



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

Issued by the Chief Inspector

Name of designated centre:	Cumas New Ross
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	14 February 2023
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0038992

About the designated centre

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

The statement of purpose outlines that the service provides full-time residential care to 11 residents, male and female, with an additional bed designated for respite residents. Residents must be independently mobile and require very low support from staff. Staffing arrangements are currently one staff on duty in each house. Staff are required to have social care qualifications in order to support the residents. The centre comprises two houses, one bungalow and one two-story property, located some distance from each other in a coastal town. It is within easy reach of all local facilities and services. Both houses are large and comfortable. All residents have their own bedrooms and there is sufficient living and communal areas to afford space and privacy for the residents. There are a number of day services attached to the organisation which the residents attend.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 February 2023	10:30hrs to 16:30hrs	Sarah Mockler	Lead
Tuesday 14 February 2023	10:30hrs to 16:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This designated centre is now operated by the Health Service Executive (HSE), who assumed legal responsibility for the centre in December 2022. This takeover occurred following the cancellation of the centres registration, while it was operated by a previous registered provider.

The purpose of this inspection was to ensure that the safety and welfare of residents had improved since the previous inspection.

This inspection was completed by two inspectors, who visited both homes associated with this designated centre. There were 11 residents living in the centre on the day of inspection. Five residents lived in one home, and six residents lived in the second home. One bed was allocated for respite. Respite services were not operating at the time of inspection.

The first home the inspectors visited was a large two-storey detached house located near a town in Co. Wexford. A large garden and grounds surrounded the property. The inspectors spent time reviewing the premises conditions and also the Infection Prevention Control (IPC) measures. On arrival at the property there was a new IPC station set up for visitors to sign in and complete relevant checks in terms of COVID-19 symptoms. There was more than sufficient hand sanitiser present so adequate hand hygiene practices could be adhered to.

On the walk around it was noted that a number of maintenance, renovations and improvement works had taken place. Painters and decorators and maintenance staff were present on the day of inspection and were completing works. Two residents' bedrooms had been painted and new flooring had been installed. Staff spoke about how one resident expressed that they were happy with their newly decorated room. However, works were still required to bring this property up to a good quality standard throughout. A clear schedule of planned works was shown to inspectors which would now be completed in the premises.

The second home associated with this designated centre was located a short distance from the main town. This was a detached bungalow building again surrounded by large gardens. Each resident had their own individual bedroom and there was a number of bathrooms allocated for resident use. Communal areas such as a sitting room, kitchen area, dining area and on the walk around of this property it was noted to be very clean. Maintenance works such as painting, replacement of floors and renovation works in bathrooms had been identified and planned to be completed. These works were all in the process of completion according to the provider and action plans were reviewed by inspectors.

Overall significant internal and external works had been completed and/or were planned for completion in this centre since the new provider had taken responsibility

for the centres operation.

A number of changes in staffing had also occurred since the HSE had taken responsibility for the centre. This included a new management structure and changes in the core staff team. Staff reported that residents had adapted well to the changes.

Families had been contacted formally in relation of the changes and regular communication was in place to ensure everyone was informed of relevant changes.

Residents attended day service five days a week. In addition to this, the residents were encouraged to take part in activities they enjoyed such as family visits, attending religious services, going to sports fixtures, and going to their local pub. However, the number of staff available impacted residents ability to access the community as they wished. Again, this had been identified by the provider as an area that required significant improvement.

Although the HSE had only assumed responsibility for operating this centre for approximately eight weeks (at the time of inspection) a large number of improvements had been made to ensure residents now lived in clean, well maintained environment which was in stark contrast to the findings of the previous inspections. However, ongoing works were still required in this area. The HSE had systems in place to identify and address this over the coming months whereby work plans need to be fully implemented, staff teams recruited, retained and managed and all systems fully implemented to ensure a sustained positive impact for residents.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Significant changes in governance and management had occurred in this centre. There were clear lines of accountability and responsibility now in place. Comprehensive oversight and auditing systems had been implemented. The provider was self-identifying areas of improvement and had plans in place to implement the necessary changes.

Improvements were noted in levels of compliance which were impacting the quality of life experiences of the residents living in the centre. Continued improvement was needed across a number of areas of regulation to ensure the levels of safe care could be sustained on a continuous basis. Overall, inspectors were assured that the structures and systems in place could drive quality improvement within the centre.

A full-time person in charge was appointed to the centre. They had the relevant qualifications and experience. Although only new to the centre they had gained relevant knowledge around residents' needs, likes and dislikes. They were supporting the staff team in their roles. However, this arrangement was only temporary and ongoing recruitment was taking place to find a permanent person in charge.

Changes to the governance structure were reflected in good levels of oversight throughout the centre. Residents and staff members knew who they could report issues and concerns to. A large number of audits, reviews and checks had taken place to ascertain what was required to ensure this service came into compliance with regulations to drive quality improvement. For example, the HSE had commissioned relevant quality managers to complete a comprehensive unannounced audit of the centre.

