



## Office of the Chief Inspector

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

Name of designated centre:	Dungarvan Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	14 August 2019
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0027589

## 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:	15
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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
14 August 2019	09:00hrs to 17:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with ten of the residents in the houses. As it was holiday time, a number of the residents were on holidays, at home, or on other activities. All of the residents said that they were very happy with their lives in the centre. They said they loved their own bedrooms and their homes, felt very safe and that the staff looked after them very well. They said they loved their activities and were kept busy.

The residents said they shared decisions and had good fun together planning their celebrations. They told of saving up for their holidays and were really looking forward to the upcoming cruise. The residents said they enjoyed their work very much and looking after their own houses. They explained how the move to the new house would be managed and understood how the decisions were made as to who would go to which house. A resident said it was very important for her not to have to use a stairs as she might fall and then not be able to go horse riding, or to the shops, to buy her knitting wool. This move was very positive for her. Other residents, who had shared a bedroom for a long time, said they liked sharing but now didn't mind that they would have their own rooms, as they would still be together.

The inspector observed that the residents were very comfortable and engaged with each other and with the staff and their homes were very personalised and homely. They showed the inspector their numerous medals, art work and knitting. They were having lunch and in the afternoon some spent time watching an old film and knitting. They were planning their trips out for later that day.

The inspector also reviewed some survey information received from relatives as part of the providers annual review. This commentary was very positive in regard to the service and the care provided.

## Capacity and capability

The inspector found that this centre was well managed, with good systems and levels of oversight evident which ensured that the residents' wellbeing and quality of life was prioritised. This inspection was undertaken in response to the provider's new application to register the centre with a different configuration of buildings. The provider applied to remove one unit, deemed no longer suitable to meet the needs of the residents and add a new unit to the configuration of the centre. This

new house was purpose built and although ready for some time, had been assigned to meet the more urgent needs of another of the provider's centres. This house was also designed to offer a higher level of staff support to the residents in the community, given their changing needs. This was a pro-active move on the provider's behalf in terms of planning for the residents' future needs.

This centre was previously inspected in March 2018 which found a very high level of compliance which supported the residents' quality of life. The actions from the previous report were being addressed satisfactorily, with changes made to the arrangements for holiday periods. The provider was also reviewing the communal accommodation in one house with a view to building a sun-room, pending planning permission, and consideration of the number of residents living in this house. However, the inspector found that the current situation was satisfactory and the provider has agreed to keep this under review.

There were suitable structures and persons employed to direct and oversee the residents' care. The person in charge was suitably qualified and experienced, full-time in post, and supported by a clearly defined management team including the quality and services manager, clinical lead and the CEO. All persons demonstrated their commitment to, and competence in supporting the residents. This is demonstrated by the level of compliance with regulations and standards identified on this inspection and the considered manner in which this new arrangement was planned.

There were robust reporting and quality assurance systems in place which supported the residents' quality of life and safety. There were systems for continuous improvement, health and safety reviews, effective, timely reviews of all accidents and incidents and good auditing systems. Close attention to the changing needs and preferences of the residents, and planning for anticipated changes, ensured that the residents received responsive and safe care. This application is an example of such good governance.

The annual report for 2018 was reviewed. This was a comprehensive review and strategic plan for the service. There was evidence that residents and their parents/relatives views and preferences were actively solicited.

The skill-mix and staffing levels were appropriate to the assessed needs of the residents who required nursing oversight but not full-time nursing care. Staff worked alone with residents and this was found to be suitable to the needs of the residents. There was part-time nursing care provided and additional nursing support in the organisation. The staffing arrangements, as outlined for the new house, were also satisfactory, with additional staff resources assigned to provide support to the residents. On call management was available and staff expressed full confidence in their managers.

Staff had the training and skills to support the residents with all mandatory training up to date. Staff observed and spoken with, demonstrated very good knowledge and commitment to the individual residents and how to support them. Every effort was made to maintain consistency of staff for the residents and it is planned that

staff will move with their residents to the new house to promote the best outcome for the change.

From a review of a sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe. Effective staff supervision and induction programmes were in place. In addition, where residents had the support of long standing volunteers, the systems for vetting and oversight of the arrangements were also safe and this added to the quality and consistency of the residents' lives.

There were effective systems for communication and support for the the staff who worked primarily alone, and regular focused team meetings which again ensured their care was being delivered according to their needs.

