



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh View Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	14 February 2024
Centre ID:	OSV-0004961
Fieldwork ID:	MON-0033475

About the designated centre

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

The statement of purpose describes the service as providing full time residential care for up to 14 adult residents, with a diagnosis of intellectual disability and additional care needs by virtue of autism and age related needs. Nursing oversight is available to the residents, with one of the three houses having nursing supports provided each day. Residents are also supported by a team of social care workers, care assistants and programme assistants. There are a number of specifically tailored day services attached to the service which residents can access as they wish and retirement is also supported. Residents are accommodated in three residential houses with between four and six residents living in each house. The houses are suitable to meet the current and changing needs of the residents. The centre is located in a coastal town with easy access to the local community and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 14 February 2024	09:30hrs to 18:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform a registration renewal decision for the designated centre. Overall, the inspection noted very positive findings and good levels of compliance with the regulations reviewed. The centre comprised of three houses, where altogether 13 residents were living. There was one vacancy on the day of inspection. Two houses were located beside each other in a housing estate in a town in Co. Waterford and the third house was located on the providers Carriglea campus.

The inspector began the inspection day by visiting the one house located on campus, which was called St. Francis's. There were three residents living in this house and they were all present on arrival to the house. The inspector met and spoke with all three residents and they showed the inspector around their home which they appeared very happy with. Residents spoke with the inspector about living in the house, which they communicated they liked very much, when asked. Some residents showed the inspector artwork they had completed and jigsaws they had framed, along with photos of day trips they had enjoyed. Residents spoke about holidays they were planning in Killarney and a previous holiday that one resident had enjoyed in Lourdes with a staff member. The inspector noted that the house was homely and well maintained. The home had gotten new flooring installed since the most previous inspection and this was in a good state of repair. The inspector also noted an exercise bike in the homes living area, which the person in charge communicated that a resident liked to use regularly. Residents then headed out to different day activities and said goodbye to the inspector. Although the house was located on the Carriglea campus, the centre appeared to operate separate to the communal kitchen and laundry campus facilities. Residents cooked their own meals and did their own laundry in their home. On campus, residents had access to the services swimming pool and there was a picturesque walkway surrounding the campus that residents regularly used. The grounds of the campus were well maintained and there was a church on campus where mass was offered once a week. The provider had an overall de-congregation plan in place and this house was part of this strategy.

The inspector proceeded, with the person in charge, to the next two houses which were located off the campus in a local housing estate. These were both well maintained. In both houses, all residents had individual en-suite bedrooms. The inspector had the opportunity to meet with six residents living in one house and three residents living in another house throughout the rest of the inspection day. Most of this group had retired from daily work or activation and enjoyed individualised activities within their home. The inspector observed residents partaking in a number of different activities throughout the day including an exercise class, foot spas, walks, drives, massage, baking, music, artwork, grocery shopping and using their computers. All residents spoke highly of their home, the staff supporting them and the service provided. The inspector had the opportunity to sit with some residents and have a cup of tea at one stage of the inspection. Residents

were observed joking and laughing together with staff and relaxing in their home. Residents were celebrating Valentines day on the day of inspection and were delighted to receive cards and presents organised by the service. Meal times appeared to be a relaxed experience in the centre throughout the inspection day.

The residents were supported by a regular staff team and a full time person in charge. The staff team were a mix of nursing staff, social care workers and healthcare assistants. The centre used a panel of relief staff to cover some shifts and these were regular staff who knew the residents and their needs well. The centre was managed by a full time person in charge who had the skills and experience necessary to appropriately manage the service. This individual had appropriate oversight and a regular presence in all three houses. Kind, familiar and respectful interactions were observed between staff and residents on the day of inspection. Residents experienced weekly meetings with staff where their preferences and choices for the week ahead were discussed regarding meals and activation, along with any news in the centre and important topics such as the HIQA visit.

All 13 residents had completed HIQA satisfaction questionnaires in advance of the inspection. These had been sent to the residents as part of the registration renewal process. All questionnaires reported that residents were happy in their homes and were satisfied with service provision in areas including activation, food, premises and staff. There were no complaints voiced to the inspector on the day of inspection and complaints records did not evidence that there were any current complaints from residents or their families regarding 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 reviewed. Some improvements were required in staffing and fire safety as detailed further below.

Capacity and capability

The provider was demonstrating the capacity and capability to provide a safe service to the residents. This centre was found to be operating to a high standard and was supporting residents in line with their individual needs. The inspector found that this centre met the requirements of the regulations in many areas of service provision and overall, residents were in receipt of a high quality residential service.

A full-time, professionally experienced and qualified person in charge was in place and this person in charge was employed in a full-time capacity and managed the three houses that comprised the designated centre. There was a clear management

structure in place with lines of authority and accountability. The centre was supported by a senior manager who was also a quality and standards manager and completed regular audits within the service. These were appropriately self-identifying areas in need of improvements. The person in charge was present on the day of inspection and was found to be knowledgeable regarding the residents' individual needs.

