting ready to go out to the local swimming pool and getting their belongings ready in advance. This resident linked arms with the inspector to accompany them on a short walk through their home and along a long hallway. The inspector observed a number of relaxed and comfortable interactions between staff and residents over the course of the day with residents gathering to chat to staff in the kitchens of all three houses. One resident had been at soccer training with the local team a few days prior to inspection and reported they were going to circuit training in the local gym with a staff member that evening. One resident and a staff member selected a radio station to listen to while they sat together to relax.

In all three houses, residents attended day services across a variety of locations according to need and they reported that they enjoyed these, one resident stays in the house and is supported by staff to engage in bespoke activities. In one of the houses a resident stays during the week only and is at home with their family on weekends.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for all residents in this centre. There was continuity of care for residents which resulted in staff being able to support residents to engage in meaningful activities.
This centre had a covering arrangement for the person in charge in place. The provider had recently interviewed and appointed a new person in charge and an interim arrangement was in place which the inspector felt was suitable. At all times the provider had engaged with the Office of the Chief Inspector as required by the regulations during this process.

There were clearly defined management structures which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the service manager. The inspector found that the designated centre was well managed and that this was bringing about positive outcomes for residents. There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. In addition the provider carried out audits of quality and compliance which were detailed and the inspector found that learning and improvements were brought about as a result of the findings of these reviews. There were also audits completed by the person in charge and evidence of follow up on actions from these audits. Staff meetings were held regularly and the agenda items were found to be resident focused.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. It was evident that staff knew the residents and their care needs well. An actual and planned rota was in place and was managed by the person in charge. A priority action for the provider following one of their previous reviews of this centre was to reduce the need to use staff from an external healthcare agency and this had now been achieved. Currently only familiar relief staff were utilised to provide cover if required from the providers own panel. The provider had conducted a full staffing review within the last six months in this centre and it was evident that there was a full staffing complement in place as outlined in the Statement of Purpose.

The inspector found that residents in all three houses appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents both one to one and in small group settings. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Staff had all completed training and refreshers in line with residents' needs. Staff were in receipt of support and supervision which was provided by the person in charge and service manager in line with organisational policy. Staff were additionally supported via a structured system of annual assessment and observation of practice in the area of medication administration.

The provider had a complaints policy which clearly guided practice in this area. Details of the complaints officer was available in all houses and an easy read version of the procedure and policy was noted to be displayed on the notice boards in the houses. The residents were encouraged and supported to raise complaints if they choose to do so, and arrangements were in place for any complaints to be resolved locally where possible. Relatives were aware of how they could make complaints if required. On the day of inspection no complaints had been received from residents or their families within the preceding year however there were compliments recorded. In one of the houses there was a current complaint that the provider was
dealing with in line with the organisations policy external to the residents.

A system was also in place for the reporting of incidents and the person in charge had ensured all incidents were reported to the Office of the Chief Inspector as required by the regulations. There were monthly reviews of all incidents, accidents, near misses and falls in the centre and these were reviewed at monthly managers meetings. A service wide audit and register was available for the inspector to review and this allowed for trends or patterns to be observed and corresponding actions to be identified.

**Regulation 15: Staffing**

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents’ needs and seen to interact with them in a respectful and dignified manner.

**Judgment:** Compliant

**Regulation 16: Training and staff development**

Staff had access to training and refreshers in line with residents' needs. Staff were in receipt of formal supervision and support from the person in charge.

**Judgment:** Compliant

**Regulation 23: Governance and management**

The inspector found that there were appropriate governance and management structures in place with clear lines of authority and accountability. Audits had been carried out in key areas such as health and safety and medicines. The registered provider carried out unannounced visits to the centre to carry out a review of the quality and safety of care provided to the residents.

**Judgment:** Compliant

**Regulation 31: Notification of incidents**
The inspector reviewed a record of accidents and incidents in the centre. It was found that all events which required notification to the Office of the Chief Inspector had been submitted within the required time frame.

Judgment: Compliant

**Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent**

The provider had notified the Office of the Chief Inspector of the procedures and arrangements in place to manage the centre in the absence of a person in charge. The arrangements for appointing a new person in charge were also clearly outlined as required.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Policies and procedures were in place in relation to complaints and easy read versions also available. A complaints officer was in place and the resident and their relatives were aware of how they could make a compliant if required.

A complaints log was maintained outlining the nature of any complaints made, any action taken and whether residents were satisfied with the outcome.

Judgment: Compliant

**Quality and safety**

Overall the inspector found that this centre provided a warm and comfortable home in keeping with the ethos of the provider for all residents. Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice and residents communicated with the inspector about activities they enjoyed. These included arts and crafts, accessing local sports teams and facilities, social events and holidays. Opportunities to engage in such activities were actively encouraged and supported with the designated centre.

The premises in all three houses was found to be spacious, well designed, and meeting residents’ specific care and support needs and externally there were well maintained gardens. Each resident had their own bedroom which was decorated in line with their personal taste and included a number of items from their family home.
or items they had personally chosen or purchased. The residents had plenty of storage for their personal items and these were displayed throughout the house. Internally the hallways and circulation spaces were spacious. The inspector noted on the day of inspection that in two of the houses resident information was accessible, as office areas were in the second smaller living spaces. These were moved on the day of inspection prior to the inspector leaving the centre.

Each resident had an individual personal plan in place which was developed in a person-centred way with the active involvement of residents. Where a resident had greater difficulty in communicating their goals staff took time to trial activities and had structured guidelines to follow when recording an individuals level of interest, participation and enjoyment of an activity. The plans outlined the supports to be provided to residents to meet their assessed needs and had been informed by appropriate assessments. Staff members present during this inspection demonstrated a good understanding of such needs and supports and were observed by the inspector to provide appropriate support to residents if required.