Staffing was reviewed on this inspection whereby the inspectors also spent time with different staff members and discussed relevant changes in the organisation. To ensure staffing was safe within the centres a number of staff had been redeployed. Overall staff that spoke with the inspectors were very positive about the changes that were taking place. They discussed how the changes were impacting positively on the residents quality of life. However, the number of staff in place was not sufficient at all times and was impacting residents ability to access the community, activities and events.

Overall it was found that there was now a clear and strong governance structure and presence within the centre that was driving positive change. The service was safe and clean. The provider, through their own audits and reviews, had identified the necessary improvements that were required to ensure the service progressed towards compliance with regulations.

Regulation 14: Persons in charge

The HSE had appointed a full-time person in charge. They had responsibility for two designated centres. The person in charge discussed how they had spent a large amount of time in this centre to ensure systems were implemented and to support the staff team. They had the required qualifications and experience to manage this centre. However, on the day of inspection inspectors were informed that this was a temporary arrangement. A recruitment campaign was currently ongoing to identify a suitable person for this position going forward.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that safe levels of staffing were in place in the centre. A number of staff vacancies in the team had occurred in recent weeks and there were also a number of staff on sick leave. Vacant posts had been advertised and interviews were scheduled for the coming weeks. Staff had been redeployed and agency staff had also been inducted to ensure residents had staff in place to support them at all times.

However, insufficient and consistent staffing was an issue. Only one staff member was on the roster to support five or six residents, which was not enough staff. This impacted the residents ability to access the community. This also impacted on staffs ability to complete core work with the centre. The provider had identified this as an area that required significant improvement. In order to ensure staffing was sufficient, detailed assessments of needs were being completed for each resident. These assessments would identify the staffing requirements within each of the homes. These assessments were ongoing on the day of inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

The training needs of the staff team had been reviewed in detail. A staff training matrix was in place. Staff had up-to-date trainings in a number of key areas including safeguarding, fire safety and manual handling. A training plan was in place that identified additional training areas that needed to be completed by staff to ensure their skill set was in line with best practice. Training such as feeding, eating, drinking and swallowing had been identified as a training need. In addition, a number of staff required training in managing behaviour that is challenging and some IPC specific trainings. Staff were booked to complete this training in the coming weeks.

The person in charge had ensured that the majority of staff team in place had one formal supervision completed. Staff that were spoken with informed the inspectors that they felt supported during this period of change within the organisation but that it was a difficult time.

Judgment: Substantially compliant

Regulation 23: Governance and management

This inspection primarily focused on premises conditions, IPC and governance and management arrangements. It was found that improvements had been made across these three areas ensuring residents were in receipt of safe care. Time would be required to allow the new provider to embed the changes and evaluate the

sustainability of the current arrangements in place.

Improvement initiatives were ongoing in the following areas:

- IPC
- Premises condition
- Medication management
- Resident finances
- Care planning
- Fire safety

The provider had implemented systems and reviews to ensure that the above areas would come into compliance with regulations. For example, improvements in medication management practices had occurred following provider lead reviews. In addition, the provider was in the process of the development and implementation of policies and procedures, assessments of resident needs, staffing reviews, and audits.

Judgment: Substantially compliant

Quality and safety

This inspection was focused on the specific areas of safe care around premises conditions and the IPC requirements. These areas had been a serious concern on the previous inspection.

The inspectors found that the provider was implementing relevant actions. As stated previously this work was ongoing. Relevant costings had been completed and a number of works had commenced. However, although improvements were noted continued improvement was required in this area to bring the centre into compliance with the regulations.

This centre comprises two houses each registered to accommodate six individuals. Inspectors visited both during this inspection. Both homes were visibly very clean. A number of works such as painting, decorating, floor replacement, garden maintenance had occurred within one property. The second property also required a number of maintenance works in relation to painting, replacement of floors and renovation improvements in bathrooms which remained outstanding but planned. In the interim the provider had ensured that measures such as regular cleaning and rearrangement or certain areas of the home were taking place. The provider had discontinued the use of a cleaning company and allocated more staffing time to keep the premises clean. However, due to the condition of aspects of the premises effective IPC measures could not always be adhered to. Furthermore due to the low allocations of staffing and large size of both premises keeping the centres clean and hygienic at all times will require continual review.

Regulation 17: Premises

As previously stated two homes were inspected. Each resident had their own bedroom, access to bathrooms, either en-suite or shared bathrooms and communal spaces to relax in.

In the first home visited, three bathrooms required renovation and or maintenance works to ensure they were fit for purpose. One bathroom was not in use due to the ongoing presence of mould, and other bathrooms presented with general wear and tear due to age. Painting works was occurring, and two resident bedrooms had been painted. New curtains were being sourced and the garden area had been cleaned and attended too.

In the second home, all areas of the home required painting, one resident's bedroom floor needed to be replaced and improvement works in bathrooms and communal areas were required. Planned works were viewed and needed to be implemented in full to ensure all parts of this designated centre met regulatory requirements.

