



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:	Cumas New Ross
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	01 June 2022
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0036851

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 sufficient currently with 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:	10
--	----

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 1 June 2022	10:00hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

From meeting and speaking with residents and staff, and observing practice, the inspector found that residents appeared happy and were enjoying a good standard of care and support. Residents told the inspector that they were happy and comfortable in their homes. This announced inspection was completed to inform the registration renewal decision of the centre and to follow up on the actions identified in the providers compliance plan following an unannounced inspection in March 2022.

The inspection in March 2022 identified significant gaps in governance and oversight. This was due to a number of factors including the post of Chief Executive Officer (CEO) being vacated. Recently a new general manager was appointed. They had only commenced in their post in the last eight weeks. Since the appointment of this post it was found that the gaps in line of authority and accountability had been strengthened. However, these changes required more time to embed to fully evaluate the sustainability and effectiveness of the new arrangements.

This inspection took place during the COVID-19 pandemic. As such, the inspector followed all public health guidance. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

To gather a sense of the care and support being provided to residents the inspector spent time speaking with staff, reviewing documentation, and meeting and speaking with residents. The first half of the inspection was completed in a office building located a short distance from the designated centre. The inspector spent time with staff and also reviewed the necessary documentation. Later in the day the inspector went out to both homes to meet the residents and review each premises.

The designated centre comprised two separate homes located some distance from each other in a coastal town. The first home visited by the inspector was a large two-storey detached building located in an urban setting. On the walk around, for the most part, it was noted that it was a well maintained home. Each resident had their own bedroom which was decorated to each resident's individual taste and preference. There was a large well kept garden that surrounded the home with outdoor seating areas available to the residents. At the time of the visit a staff member was supporting the six residents that lived in this home. The inspector briefly met with all six residents. They were relaxing in the sitting room or dining room while their evening meal was being prepared. Residents appeared very comfortable and spoke freely amongst each other and with the staff present. The residents spoke about their day and what they had done. Residents spoke about upcoming events such as family reunions, family visits, dance classes, meals out and local GAA matches they wanted to attend. Conversations amongst residents and

staff were relaxed and friendly.

The inspector visited the second home within this designated centre. This was a bungalow building located in rural location. The inspection in March 2022 identified a number of areas of improvement that were needed to ensure this home was presented in homely well maintained manner. On the walk around of the premises there were some noted improvements internally. This included deep clean of all bathrooms, cladding and painting in bathrooms and replacement of flooring in relevant rooms. Colourful paintings had been hung throughout the home. Residents made positive comments in relation to these improvements. However, some works remained outstanding both internally and externally.

The inspector met with the four residents within this home. They are being supported by one member of staff who was preparing their evening meal. One resident warmly greeted the inspector and stated that they had remembered them from their previous visit in March 2022. Residents were observed to freely move around their home both inside and outside. A resident showed the inspector around their room. They had a recent birthday party and had photographs of this event displayed in their room. They had really enjoyed this celebration were many of their friends, family and staff members had attended. Residents in this home spoke about events and activities that were important to them such as family connections, visiting the local pub and going out for meals. Residents were observed to completing preferred activities at this time also such as writing. Residents appeared relaxed and comfortable in their home.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that residents received good quality care and support in this service. Since the appointment of the new general manager the governance structure had improved. Continued emphasis was required on premises improvement, infection prevention and control measures and fire safety measures to ensure quality of care was maintained at an optimal measure.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspection in March 2022 found that there was an absence of a robust operational governance team whereby clear lines of authority and accountability were managing this centre. In the last eight weeks a new general manager had been appointed. The person in charge reported directly into the general manager. Although this person was only recently appointed, significant, positive work had commenced in ensuring a sustainable governance structure would be in place. For example, the general manager had discussed how each role within the organisation

was now well defined and each person was aware of relevant reporting structures

As part of the inspection process the inspector contacted a member of the board of management by phone. There were a number of ongoing investigations at the time of the inspection that the board of management had direct oversight off. Specific assurances were sought by the inspector on the day of inspection in relation to these investigations.

There were systems in place for oversight, such as provider-led audits and reviews. These had been completed in line with the requirements of the regulation. The person in charge was experienced in their role and had a good understanding of their role in driving quality improvement and ensuring the level of care was in line with the requirements of regulation. Improvements had been made for the appropriate supervision of the person in charge at the time of this inspection.