It was also found that residents were supported to enjoy the best possible health. Residents were facilitated to access health and social care professionals such as general practitioners. On the day of inspection the provider had arranged for Speech and Language Therapy review of all mealtime guidelines in line with best practice and new national guidelines. Residents had regular assessments carried out and if necessary health care plans were put in place outlining the supports needed for residents these protocols were seen to be comprehensive and guiding staff practice. All residents were supported to access National Screening programmes and a comprehensive screening database was maintained by the provider.

Where required residents had positive behaviour support plans in place. The inspector reviewed a sample of these plans and found them to be sufficiently detailed to guide staff who were able to outline the steps that they would take to promote positive behaviour among residents. This provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre. For some residents their plans were augmented by clear guidelines on vocabulary to be used or scripts to follow in specific circumstances to ensure the residents were supported in their understanding and that everyone was providing a consistent message. The registered provider encouraged a restraint free environment where possible and any restrictive practice in use during this inspection was in place to promote safety of residents. The provider is continually reviewing restrictive practices in place for individuals that may impinge on others such as a half door closing a kitchen area in one house.

There were appropriate procedures in place to ensure that each resident living in the centre was protected from all forms of abuse. Areas of vulnerability had been identified and the inspector saw evidence that reasonable and proportionate measures were taken to ensure the safety of residents where required. The provider had self identified the management of resident finances as an area for improvement and a substantive piece of work had been undertaken in this regard. The provider has been advocating for residents to have individual access to and control of personal accounts. A number of options have been explored and are
being considered and the provider has requested a robust external audit of current systems to guide them in decision making and supporting residents. Throughout the inspection residents were observed to be comfortable and relaxed in the presence of staff. The inspector reviewed a number of residents' intimate care plans as well as care plans for daily routines and found they were detailed and guiding staff practice in supporting residents.

Fire safety systems were in place in all of the houses comprising this designated centre including a fire alarm system, emergency lighting, fire doors and fire extinguishers. Such equipment was being serviced at the required time frames however there were gaps apparent in the recording of checks and testing by staff. Fire exists were observed to be unobstructed on the day of inspection. Residents had personal evacuation plans in place which outlined the supports to be provided to residents to assist them in evacuating the centre. Staff were also provided with training in fire safety and fire drills were occurring. These provided assurances that the provider had appropriate fire safety management systems in place to ensure the safety of residents.

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective, specific to both the centre and the individual houses and considered. The provider maintained an overview of all risks within the service and there was evidence that this was also reviewed at Board level. There was a detailed and current risk register in the centre which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents. Any changes in either the residents assessed needs or as a result of an incident or accident were promptly responded to.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
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<tbody>
<tr>
<td>The designated centre was suited to meet the needs of the residents living in the centre. Each of the houses was presented in a clean manner on the day of inspection, was observed to be a good state of repair, well decorated and furnished and provided a homely environment for residents living in the centre. It was noted that all of the premises had been personalised with photographs and art works created by residents. Where staff office spaces were in living spaces these were reviewed and information secured on the day of inspection.</td>
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<td>Judgment: Compliant</td>
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<table>
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<tr>
<th>Regulation 26: Risk management procedures</th>
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<td>The safety of residents was promoted through appropriate risk assessment and the</td>
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Implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations however there were gaps in recording the review and testing of fire equipment and means of escape. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and personal plan**

Residents had personal plans in place which were developed with the participation of residents and their representatives where appropriate. Such plans were informed by appropriate assessments. Regular reviews were carried and personal plans had multidisciplinary input as required.

Judgment: Compliant

**Regulation 6: Health care**

Residents' healthcare needs were assessed and support was provided for such needs in line with their personal plans. Access was facilitated to health and social care professionals as required and regular monitoring of the healthcare needs of residents was carried out.

Judgment: Compliant

**Regulation 7: Positive behavioural support**

Residents had detailed positive behaviour support plans. Staff members were aware
of the supports that were to be provided to residents to promote positive behaviour among residents. The use of restrictive practice was in place to promote the safety of the residents.

**Judgment:** Compliant

**Regulation 8: Protection**

Arrangements were in place to ensure that residents were protected from all forms of abuse. This included relevant policies in this area and training for staff.

**Judgment:** Compliant

**Regulation 9: Residents' rights**

Residents were observed to be treated in a manner which respected their rights, dignity and privacy throughout the course of this inspection. Systems were changed during inspection to ensure that documents of a private nature relating to residents were appropriately stored and accessed only by relevant staff.

**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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Cove Residential Services
OSV-0002087

Inspection ID: MON-0023327

Date of inspection: 05/12/2019

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
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</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All members of staff across the three houses of the Designated Centre have been advised on the requirement to undertake the weekly review, testing and record outcomes on the weekly Fire Fighting Equipment Checklist form.

The Provider Representative will review the records held in each of three houses across the Designated Centre by the 15th January 2020 to ensure that the policy and procedure in relation to Fire Fighting Equipment Checklist has been tested and recorded.

The Provider Representative will liaise with the new PIC on appointment IN January 2020 and request that the process in relation testing and recording of fire-fighting equipment is discussed at team meetings across the Designated Centre and that the PIC frequently reviews the Fire Fighting Equipment Checklist Form.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(2)(b)(iii)</td>
<td>The registered provider shall make adequate arrangements for testing fire equipment.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/01/2020</td>
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</table>