



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

## Issued by the Chief Inspector

Name of designated centre:	Corlurgan Community Home
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	13 April 2021
Centre ID:	OSV-0002446
Fieldwork ID:	MON-0032370

## About the designated centre

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

This is a service providing 24 hour care and support to five adults with disabilities. The house is in a rural setting, however, it is situated approximately three kilometres from Cavan town centre. Transport is provided so as residents can access nearby local towns and villages and avail of community-based amenities and activities. The house comprises of a bungalow with an entrance hall, a sitting room, and a kitchen cum dining room. There are five individual bedrooms for each resident with one having its own en-suite facility. There are also two communal bathroom available to residents and staff and a staff office. In addition to this, at the rear of the property there is staff a sleepover facility consisting of a double bedroom and en suite. There is a garden area to the front of the property with adequate private and on-street parking available. The house also has a large back garden with decking and raised flower beds. The service is managed by a full-time person in charge who is a qualified nursing professional. They are supported in their role by a team of staff nurses and healthcare assistants. During the day there are three staff on duty and at night there is one waking night staff on duty and one sleepover staff member available.

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

Number of residents on the date of inspection:	4
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## 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:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 April 2021	10:30hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with three residents and spoke with one family representative over the phone so as to get their feedback on the service provided. Written feedback on the quality and safety of care from two residents was also reviewed as part of this inspection. The residents met with did not speak directly to the inspector, however, it was observed they appeared content in their home and staff were seen to be caring and attentive in responding to their needs.

The three residents met with, appeared happy in their home and smiled at the inspector on arrival to the house. The inspector observed that they were relaxed and comfortable in the presence of staff and staff were professional, kind and caring in their interactions with the residents. Prior to COVID-19, they were attending day services and visiting community-based amenities, such as shops and going out for meals.

To minimise the impact on not being able to access external activities over the last 12 months, the staff team ensured that a number of recreational and learning activities were available to the residents in their home. For example, activities such as baking, knitting, arts and crafts were available, which residents seemed to enjoy. A number of raised garden beds were also available for those residents that wished to grow their own fruit and vegetables in the spring and summer months. The house also had a small relaxation room for residents to relax in and some exercise equipment, such as a treadmill, were also available in the centre.

The centre had its own means of transport so as residents could go for scenic drives and walks in the countryside. On the day of this inspection, the inspector observed staff asking residents would they like to go for a drive and/or walk and some of them seemed very happy to avail of this social outing.

The house was decorated to take into account the assessed needs, personal style and individual preferences of the residents. Each resident had their own bedroom which was decorated to their individual tastes, and communal facilities included a kitchen cum dining room, a large sitting room, a relaxation room and a number of shared bathrooms. It was observed, however, that parts of the premises (to include the back garden area) required some painting and upgrading.

Written feedback on the service from two residents was reviewed by the inspector. They reported that they were generally happy in their home, happy with the range of activities on offer and with the level of staff support provided. A family representative spoken with was also very positive about the staff team working in the house. They informed the inspector that the staff team were brilliant and the quality of care was excellent. They also said that staff were very good and kind to the residents.

However, the family representative said that at times, there could be a lot of noise

in the house and they had some concerns about this issue. For example, they reported that the noise levels were often very high and disruptive and this could negatively impact on their loved ones right to privacy and spending quality time with their relative when visiting the house. Notwithstanding, the family representative reported that they were generally happy with the quality and safety of care and exceptionally happy with the staff team.

Overall, residents generally appeared happy in their home and staff were observed to be attentive to their assessed needs. However, this inspection found issues with regard to residents' rights and more minor issues with governance and management, premises and the upkeep of some health-related documentation.

These issues are discussed in greater detail in section one of the report: Capacity and Capability and section two: Quality and Safety.

## Capacity and capability

Residents appeared content in their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, an issue related to the noise levels in the house was ongoing at the time of this inspection and the provider had failed to address it in timely manner.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by the director of nursing and assistant director of nursing. The person in charge was an experienced and qualified nurse and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained, supervised so that they had the required skills to meet the assessed needs of the residents. The person in charge was also responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Of the staff spoken with, the inspector was assured that they had the skills,

experience and knowledge to meet the assessed needs of the residents. A small sample of staff files viewed, also informed that they had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, manual handling and infection control.

The person in charge and senior management team also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and were bringing about positive changes to the operational management of the centre. For example, the last six-monthly unannounced visit to the centre identified that some PRN (as required) protocols required review, aspects of residents' care plans required updating and a training matrix was to be completed for the centre. These issues had been addressed at the time of this inspection.

However, over the course of this inspection, the inspector observed the noise levels in the house were prolonged and excessive and one family representative spoken with, expressed concern about this situation and the impact it may have on their relative. This issue had been ongoing for some time and the provider had failed to address it a timely or adequate manner. This is further discussed under Regulation 9: Residents' rights in section 2 of this report.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. They also received clinical supervision on a six-monthly basis.

Judgment: Compliant

<b>Regulation 21: Records</b>
Some healthcare-related documentation required review and updating to reflect changes to one resident's healthcare plans.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation and was supported in their role by the Director of Nursing and Assistant Director of Nursing.  However, the noise levels in the house were prolonged and excessive and one family representative spoken with, expressed concern about this situation. This issue had been ongoing for some time and the provider had failed to address it a timely or adequate manner.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.
Judgment: Compliant
<b>Quality and safety</b>
Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. However, this inspection found issues with regard to residents' rights, aspects of the premises and the upkeep of some healthcare-related

documentation.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives and forest walks.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapist and chiropody services. Hospital appointments were also facilitated and as required access to mental health services and behavioural support formed part of the service provided. It was observed, however, that some healthcare-related documentation required review and updating to reflect changes to one resident's healthcare plans. This issue was actioned under regulation 21: Records.