The provider implemented a transparent complaint procedure. From a review of the complaints record maintained, and discussion with the provider and person in charge, the inspector was satisfied that every effort was made to address the concerns of either residents or their relatives, despite some issues remaining unresolved. However, the process in these instances was ongoing.

The statement of purpose and all of the documents required for the registration of the reconfigured service were forwarded. The findings of the inspection indicate that the care is currently, and planned, to be delivered according to this statement.

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

A complete application for the registration of the centre was submitted to the office of the chief inspector in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, full-time in post, and carried out the role effectively.

Judgment: Compliant

#### Regulation 15: Staffing

The skill-mix and staffing levels were appropriate to meet the assessed needs of the residents. The staffing arrangements, as outlined for the new house, were also satisfactory, with additional staff resources assigned to provide support to the residents. From a review of a sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had the training and skills to support the residents.

There was evidence of a commitment to mandatory and other training necessary to ensure the resident's needs were being met. Effective staff supervision and induction programmes were in place. .

Judgment: Compliant

### Regulation 22: Insurance

Details of up-to-date insurance was forwarded as part of the registration application.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure and effective systems for oversight and planning for the resident needs. The provider had the necessary resources to provide the service.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose for the reconfigured service were forwarded and the findings of the inspection indicate that the care is currently and planned to be,

delivered according to this statement.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
Where residents had the support of long standing volunteers, the systems for vetting and oversight of the arrangements were safe and this added to the quality and consistency of the residents lives.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The provider and person in charge have a demonstrated record of forwarding all of the required notifications to the Chief Inspector.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
There were suitable arrangements in place for any periods of absence of the person in charge and these had been notified to the Chief Inspector.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider implemented a transparent complaint procedure. From a review of the complaints record maintained, it was apparent that every effort was made to address the concerns of either residents or their relatives in a transparent and facilitative manner.
Judgment: Compliant

## Quality and safety

The inspector found that the residents' care and quality of life was prioritised in a manner which promoted their rights and welfare with a view to them achieving the best quality of life. Planning for the residents who would move to the new unit had been made in a process of consultation with the residents and their relatives, with good transition planning was evident.

There was a commitment evident to promoting residents rights to make choices and live their lives as independently as they wished, with the supports they needed. They were fully involved in all decisions including their health care, medicines, finances, and day-to-day living in their home, at a level pertinent to their needs. The residents told the inspector about this and they were very satisfied with how this worked.

In general, the residents had frequent access to and support from a range of multidisciplinary clinicians and assessments including psychiatry, psychology, speech and language, occupational therapy and relevant medical clinicians. Comprehensive support plans were implemented for all of the residents' health, psychosocial and developmental care needs.

However, on review of the residents' records and personal plans, the inspector found that there was a deficit in the holding of multidisciplinary review, where this was necessary, in order to assess both the current and future care needs of residents, including the living environment. It is acknowledged that this was not a consistent finding however, and was influenced by factors somewhat outside of the provider's control. Overall, the residents' care and supports were thoroughly reviewed in consultation with them.

The inspector was satisfied that residents' healthcare needs were being supported with evidence of regular healthcare reviews and referrals to allied clinicians including, physiotherapy, speech and language and neurology. The inspector found that the staff were careful to follow-up on all such referrals and implemented the relevant plans including daily exercises and dietary supports.

The centre supported residents to fulfil their personal goals and aspirations. Annual reviews of residents' personal plans were held and it was apparent that goals and new experiences were being identified and achieved for the residents. These goals were chosen by the residents. Day services and activities were reviewed annually in consultation with the residents and there was good communication between these day services and centre staff. These systems ensured that there was a holistic approach to the residents' lives. The reconfiguration of the units was planned to support the residents' semi-retirement and rest days as they wished themselves.

The residents told the inspector of their busy and meaningful lives. They had numerous certificates for achievements in work, sports, including Special Olympics, hobbies, personal safety and self-protection training. They had access to regular

musical and sporting events, went shopping, and a number were planning a cruise for later in the year. They had very good access to the local community and their own home communities. Resident's communication needs were understood and aids or equipment necessary were provided. Staff also used either pictures or writing to help the residents communicate.

While residents' meetings were held, the residents had frequent individual meetings with their key staff, who they acknowledged as being very helpful to them.

There were effective systems in place to protect residents from abuse and any such concerns, if they arose either internal or externally, were managed in accordance with all national procedures, and collaboration with statutory agencies in relation to these was evident. Effective safeguarding and monitoring systems were implemented where required. The provider had access to a dedicated social work service and the designated officer was found to be knowledgeable and pro-active in the role. There was training and ongoing advice available to the residents in self-protection and staying safe in various situations, with appropriate guidance on intimate and personal care available for staff.

