



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:	Short Notice Announced
Date of inspection:	18 June 2021
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0033058

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 fulltime 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 number of residents using the respite bed is very low and all residents attend the provider's day service and so are familiar with each other.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 18 June 2021	09:30hrs to 16:00hrs	Sinead Whitely	Lead
Friday 18 June 2021	09:30hrs to 16:00hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

Inspectors met with nine residents on the day of inspection. Inspectors endeavoured to determine the residents views of the service provided through speaking with residents, observing where they lived, observing care practices, speaking with staff and reviewing residents documentation.

The inspection took place during the COVID -19 lock down period and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Adherence to public health guidance was maintained at all times.

In general, the inspectors found that residents appeared very happy and comfortable living in the centre. Despite COVID -19 restrictions, residents continued to enjoy some personalised activation schedules. Day service staff members were attending the centre houses daily to complete individualised daily activities with the residents. Some day services had resumed in the organisations main day service and administration building. The inspectors met with some residents who were attending day service there and they communicated high levels of satisfaction with the service provided, when asked.

The residents were an independent group of individuals with low support needs. The residents appeared to be compatible living together and incidents of peer to peer safeguarding incidents were very low. Residents spoke highly of each other when asked by inspectors about their experience living with peers. There were no restrictive practices in use in the designated centre.

The staff team consisted of social care staff and residents also had access to nurse support when required. Inspectors noted respectful and meaningful interactions between staff and residents during the day. The person in charge was newly appointed to the position and this person was found to have the skills and experience necessary to manage the centre.

The centre comprised of two houses, one bungalow and one two story property. These were located some distance from each other in a coastal town. Both houses were large, comfortable and homely. All residents had their own bedrooms which had been personalised to suit their preferences and had space to store their personal belongings. The houses also had large communal living areas where the inspectors observed some residents relaxing, doing table top activities and watching television in the afternoon. One of the houses had an exercise bike and one resident told the inspectors that they liked using this sometimes. A number of outstanding maintenance issues were observed around both of the premises including paintwork, worn flooring and carpets, damp areas on walls, a broken toilet and outstanding furniture repair work. Management communicated that there had been a delay in

addressing these issues due to COVID-19.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas including audits and reviews, fire safety, policies and procedures, premises, and notification of incidents.

Capacity and capability

The inspectors found that the registered provider, Cumas New Ross, demonstrated the capacity and capability to support the residents living in the designated centre. The provider had appropriately addressed any actions identified during the centres most previous inspection. However some issues were identified which required the providers attention in areas including audits and reviews, fire safety, policies and procedures, premises, and notification of incidents, as detailed in other sections of this report.

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. Residents were supported by a team of social care workers and had access to nurse support when required. There was a staff rota in place that accurately reflected staff on duty. There was a full time person in charge and a residential coordinator. Some audits and reviews had not taken place in the previous year, including the centres annual review and six monthly unannounced inspections, as required by regulation 23. The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge and who to report to.

Residents were regularly consulted about the service provided, with regular residents meetings being held. Residents were all provided with information packs in their bedrooms which included details of advocacy services and the complaints procedure.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. Systems were in place to ensure that the person in charge had regular oversight of both houses in the centre. Staff and residents were familiar with the person in charge and who to report to.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents. The staff team comprised of social care workers. Residents also had access to nurse support when required. There were no staff vacancies on the day of inspection.

There was a staff rota maintained and this was reflective of the staff on duty. The provider adjusted their day service provision during the Covid-19 lockdown to ensure the residents received a day service in the designated centre while still ensuring residents safety.

Judgment: Compliant

Regulation 16: Training and staff development

Training provided was in line with the residents needs and included training in areas such as fire safety, manual handling, medication management, behaviour management, and safeguarding.

Formal one to one supervision of staff was taking place monthly by the person in charge or the residential coordinator in line with the designated centre's policy. The supervision process included a review of staff performance and identified actions when required.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability and responsibility. The person in charge reported to the person participating in management who was the CEO. The person in charge was supported by the residential coordinator, the health-care coordinator and the day service coordinator in the day to day running of the centre. There was a full time on call management system in place.

However there were governance improvements required to ensure that there was regular auditing and review of the service provided and to ensure that the provider was self-identifying areas in need of improvements. Furthermore as evident in the areas identified as not compliant on this inspection further managerial follow up was

also required in these areas. The provider had not completed an annual review of the quality and safety of the service for 2020, as required by the regulations. The provider had also failed to complete six monthly unannounced inspections to the centre in 2020.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors observed that all residents had a contract of care in place. Contracts for the provision of services provided were consistent with the resident's assessed needs and detailed fees to be paid. These were all signed by the residents. This had been an action from the centre's previous inspection that had been appropriately addressed.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications indicated that the provider had submitted the majority of notifications to the Chief Inspector within the required time frame. However, one incident was omitted from the quarterly notifications as required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place with a designated complaints officer which was managed well. Each resident had an accessible complaints policy and procedure pack in their bedrooms. There was substantial improvement evident since the last inspection. Residents voiced no complaints with the inspectors, when asked about the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The designated centre had prepared and adopted most of policies and procedures

set out in Schedule 5. However, inspectors found that there was no full policy in place for procedures in the event of the temporary absence of residents, to include nursing home stays or A+E visits. Furthermore, the provider did not have a policy on the management of residents personal property and possessions. Inspectors observed that specific care practices were taking place in the event of temporary absences and an inventory of personal possessions was recorded in the residents personal files but these practices were not reflected in the organisational policies, and therefore at times it was found that practices were not being informed by service policies.