There were no safeguarding issues in the centre at the time of this inspection however, should an issue arise residents had access to the Safeguarding Officer and information was available on how to contact an independent advocate. The inspector observed that an independent advocate had visited the centre in 2019 to speak with residents and family representatives on the concept of advocacy and their role as an independent advocate. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and Children's First.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. Enhanced cleaning schedules were also in place as were COVID-19-related contingency plans.

While the house was homely and welcoming on the day of this inspection, it was observed that the premises were in need of some painting and redecorating and the back garden area was also in need of some renovations.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week.

However, over the course of this inspection, the inspector observed the noise levels in the house were prolonged and excessive and one family representative spoken with, expressed concern about this issue. For example, they reported that the noise levels were often very high and disruptive which impacted negatively on their right to privacy and in spending quality time with their relative when visiting the house. This issue was ongoing at the time of this inspection.

### Regulation 17: Premises

While the house was homely and welcoming on the day of this inspection it was observed that the premises were in need of some painting and redecorating and the back garden area was also in need of some renovations.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

### Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services, which formed part of the service provided.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate, if required.

Judgment: Compliant

### Regulation 9: Residents' rights

An issue with regard to noise levels in the house was ongoing at the time of this inspection and the provider had failed to address this in a timely or adequate manner. Over the course of this inspection, the inspector observed that the noise levels in the house were prolonged and excessive. One family representative spoken with, expressed concern about this issue as it impacted on their right to privacy and in spending quality time with their relative when visiting the house.

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Corlurgan Community Home OSV-0002446

Inspection ID: MON-0032370

Date of inspection: 13/04/2021

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: in order to meet compliance with Regulation 21: Records the following actions have been undertaken:</p> <ul style="list-style-type: none"> <li>• The resident's healthcare-related documentation has been review and updated to reflect their current Health Care needs - Completed 29-04-2021</li> </ul>	
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>In order to meet compliance with Regulation 23: Governance and Management the following actions have been undertaken:</p> <ul style="list-style-type: none"> <li>• Multi-disciplinary meeting attended by Senior Clinical Psychologist, Director of Nursing, Assistant Director of Nursing, Clinical Nurse Specialist, Consultant Psychiatrist from the MHID team and Person In Charge held on 27-04-2021, to discuss a holistic approach in relation to one resident presentation.</li> <li>• The Clinical Nurse Specialist is reviewing this resident's daily activation schedule and is implementing a number of interventions. These will be reviewed in relation to effectiveness and impact, and with consideration to all residents.</li> <li>• The Clinical Nurse Specialist is reviewing and updating the resident's positive behavior support plan to include the additional interventions.</li> <li>• A referral has been made to the Occupational Therapist to complete a sensory integration assessment- Completed on the 30-04-2021. The assessment has been scheduled for the 20-05-2021</li> <li>• Medication review has taken place with the Senior Clinical Psychiatrist. Completed 30-04-2021</li> <li>• Person In Charge has made contact with Advocacy Services and an initial Advocacy</li> </ul>	

<p>session will be conducted on the 11/05/2021. These sessions will be ongoing for residents within the centre.</p> <ul style="list-style-type: none"> <li>• Senior Management has received approval for funding to adapt and create additional relaxation/living environment within the home which has the potential to further decrease the noise level within the center. Further to consultation with HSE Estates all works are due to be completed by November 2021.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to meet compliance with Regulation 17: Premises the following actions have been undertaken</p> <ul style="list-style-type: none"> <li>• The Person In Charge has sourced Contractors for the completion of the painting in the house. This work will be completed by the 30-06-2021</li> <li>• The Person in Charge has made contact with the Landscaper and the works to the Garden will be completed by the 30-06-2021</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: In order to meet compliance with Regulation 9: Residents' rights the following actions have been undertaken:</p> <ul style="list-style-type: none"> <li>• Multi-disciplinary meeting attended by Senior Clinical Psychologist, Director of Nursing, Assistant Director of Nursing, Clinical Nurse Specialist, Consultant Psychiatrist from the MHID team and Person In Charge held on 27-04-2021, to discuss a holistic approach in relation to one resident presentation.</li> <li>• The Clinical Nurse Specialist is reviewing this resident's daily activation schedule and is implementing a number of interventions. These will be reviewed in relation to effectiveness and impact, and with consideration to all residents.</li> <li>• The Clinical Nurse Specialist is reviewing and updating the resident's positive behavior support plan to include the additional interventions.</li> <li>• A referral has been made to the Occupational Therapist to complete a sensory integration assessment- Completed on the 30-04-2021. The assessment has been scheduled for the 20-05-2021</li> <li>• Medication review has taken place with the Senior Clinical Psychiatrist. Completed 30-04-2021</li> <li>• Person In Charge has made contact with Advocacy Services and an initial Advocacy session will be conducted on the 11/05/2021. These sessions will be ongoing for residents within the centre.</li> <li>• Senior Management has received approval for funding to adapt and create additional relaxation/living environment within the home which has the potential to further decrease the noise level within the center. Further to consultation with HSE Estates all works are due to be completed by November 2021</li> <li>• The person in Charge will ensure that all visitors to the centre will have privacy when visiting their family member. Plans are now in place for private space for each resident when they receive a visitor.</li> </ul>	

## 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 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	30/06/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	29/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	30/11/2021

	needs, consistent and effectively monitored.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/11/2021