Residents were supported, as necessary, with their financial management. There was a robust process for oversight and decision making in place regarding this, which protected residents further. The provider has initiated a pilot system, whereby residents have their own bank accounts, this is currently under review with the financial institution and will be further rolled out. Where residents were the subject of protective legal orders the arrangements were adhered to, and, in addition, the provider had a robust internal system for oversight of their care.

Behaviours that challenge were not a significant feature of this service, but where they arose they were managed in a supportive and protective manner. No restrictive practices were used in the centre.

The additional house is suitable for purpose, with spacious accommodation, easily accessible single en suite bedrooms and ample communal living areas. It is well furnished but the residents will take their own chosen furnishings with them and were involved in choosing colours and their own bedrooms. The house is brightly decorated and fitted with all of the necessary equipment the residents may need for their lives. The inspector saw that there was a very homely atmosphere in all of the houses, with residents having ownerships of their own environment.

Fire safety systems were effective. All of the fire management equipment was available and serviced regularly in all of the houses, with appropriate fire containment systems installed. Regular checks were undertaken to ensure the systems were working. The residents had appropriate personal evacuation plans and staff diligently undertook regular drills with residents and any issues noted were addressed. The residents told the inspector what they did any time the fire alarm went off. These were also planned for the new house to ensure the residents were familiar with them.

Residents were protected by the risk management systems in place, which were effective and proportionate to the needs of the residents who live in the centre.

There was a detailed and current risk register which included clinical and environmental risks with pertinent plans and environmental adaptations made to address them. There were detailed and pertinent risk assessment and management plans for each individual residents' identified needs, including personal safety, healthcare and falls management. This process was ongoing. For example, additional risks such as the upcoming cruise and the move to the new house were being assessed. There were detailed procedures for any emergency available to staff.

The inspector saw that resident's preference was for staff to support them with their medicines and systems were safe and frequently monitored.

### Regulation 10: Communication

Resident's communication needs were understood and aids or equipment necessary were provided. Staff also used either pictures or writing to help the residents communicate.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had choice in and access to a range of tailored day services and activities according to their needs and preferences. These were regularly reviewed with the residents.

Judgment: Compliant

### Regulation 17: Premises

All of the houses, including the new house, are suitable for purpose and to meet the needs of the residents. The provider is keeping this situation under review.

Judgment: Compliant

### Regulation 18: Food and nutrition

Resident dietary needs were assessed with supports available as required. The residents had choices each day, and their individual preferences were accommodated.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There was suitable detailed information and staff were made available to support residents should they require admission to acute services.

Judgment: Compliant

### Regulation 26: Risk management procedures

Known and potential risks were identified and managed in a safe and proportionate manner.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety systems and practices were effective. All of the fire management equipment was available and serviced regularly in all of the houses, with appropriate fire containment systems installed.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews reviews of the residents' medicines and monitoring systems in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had access to all relevant assessments which informed their personal plans for their social, health and psychosocial needs. They were developed in consultation with them.

However, there was a deficit noted in the holding of multidisciplinary review, where this was necessary, in order to assess both the current and future care needs of residents, including the living environment. It is acknowledged that this was not a consistent finding however, and was influenced by factors somewhat outside of the provider's control. This was discussed during the feedback meeting.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents' healthcare needs were identified, monitored and responded to promptly.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Behaviour support plans available demonstrated that residents were supported to understand and manage their behaviours in a positive manner.

Judgment: Compliant

## Regulation 8: Protection

Systems for the protection of residents were proactive and responsive, in collaboration with the relevant agencies, and adhered to all guidelines and legislation.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a commitment evident to promoting the residents' rights to make choices and live their lives as independently as they wished, with the supports they needed. They were fully involved in all decisions including their health care, medicines, finances, and day-to-day living in their home, at a level pertinent to their needs.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0027589

Date of inspection: 14/08/2019

## 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. **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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Person Centred plans are reviewed regularly and in all circumstances where there is a change in the needs or circumstances of a resident, the Person in Charge will arrange multi-disciplinary review in order to support the resident and meet unmet/changing needs. This will be in consultation with the resident and his/her circle of support.</p> <p>In relation to one particular resident a further Psychology review has been scheduled for 02 October 2019 and Psychiatry assessment has been scheduled for 25 October 2019.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/10/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/10/2019