There was a suitably qualified, competent and consistent staff team in place and the centres staffing whole time equivalent was set out in the centres statement of purpose. Staff had completed mandatory training in areas including, fire safety, manual handling, medication management, infection control and safeguarding. While there were appropriate staffing numbers in place in the centres three houses, the inspector raised concern during the inspection regarding the skill mix at night time in one house, as detailed further under regulation 15.

Regulation 15: Staffing

There was a staff rota in place that was well maintained and accurately reflected staff on duty day and night. The staff team was a mix of healthcare assistants, social care workers and nursing staff. The centre used a panel of relief staff to cover some shifts and these were regular staff who knew the residents and their needs well. There was a clear staff induction process in place for all new staff, whereby the person in charge completed a checklist with them to include a review of fire safety, resident files and safeguarding procedures. New staff had the opportunity to shadow regular staff before being rostered for duty.

While there were appropriate staffing numbers in place in the centres three houses, the inspector raised concern during the inspection regarding the skill mix at night time in one house. One resident may require oxygen administration in the event of a seizure at night and staff on duty at night were not trained to administer oxygen. This was specifically identified in the residents epilepsy seizure protocol. Another resident had a catheter and staff were not trained to provide full care for this in the centre. Nursing support was available from the services other designated centres on the Carriglea campus, however this nursing staff could take over 10 minutes to get to the house in the community in the event of an emergency. The service assessment of need did not fully highlight the residents individual staffing needs and requirements with regards to levels of care and specific healthcare and support requirements. This proved difficult to review residents staffing support needs when needs changed or increased.

Judgment: Not compliant

Regulation 16: Training and staff development

The service had a staff training program in place and training was provided in areas including manual handling, fire safety, safeguarding and infection control. The inspector completed a review of staff training records and found that all staff training and refresher training was up-to-date. This was regularly reviewed by the person in charge and HR team and further refresher training was scheduled when required. The service had a texting system in place to remind staff if training was overdue or scheduled. The person in charge completed regular one to one appraisals with all staff and appropriate template was used for this. All staff appraisals were up-to-date on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate certificate of insurance in place for the centre which insured against risk of loss or damage to the property and/or injury to residents. This was submitted by the provider, to HIQA, as part of the centres registration renewal process

Judgment: Compliant

Regulation 23: Governance and management

The centre had appropriate management systems in place. The centre was sufficiently staffed and resourced and there was a clear management structure. There was a regular management presence in the centre to provide staff with opportunities for management supervision and support. A full-time, professionally experienced and qualified person in charge was in place and this person in charge was employed in a full-time capacity and managed the three houses that comprised the designated centre. The centre was supported by a senior manager who was also a quality and standards manager and completed regular audits within the service. These were appropriately self-identifying areas in need of improvements. The provider had completed an annual review and six-monthly visits to the centre to report on the safety and quality of care and support provided, as is required by this regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place which was found to meet the the requirements set out in Schedule 1. This included staffing arrangements, the care and support needs of the residents and a description of the designated centre. This was submitted by the provider, to HIQA, as part of the centres registration renewal pack.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a clear complaints procedure in place which was made accessible to the residents. This process was prominently displayed in the centre along with details of advocacy services. There was a designated complaints officer to manage any complaints received. There were no open complaints in the centre on the day of inspection and the residents did not voice any complaints when the inspector spoke with them.

Residents were regularly consulted regarding their satisfaction with the service provided. Annual satisfaction questionnaires were issued to the residents and their families and these all reported high levels of satisfaction with the service and the staff.

Judgment: Compliant

Quality and safety

The inspector found that systems were in place to ensure that the quality and safety of the service provided was to a high standard in Comeragh View Residential Service. The centre presented as a comfortable home and care was provided in line with each resident's individual needs. A number of key areas were reviewed on the day of inspection including meeting residents and staff, a review of residents files, observing the premises, and reviewing documentation regarding, risk management, fire safety and medication management.

From a review of residents' personal care plans, it was found that residents were receiving care that was person centred, tailored to meet their needs and focused on supporting them to achieve their individual goals. Where residents' needs were assessed as requiring support, a support plan was developed. It was evident that the information in the residents' care plans was correct, up to date and regularly reviewed. Residents' choices and preferences were being respected and considered in the daily delivery of care and support.

The three premises were clean and very well maintained and were a suitable size and layout for the number of residents and their needs. The inspector noted fire protection systems around the premises and fire fighting equipment in place, including extinguishers and emergency lighting. However, the inspector did raise concerns regarding containment and detection systems for the hot presses in two of the houses in the centre, as detailed further under regulation 28. Regular fire drills were being completed by staff and residents which simulated day and night time conditions and these were carried out in an efficient manner.

Overall it was found that the centre was suitable to meet the needs of the residents and was appropriately resourced to provide safe care and support. The residents enjoyed living together in their home supported by the staff team.