Judgment: Not compliant

Regulation 27: Protection against infection

A number of noted improvements had occurred in this area. Both homes were on surface level very clean. Staff were responsible for the cleaning of the centres and there were systems in place such as detailed cleaning schedules. Each area of the home was accounted for in these schedules. Medical equipment such as nebuliser system and masks were being stored and cleaned in line with manufacturers guidance. Personal Protective Equipment (PPE) was stored in an appropriate manner and available for staff use as required. Laundry systems had been put in place.

However, due to the condition of some areas of the home, effective cleaning in line with best practice in IPC could not be adhered too. For example, torn cladding in bathrooms, mould in bathroom (closed for use) and outstanding maintenance works. Planned and ongoing maintenance remained required in some areas of the home as outlined above was therefore also directly linked to IPC.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0038992

Date of inspection: 14/02/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A successful recruitment process has resulted in offers of employment to 3 new social Care Workers and 4 new Social Care Assistants. Relief contracts have also been issued A comprehensive review of the needs of the residents has shaped a new permanent rolling roster. The improved skillmix with the introduction of SCA’s into the service will A greater continuity of support from the day to residential service. The SCA’s will act as a second staff member to meet the needs of the residents at peak times and support a broader range of opportunities for meaningful engagement and community participation. A waking night staff is being introduced and increase the capacity of staff to meet the regulatory standards for designated provision, in particular around IPC, behavioural support, record keeping and fire precautions. A newly appointed Person In charge is currently progressing through the recruitment stage with Cumas and there will be a transition period to enable sharing of information</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Cumas has developed and is implementing a skills matrix, which sets out the mandatory additional and specific skills training for each role. A training tracker is in place to ensure mandatory and refresher training is scheduled and completed. This is monitored by HR and reviewed quarterly by the General Manager. Staff have completed additional training including AMRIC infection prevention and control training, HSE food, nutrition, and hydration training. A member of the residential team has been nominated as Health</p>	

and Safety representative and will undertake a 3-day training programme in this regard. A Designated Officer has been assigned to the designated centre. The areas of induction, support and supervision are being enhanced with a schedule of supervision in place for staff and direct mentoring will be available from the PIC.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Cumas have developed a work plan to implement new management and oversight processes to ensure regulatory standards are maintained. Key areas of work will include the embedding of new systems for IPC, medication management, residents' finances, care planning. There is continued work as part of a discovery process to identify and respond to the needs of the residents. New communication and participation processes are in place and the residential team meet with the PIC and General Manager at regular team meetings.

A recently introduced HR system will provide oversight of time and attendance, documentation, recruitment, probation, support and supervision, leave and policy distribution and oversight. Electronic records are centrally held to increase Cumas ability to oversee and ensure records are accurate and up to date. The PIC will have direct oversight of the designated centre working alongside the teams to provide mentoring support oversight and supervision. Communication and collaboration is being enhanced between the day and residential services. Cumas policies and procedures are subject to review and since December 2022 10 policies have been reviewed and updated, with associated Standard Operating procedures and Social Stories to guide staff practice. A policy review committee meets monthly to review and progress the update of all policies and procedures.

A number of other oversight committees are in place including Quality and Safety, Health and Safety, and a new Rights Committee has been established.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: House 1 - An extensive programme of work has been assessed and scheduled for completion including essential electrical upgrades for fire and health and safety. External sensor lighting has been upgraded, garden improvement and power washing completed.

New fixtures and fittings have been purchased for the comfort and enjoyment of the residents. The kitchen has been upgraded and a full assessment of the fire doors has been completed and a programme of upgrades planned. An internal painting programme is underway and will be completed by July 2022. Upgrades to bathrooms and external upgrades have been issued for pricing.

House 2- A programme of works is underway including electrical upgrades for fire and health and safety. Garden improvement and power washing is also complete. New furniture and fixtures for the comfort and enjoyment of the residents is being purchased. A programme of upgrades to residents' bedrooms is scheduled and these works have been issued to contractors for pricing together with upgrades to bathrooms. Repairs are being made to kitchen cabinets and the laundry area is currently being upgraded to include ventilation and storage.

The completion of the works is subject to the availability of materials and contractors and the ability to move residents to alternative accommodation within the designated centre while works are being completed.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

A series of improvements have been made in relation to the implementation and oversight of cleaning at both houses. A deep clean has been completed in each house, which have also been decluttered and old fixtures and fittings which were not IPC compliant have been removed or replaced. The planned programme of bathroom and kitchen upgrades will significantly improve the ability of these areas to be cleaned effectively. An extensive programme of works are required in one bedroom to replace flooring and wardrobes with can be effectively cleaned has been issued for pricing by a contractor. New IPC compliant furniture will be purchased as required.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/08/2023

	are of sound construction and kept in a good state of repair externally and internally.			
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' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/05/2023