There was a stable staff team in place. The staff team consisted of social care staff. Nursing care was available if needed. In order to ensure sufficient staffing was available in the event of staff absences a panel of relief staff was being recruited. This had been an action identified in the March 2022 inspection.

Registration Regulation 5: Application for registration or renewal of registration

The required information was submitted in the application for renewal of the registration of the centre

Judgment: Compliant

Regulation 15: Staffing

The residents were an independent group of individuals with low support needs. They were supported by a team of social care workers. There was a full staff compliment in place. A review of staffing indicated a stable staff team with continuity of care being provided. There was an actual and planned roster in place. There was no use of agency staff. The inspection in March 2022 identified the need of a relief staffing panel as up to this point the existing staff team had been covering absences due to planned and unplanned staff absences. The provider had identified that this was not a sustainable model of staffing.

The provider initially engaged with their relevant funding agency in this process. When this request was refused the provider initiated other means to ensure that a relief panel could be put in place. On the day of inspection, one staff member had been recruited and the process of recruiting a second staff member to this panel had commenced.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems for training and development in place. A staff training matrix and a sample of staff training records and were reviewed. The staff team were up-to-date in mandatory training, this included but not limited too, staff training in fire safety, safeguarding , safe administration of medication and epilepsy.

From speaking with senior members of staff it was found since the commencement of the new general manager improvements were noted in the level of support received. Regular meetings between the person in charge and general manager had commenced.

Judgment: Compliant

Regulation 23: Governance and management

The provider, Cumas New Ross, was responsible for one designated centre. A new general manager had been appointed since the previous inspection. There was a clear governance structure present with identified roles and responsibilities.

The general manager had commenced regular meetings with members of management within the organisation and also with the board of management. A sample of these management notes were reviewed and found to be comprehensive in nature. For example, the general manager had commenced a future needs analysis of the service. A number of residents had the potential to present with changing needs due to age. The general manager had initiated plans to ensure the service would continue to meet the residents needs. This had been discussed in recent management meetings. Other topics discussed in these meetings included actions identified in the previous HIQA inspection, residents, maintenance, policies and procedures, training, finances.

Regular audits and reviews were in place and were identifying areas of improvement. For example, the six monthly unannounced provider visit had occurred in line with the requirements of regulation.

At the time of inspection, a number of provider led investigations were awaiting conclusion. These did not relate to the care and support of residents. From the assurances provided by the board of management these matters were being managed appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted an up-to-date statement of purpose as per requirements of regulation. It was found to have all the required information.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 requirements in terms of the policies and procedures that were required to be present and available to staff. Some improvements were needed in relation to the policies that were available. There was an absence of a policy in relation to safeguarding.

In addition to this two further policies were required to ensure compliance with this regulation, this included a policy that included Residents' personal property and possessions and a policy which encompassed residents' access to education, training and development.

Judgment: Not compliant

Quality and safety

As previously found in the inspection in March 2022, the current inspection identified a number of good areas of care and support being delivered to residents. Improvement in compliance levels were noted in a number of areas. Although improvements were ongoing in terms of premises, infection prevention and control measures and fire safety the provider was aware of many of these issues and there were plans in place to address these in the coming weeks.

As stated previously there are two separate premises associated with this designated centre. On the inspection in March 2022 it was identified that one of the premises required maintenance works in terms of painting, removing of mould, damp proofing and replacement of worn flooring to ensure it presented as a homely environment. In addition to this, the outside of this premises required maintenance and cleaning. The current inspection found that the majority of works had been completed in relation to the issues identified, however, some works were still outstanding.

Due to the improved condition of some areas of this premises the inspector was

assured that effective infection and prevention measures could be adhered to. However, other improvements in relation to infection prevention and control measures were noted such as laundry management and mop storage.

The inspector found good examples of personalised supports for residents. There were updated person centred plans in place that encompassed the residents' wishes and preferences. For example, there was information presented on how residents liked to be woken in the morning or how they liked to choose their clothes for the day. Each resident has specific goals in place that were reviewed on a regular basis.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The residents had personal emergency evacuation plans in place which guided the staff team in supporting residents to evacuate. Fire drills had occurred at regular intervals including drills that simulated night time situations. However, improvements were still required in relation to fire containment measures and some fire safety management systems.

Regulation 12: Personal possessions

On a walk around of the premises it was noted there was more than adequate storage in place for residents' possessions. Each resident had access to laundry facilities. On a review of a sample of residents' finances it was found that each resident had their own named bank account.