Regulation 17: Premises

The centre comprised of three houses, where altogether 13 residents were living. There was one vacancy on the day of inspection. Two houses were located beside each other in a housing estate in a town and the third house was located on the providers campus. All three premises were maintained in a good state of repair internally and externally.

One house was located on the Carriglea campus. This house appeared to operate separately to the campus's communal kitchen and laundry facilities. Residents cooked their own meals and did their own laundry in their home. On campus, residents had access to the swimming pool and there was a picturesque walkway surrounding the campus that residents regularly used. The grounds of the campus were well maintained and there was church located there where mass was offered once a week. The provider had an overall de-congregation plan in place and this house was part of this strategy.

Judgment: Compliant

Regulation 28: Fire precautions

In general, there were appropriate fire safety systems in place in all three houses. The inspector completed a walk around the premises at the start of the inspection and found appropriate equipment in place in working order, including detection systems, fire doors, emergency lighting and fire extinguishers. Equipment was being regularly checked and serviced by management and fire specialists. Fire evacuation drills were taking place regularly with staff and residents and this were completed in a sufficient manner. All residents had personal emergency evacuation plans (PEEP's) in place.

The inspector noted that there were two hot-presses in two of the three houses that

did not have any containment measures or detection systems in place which may have been an area of risk for fire. The service health and safety officer was contacted regarding this on the day of inspection by the person in charge and it was confirmed that this would be an area that would be addressed by the service as soon as possible.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Safe systems were implemented in the centre for medication management. Locked storage units were in place for the storage of any medicines in the houses and the key for storage units were kept in a safe place. The inspector completed a review of a sample of some of the residents medications and found that a stock of all residents prescribed medicines were in place in the centre in line with the residents drug kardex's. This included medications prescribed PRN (as needed). Appropriate checking and recording systems were in place for medication administration. Staff, the person in charge and the residents pharmacist completed regular checks and reviews and medication stocks and usage. Appropriate systems were in place for the storage, administration and recording of prescribed Schedule 2 drugs in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had an assessment of need and personal plan in place which directed staff to provide appropriate and safe care and support. Residents all had personalised social in goals with SMART action plans in place to support them to achieve their goals. Some goals included family visits, holidays away, trips to the cinema and various outings. Daily reports were maintained by staff on residents daily activities and wellbeing and these indicated that residents enjoyed variety in their daily lives. Accessible social stories were developed for some residents, to support them to understand different aspects of their care. Residents all had individual activation schedules in place and these were subject to regular review. Some residents were retiring and were supported to stay in their home on some days if they wished. The inspector found that the residents assessment of need did not fully identify staffing support needs, as discussed further under regulation 15.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to achieve their best possible health. Appropriate care plans were in place for any identified healthcare needs and these were subject to regular review. Residents had appropriate access to multi-disciplinary support and recommendations made by the multi-disciplinary team (MDT) were implemented into the residents plan of care. Residents were being supported to avail of national screening services and residents had access to phlebotomy services within the centre. The inspector observed one resident experiencing seizure activity on the day of inspection, this was treated in a serious and timely manner by the person in charge and staff. The resident was afforded care and dignity during this time, and support was provided in line with the residents individual epilepsy seizure protocol.

Judgment: Compliant

Regulation 8: Protection

Residents in the centre were protected from abuse. All staff had up-to-date training and refresher training in the safeguarding and protection of vulnerable adults. In general, the residents appeared to live together compatibly and there were no open safeguarding concerns in the centre on the day of inspection. There was a designated safeguarding officer nominated within the service to manage any safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre. Residents were treated with respect and dignity and were afforded choice in their every day lives. This was seen in areas including meals, activation, daily routines and their homes. Residents experienced weekly meetings with staff where their preferences and choices for the week ahead were discussed along with any news in the centre and important topics such as the HIQA visit. A human rights committee was being developed in the service at the time of the inspection and one resident was pleased to hear they had been nominated to be a member of the committee.

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	Not 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Comeragh View Residential Services OSV-0004961

Inspection ID: MON-0033475

Date of inspection: 14/02/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the support requirements for residents has been undertaken and the outcome of the review is as follows</p> <ol style="list-style-type: none"> 1. that for residents who may require oxygen administration in the event of a seizure at night that all staff on duty at night and day rosters will be appropriately trained to administer oxygen and appropriate governance arrangements and protocol for such oxygen administration will be developed and implemented. 2. Nursing Support will be rostered in the house where oxygen administration is required for residents. 3. Campus related supports throughout the day will continue to remain in place. 4. Further training for Nursing Staff will be provided to support a resident with catheter management and operations requirements. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In line with findings of the Inspection Carriglea Cairde Services will install fire detection systems and fire rated doors in the two hot-presses in two of houses within the Designated Centre that did not have any containment measures or detection systems in place.</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 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	30/06/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2024