All the written policies and procedures had not been reviewed within the required three year timeline. The inspectors were advised that all the policies were reviewed and were waiting board approval and that this was delayed due to Covid-19 and the limitations in time and number of board meetings. The inspectors were provided with a list of all the policies that were reviewed along with who reviewed them and a staff member who was leading the review.

Judgment: Not compliant

Quality and safety

The inspectors reviewed a number of key areas to determine the quality and safety of the care provided. This included a review of residents personal plans, infection control, risk management documentation, and fire safety documentation. The inspectors found that, at times, some improvements were required to monitor quality and ensure that the service provided was safe at all times.

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. This was well reflected in the residents personal plans and supporting documentation. Overall it was found that the centre had the resources to meet residents' needs. Some areas of the premises required maintenance and improvements as detailed under regulation 17.

Infection prevention and control had been a priority in the centre over the past year due to COVID-19. There were arrangements in place to control the risk of infection in the centre. The centre was found to be visibly clean on the day of inspection. There was adequate personal protective equipment available. Staff and residents had been supported to avail of a vaccination programme.

Fire safety management systems were in place, however improvements were required to ensure containment measures would be adequate in the event of a fire particularly in high risk areas including one of the premises kitchens and hot press. The provider had initiated works and consulted with a fire specialist to work towards complying with the most up-to-date fire safety guidance for residential care facilities.

Regulation 12: Personal possessions

The registered provider had ensured that measures were in place to ensure that each resident had access to and control over their personal property and possessions. They had their own furnishings with ample storage. An inventory list of all residents belonging was maintained by staff. This practice was not included in the service policy, as mentioned under regulation 4.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses, one bungalow and one two story property. These were located some distance from each other in a coastal town. Both houses were large, comfortable and homely. All residents had their own bedrooms which had been personalised to suit their preferences and had space to store their personal belongings.

A number of outstanding maintenance issues were observed around both of the premises including paintwork, worn flooring and carpets, damp areas on walls, a broken toilet and outstanding furniture repair work. Management communicated that there had been a delay in addressing these issues due to COVID-19

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risks in the designated centre. Measures and plans were identified for in the event of adverse incidents in the centre. Residents all had individualised risk management plans in place.

The health and safety of residents visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. This included a falls risk assessment for all residents. There was a record of incidents and accidents which were assessed and responded to appropriately. There was service defibrillators in place in both houses for in the event of anyone in the centres experiencing sudden cardiac arrest.

Management and staff were completing regular health and safety audits which

included checking general housekeeping, electrical appliances, fire precautions, staff training, personal protective equipment (PPE) and hazardous materials.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance.

Staff carried out 1:1 hand sanitizing sessions numerous times a day for each of the residents and conducted regular temperature checks. There was easy to read signage for residents and access to PPE and information for staff and residents. Hand washing facilities and alcohol gels were noted around the designated centre. Visitation with residents family and friends was being managed and facilitated in line with national guidance. Residents were being supported to receive their COVID19 vaccine.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures were noted around the designated centre including fire fighting equipment, emergency lighting, and detection systems. Staff were completing daily inspection of the exit routes and all residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular review. Staff and residents were completing regular fire evacuation drills which simulated both day and night time conditions and were carried out in an efficient manner.

However, following a walk around the centre, the inspectors noted a number of issues with containment measures in both premises. The provider had recently had a fire safety assessment completed by a fire safety specialist which highlighted a number of actions required to comply with the most up-to-date guidance on fire safety for residential care facilities. These were not completed at the time of this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need and personal plan in place, and these were subject to regular review. These included how best to support residents with areas including personal care, nutrition, mobility and social needs. Residents all had individual social goals in place that they were hoping to achieve.

A checklist system was in place to ensure residents healthcare needs were met. This included national screening appointments and dentistry. Care plans were revised when required for supporting residents with specific healthcare needs. Plans were also in place to support residents with behaviours that challenge, when required. Residents had all signed their own personal plans.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0033058

Date of inspection: 18/06/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Two unannounced visits have already occurred, dates are: 22nd & 23rd February 2021</p> <p>Annual Review has been scheduled with the Nominated Provider and PIC for 24th August 2021. This date is delayed due to Annual Leave.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Organization has reviewed the incidents and on advice from the inspectors will, with immediate effect, submit all incidents including peer on peer, regardless of severity or whether guidance from safeguarding would indicate that no incident occurred.</p>	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

All policies have been reviewed, changes made, agreed with the Board at a Board Meeting on the 27th July and are currently submitted for printing and distribution.

In respect of Discharge, the relevant policy has been adjusted to include temporary absence.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Broken toilet seat has been replaced. New chairs have been ordered on the 15th May 2021 and awaiting delivery.

The painting/damp-proofing and replacement flooring and carpets will have to be completed with the residents off premises. As the country opens up and it becomes viable for the individuals to avail of a staycation, plans are in process for this repair work to be completed by 30th October provided no further lockdowns are imposed.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The hatch from kitchen to dining will be fire-proofed with completion of work on 27th August 2021.

The recommendations of the fire safety specialist are in process to be completed by 30th October provided no further lockdowns are imposed.

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	30/09/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	24/08/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Not Compliant	Orange	24/08/2021

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	27/08/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	28/07/2021
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.	Substantially Compliant	Yellow	27/07/2021
Regulation 04(3)	The registered provider shall review the policies	Not Compliant	Orange	27/07/2021

	and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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