Judgment: Compliant

Regulation 17: Premises

Overall, the residents lived in a warm, clean and comfortable homes. Significant wear and tear in one of the premises was noted on the inspection in March 2022. The majority of these findings related to bathrooms and bedrooms within this home. On the walk around the inspector noted significant improvements to these areas. Bathrooms had been deep cleaned and repainted to ensure mould was no longer present, rusted equipment had been removed, flooring had been replaced, and a bedroom had been repainted. This ensured the home was well presented and bathrooms were now fit for purpose.

Some painting work was outstanding however, this was still within the time bound action plan submitted by provider following the inspection in March 2022. There were plans to complete this in the coming weeks

However, the outside of one of the premises required attention as the eaves and other areas of the outside of the home had some dirt and debris present. This had

also been identified in the previous inspection. The pathway around this home was broken and unstable and posed a risk to residents that used this. Broken glass was found on a pathway in the garden. This glass was immediately removed by staff. Significant improvements were required externally to ensure this area was well kept and an inviting space for residents to use.

Judgment: Not compliant

Regulation 20: Information for residents

All the required information as set out in the regulations was found to be in the residents guide.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part there was some good practices in relation to infection prevention and control measures. The improvements in the premises condition now meant that all parts of the building could be effectively cleaned. on a walk around of both homes, they appeared clean. Regular cleaning was completed by contract cleaners. However, continued focus was required in this area to ensure it was in line with best practice. For example, the storage of mop systems required review to ensure they were stored in areas that were suitable. Separation of laundry areas and food storage areas needed to be addressed in one premises. In addition to this adequate facilities to ensure suitable equipment was available for hand washing needed improvement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. The previous inspection identified that that two further fire doors were required in one of the homes for fire safety. These doors were required in a storage area. However, replacement of these doors was deemed to be completed by July 2022. This time line was deemed appropriate.

Although fire doors were in most relevant areas, some doors did not have systems

in place to ensure they closed in the event of a fire.

The systems for ensure adequate fire arrangements were in place at a designated smoking area required review. Currently a bucket was in place that had a large number of ends of cigarettes present. This bucket had not been emptied in a number of days or weeks. There was no suitable means to extinguish the cigarette when placed in the bucket. The large number of cigarette ends also posed a fire risk. This required immediate review and was brought to the attention of the person in charge on the walk around of the premises.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A sample of personal plans were reviewed on inspection. The residents had an assessment of need and personal plan in place. These documents were found to be person-centred and identifying the residents' wishes, preferences and goals. These documents were being reviewed and updated regularly to ensure they were effective.

The majority of residents had now completed an annual review of their personal plans. Two reviews remained outstanding, however these were planned in the coming weeks. Residents attended their annual review with relevant representatives and staff members and all aspects of the residents personal plans were discussed.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre did not have significant needs in relation to their healthcare. Where required, healthcare needs were assessed an an associated healthcare plan was put in place. There was evidence that residents were facilitated to attend appointments with relevant heath and social care professionals such as chiropody, dental, opticians and psychiatrist to name a few. Residents were also attended national screening programs in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse

in the centre. Staff had completed training in relation to safeguarding and protection. Staff spoken with, were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. There had been no safeguarding incidents reported since the last inspection.

On review of the financial safeguards in place good practices were evident. A policy was in place which detailed all the relevant safeguards and systems in place All residents had their own named account. Monthly bank statements were available to review and audited by the person in charge on a regular basis.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0036851

Date of inspection: 01/06/2022

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 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Three policies will be devised and implemented by 05th August 2022. <ul style="list-style-type: none"> • Safeguarding • Residents' personal property and possessions • Residents' access to education, training, and development 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Dirt and debris removed – completed 15th June 2022 • Work has commenced on paths 30th June 2022 and due for full completion by 30th August 2022. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	

Improvements have been completed on the 10th June 2022.

- Suitable storage for mops
- Separation of laundry areas and food storage
- Suitable equipment – pedal bins purchased

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- New door fire systems have been purchased will be fully fitted by 30th August 2022.
- Advice was sought and to fully extinguish cigarettes sand has been placed in bucket. Bucket is emptied regularly. Sand is made readily available and also changed regularly. Completed 10th June.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/08/2022
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	10/06/2022
Regulation	The registered	Not Compliant	Orange	30/08/2022

28(2)(a)	provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	03/06/2022
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	05/08/2022