



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

Issued by the Chief Inspector

Name of designated centre:	Dungarvan Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	28 March 2024
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0038418

About the designated centre

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

Dungarvan Residential Services is a registered residential disability service in Co. Waterford which provides long-term residential care and one transition respite bed for up to 15 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-storey 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 staff team comprises of nursing support, social care workers and healthcare assistants. Local amenities in the area include walkways, shops, restaurants, cafes and clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Thursday 28 March 2024	09:30hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and its purpose was to monitor the centre's ongoing compliance with the regulations. Overall, the inspector observed a very well managed centre whereby the care and support to residents was found to be provided to a good standard with high levels of compliance observed in the regulations reviewed.

The designated centre comprised of three houses. The three houses were home to 12 consistent residents on the day of inspection, along with one resident who availed of part-time care in the centre. The inspector had the opportunity to meet and speak with ten residents.

All three premises were in a suitable state of repair internally and externally. The houses were an appropriate size and layout and presented as warm and homely. Residents' personal belongings were noted around the houses including artwork and photos. Some residents showed the inspector their bedrooms and communicated they were happy with their personal spaces when asked.

Residents enjoyed regular daily activation. Some residents enjoyed attending day services daily and other residents had chosen to semi-retire and were engaging in more in-house activities such as music, art, knitting, memory games, chair exercises and reflexology along with some individualised community activities like coffees out, shopping, walks, bingo and swimming. On the day of the inspection, different residents were observed heading out for a walk, going to day services, meeting with friends, listening to music, playing with their electronic tablet and helping to prepare meals.

Residents all had personal social goals in place and staff were supporting them to achieve these. Some residents had goals in place to attend concerts, plan holidays and visit family. Residents' rights were being respected in the centre and residents appeared to have choice and control in their daily lives. This was seen in areas including, meal times, the residents' daily schedules, activities, staff supporting them and in their environment. In general, the different resident groups in the three houses appeared compatible living together.

The staff team consisted of social care workers, care staff and nurse support. The inspector noted respectful and meaningful interactions between staff and residents during the day. Residents enjoyed receiving support and care from a regular and familiar staff team. The staff and person in charge spoke knowledgeably of all residents who lived in the centre and they regularly consulted with residents themselves to ensure they had up to date information that would ensure the service was person centred. Residents were regularly consulted regarding their satisfaction with the service provided. A satisfaction questionnaire was completed with the residents and their families annually. The inspector had the opportunity to meet with ten residents on the day of inspection and one family member, all communicated

high levels of satisfaction with the service provided.

In general, based on the areas reviewed and from speaking with residents, the inspector found that the centre was a well-run service with appropriate supports in place to meet the residents assessed needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The majority of areas inspected were found fully compliant with the regulations, two minor areas in need of improvements were the residents contracts of care and formal supervision of volunteers.

Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident. Systems actively promoted resident wellbeing and independence. This centre was home to 12 consistent residents on the day of inspection, along with one resident who availed of part time care in the centre. Residents appeared happy and well supported. This inspection found that the registered provider and the management team in place had ensured that each resident living in this designated centre received a good quality service.

There was a suitably qualified and experienced staff and management team in place and the service provided was regularly audited and reviewed. Staffing and support levels in place ensured that appropriate levels of care and support were provided to the residents. Staff received regular training to ensure skill mixes were appropriate to residents' needs.

It was evidenced that the registered provider and management team had regular oversight of the service and had good knowledge of the residents' needs on the day of inspection. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents. Residents communicated satisfaction with the service to the inspector through verbal interactions on the day of inspection and through satisfaction questionnaires completed prior to the inspection day.

Two minor areas in need of improvements were the residents contracts of care and formal supervision of volunteers as noted under Regulations 24 and 30.

Regulation 15: Staffing

The centre staff team had a skill-mix of nursing staff, social care workers and healthcare assistants. The inspector completed a review of past, present and planned staff rotas and found that there were appropriate staff numbers in place to

meet the needs of the residents. The staff rota was clear and accurately reflected staff on duty. The centre had access to a relief panel of staff which worked interchangeably between the provider's nine community houses.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program in place for staff training and development. All staff had completed mandatory training in areas including fire safety, manual handling, safeguarding, infection control and Children First. The person in charge completed a review of staff training needs regular and sent reminders to staff if further training or refresher training was required. Staff training dates were clearly scheduled and identified on the staff rota.

Judgment: Compliant

Regulation 23: Governance and management

There was regular and consistent management and oversight of the service provided to the residents. The centre was supported by a full-time person in charge who had the required skills and experience to effectively manage the designated centre. This person had a regular presence in all of the three houses and was familiar to the staff and residents. The provider had nine registered community houses altogether which were all managed by three different persons in charge. These three individuals worked together as a management team for the community houses and provided an on-call system outside of regular working hours. The team were regularly in contact and met in person two to three times per week to handover and discuss issues such as staffing rotas. The centre was also supported by a senior manager who was the provider's quality and standards officer. Strong support systems and shared learning and knowledge between staff and management in the nine houses was evident.

Schedules were in place for regular audits and reviews of the service provided. These included six monthly unannounced audits and an annual review of the care and support. The person in charge had a clear schedule for the year ahead which included audits, staff appraisals and medication management.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had contracts of care in place. A new format for the contract of care had been developed in recent years and this included full details of how residents' fees were calculated through a separate assessment process. On the day of inspection, some residents had old contracts in place and some residents had new contracts in place. Some new contracts had not yet been signed by the provider. One resident did not have either old or new signed contract to hand on the day of inspection. The inspector noted that all residents had a financial assessment in place with fees to be paid clearly laid out. However, contracts required further review to ensure all residents had the provider's new contract in place and to ensure that these were all signed by both the resident and the provider.

Judgment: Substantially compliant

Regulation 30: Volunteers

One resident enjoyed regular support hours with a volunteer working with the service. This included day visits to the volunteer's home. The resident enjoyed this time with their friend and communicated this regularly. It was evident that the person in charge had oversight of these visits, this was seen through emails and a record of a recent home visit completed by the person in charge. However, the provider had no formal process in place for scheduled supervisions to take place with volunteers working within the organisation. This was an action which had been identified during the centres most previous inspection and which had not been fully addressed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector completed a review of the centres accidents and incidents log, and a review of residents daily notes and found that any incidents required to be notified to the Chief Inspector of Social Services had been completed within the required timelines.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a clear complaints procedure in place and a designated complaints

officer to manage any complaints. All complaint records from the centre's three houses, were reviewed by the person in charge monthly. Residents were regularly consulted regarding their satisfaction with the service provided. A satisfaction questionnaire was completed with the residents and their families annually. The inspector had the opportunity to meet with ten residents on the day of inspection and one family member, all communicated high levels of satisfaction with the service provided.

Judgment: Compliant

Quality and safety

It was apparent to the inspector that the quality of life for residents and their overall safety of care was prioritised in a person-centred manner. Emphasis was placed on residents choices and preferences and their social care needs were promoted and encouraged. Residents were supported to attend a variety of person centred activities daily and to achieve their own personal goals.

The inspector reviewed documentation pertinent to the residents care to determine the quality and safety of the service provided. This included a review of residents' personal plans, safeguarding plans, risk management documentation, and fire safety documentation. In general, documentation in place appeared to reflect that safe care and support was provided to the residents.

Residents all had individualised risk management documentation in place and personalised care plans which appeared to guide the care and support provided to them. Documentation was regularly reviewed and updated to reflect residents most current needs. The provider and management team were ensuring the three houses were maintained in a suitable state of repair and that appropriate fire safety systems were in place.

Regulation 17: Premises

All three homes were in a suitable state of repair internally and externally. The houses were an appropriate size and layout and presented as warm and homely. Residents' personal belongings including artwork were noted around the houses. Some residents showed the inspector their bedrooms and were happy with their personal spaces when asked. One residents' wardrobe door was noted as broken and this was being addressed by the providers maintenance staff on the morning of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were clear systems in place for the assessment, management and ongoing review of risk in the designated centre. All residents had individual risk assessments in place which included a review of areas including fire safety, risk of burns, falls risks, manual handling risks and financial risks.

Individual risk management plans were developed following identification of a potential risk. There was also a general service risk register in place which was developed by the quality and standards manager. This included a review of environmental risks, staffing risks, healthcare risks, infection control hazards and security risks. A log of any adverse incidents was maintained and there was a process in place for the person in charge to be alerted of these for further review.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were noted around all three houses in the designated centre. These included containment measures, detection systems, emergency lighting and signage. All residents had personal emergency evacuation plans in place and these detailed measures to take to support residents in the event of a fire.

Staff and residents were completing regular emergency evacuation drills which simulated day and night time conditions and these were being completed in an efficient manner. Staff were completing regular checks and reviews of fire safety systems and equipment was being regularly reviewed and serviced by maintenance and fire specialists. Adaptive equipment was in place for a resident with a hearing impairment to alert them in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal care plans in place. Plans of care were reviewed and updated on a quarterly basis and were also reviewed fully on an annual basis. Plans were in place to support residents to maintain their health and these included medical appointment schedules and regular observation of residents' blood pressure and weight. Residents were also supported to enjoy

regular holidays and trips away. Residents all had personal social goals in place and staff were supporting them to achieve these. Some residents had goals in place to attend concerts and visit family.

Residents enjoyed regular activation. Some residents enjoyed attending day services daily and other residents had chosen to semi-retire and were engaging in more in-house activities such as music, art, knitting, memory games, chair exercises and reflexology along with some individualised community activities such as coffees, shopping, walks, bingo and swimming. On the day of the inspection, different residents were observed heading out for a walk, going to day services, meeting with friends, listening to music, playing with their electronic tablet and helping to prepare meals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were being respected in the centre and residents appeared to have choice and control in their daily lives. This was seen in areas including, meal-times, resident daily schedules, activities, staff supporting them and in their environment. Residents were regularly consulted regarding their satisfaction with the service provided. Residents enjoyed weekly house meetings with peers and staff where topics including menu options, health and safety and current affairs were discussed. The provider had recently developed a Human Rights committee and this had been established through residents votes. Some staff had recently completed training in a Human Rights based approach and remaining staff were also in the process of completing this.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0038418

Date of inspection: 28/03/2024

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
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All residents will be provided with an updated Residency Agreement setting out the terms on which the resident shall reside in the designated centre and ensure that they are signed by both the resident and the provider.	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: A form will be devised to record the scheduled supervisions that take place with volunteers working within the organization.	

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	14/06/2024
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Substantially Compliant	Yellow	14/06/2024