

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

## Issued by the Chief Inspector

|                            |                            |
|----------------------------|----------------------------|
| Name of designated centre: | Deise Residential Services |
| Name of provider:          | Carriglea Cáirde Services  |
| Address of centre:         | Waterford                  |
| Type of inspection:        | Announced                  |
| Date of inspection:        | 01 March 2024              |
| Centre ID:                 | OSV-0004962                |
| Fieldwork ID:              | MON-0033763                |

## About the designated centre

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

The centre was registered in 2015 to provide long-term care to 18 adults, both male and female, with primary a diagnosis of mild to moderate intellectual disability, autism and behaviors that challenge. Separate accommodation is provided for males with one for females. There are three day service allied to the centre which are tailored to the residents' different needs and preferences with supported employments options available. The centre consists of three spacious, comfortable, detached houses in a coastal location and with easy access to all local facilities and amenities. Residents were supported by staff members on a 24/7 basis.

**The following information outlines some additional data on this centre.**

|  |    |
|--|----|
| Number of residents on the date of inspection: | 17 |
|--|----|

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 |
|---------------------|----------------------|----------------|------|
| Friday 1 March 2024 | 09:30hrs to 18:00hrs | Sinead Whitely | Lead |

## What residents told us and what inspectors observed

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

The centre itself was located in a busy area in Co. Waterford. The centre comprised of three bungalow properties, two of which were located beside each other on a busy main road and the third bungalow was located close by in a housing estate. On arrival to the centre, the inspector was greeted by staff on duty and some of the residents, who were starting their day and going about their normal morning routines, having breakfast and getting ready to head out to various activities. The atmosphere in the centre was relaxed and homely and residents appeared at ease in their home having their breakfast and getting ready for the day ahead. The inspector started the inspection day by visiting the three premises which comprised the full designated centre. Overall the three premises were well maintained and presented in a good state of repair. The houses presented as spacious and homely and all residents had their own en-suite bedrooms in the three houses. One of the premises required some minor refurbishments. Outstanding paintwork was noted and one area of flooring was worn and discoloured in some areas.

The inspector had the opportunity to meet with fourteen residents throughout the course of the inspection day. Some residents showed the inspector their bedrooms and spoke with the inspector about their home and their experience living in the centre. All residents appeared to enjoy living in their home and happy in their environment. Residents had personalised their bedrooms to suit their preferences and the inspector observed personal pictures, posters and medals that some residents had won partaking in sporting events. Some residents liked gaming and technology and had their own computers, tablets and gaming consoles. A number of residents spoke with the inspector about staff that worked with them and activities and trips they had planned for the months ahead. All spoke positively about their experiences in the centre. 22 satisfaction questionnaires were completed by residents and/or their families prior to the inspection day. The inspector reviewed all of these and found that all reported high levels of satisfaction in areas including meal times, staffing, activation and premises. The inspector was present for some of the meal times during the inspection day and these appeared to be a relaxed and pleasant experience for residents. Food appeared appetising, fresh and home made.

Residents enjoyed regular daily activation in the centre. The inspector observed live music being played in one house on the day of inspection and this appeared to be an enjoyable experience for the residents there. Residents were requesting the musician play their favourite songs and were singing and clapping along to the music. Some residents choose to stay in their home on the day of inspection and some residents were out attending different day services, individual activities,

medical appointments and work opportunities. Residents all had individual personal goals for the year ahead and staff were supporting them to achieve these. Some goals included trips away, completing courses, visiting a fire station, and creating a scrap book. The inspector noted many pictures of residents attending different activities and achieving their goals. All three houses had access to their own service vehicles.

The residents were supported by a consistent staff team who had the experience and skills necessary to support them. Kind, familiar and respectful interactions were observed between staff and residents throughout the inspection day. The centre was also supported by a management team who had a regular presence in the centre. There was a full time person in charge who managed the three houses. Their office was located in one of the houses and therefore, they were present in this house daily and visited the other two houses regularly. The residents were aware of who the person in charge was and this person was found to be familiar with the residents and their individual needs.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that this centre met the requirements of the regulations in many areas of service provision. Residents were afforded a good quality service that had a positive impact on their quality of life.

There was a clear management structure and team in place with identified lines of accountability. The centre was supported by a full time experienced and qualified person in charge who had oversight of the three houses which comprised the designated centre. This person in charge was present on the day of inspection and was found to be responsive to the inspection process and familiar with the residents and their individual needs. There was consistent oversight of the service being provided with audits and reviews regularly completed by management. The centre was also supported by a quality and standards manager who completed regular checks in the centre. The inspector found that areas in need of improvements were being addressed promptly by the provider and management team.

There were appropriate staff numbers and skill mixes in place to meet the needs of

the residents and this was reflected in the centres staff rota. Staff had completed mandatory training in areas including, fire safety, manual handling, safeguarding, infection control, management of behaviours that challenge and food safety and the person in charge was regularly reviewing staff training needs and scheduling refresher training when required.

The centre had a clear complaints procedure in place which was made accessible to the residents. There were no open complaints, or no complaints voiced to the inspector on the day of the inspection.

### Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place in the centre to meet the assessed needs of the residents. The centre had a staff rota in place and this was reflective of staff on duty. A panel of internal relief staff was available to the centre to fill shifts when needed. Staff were observed to be kind and respectful to residents on the day of inspection and residents communicated that they liked the staff working with them.

Judgment: Compliant

### Regulation 16: Training and staff development

Training and refresher training was being completed by all staff in areas including fire safety, manual handling, safeguarding, infection control, management of behaviours that challenge and food safety. Training was regularly reviewed by the person in charge and refresher training was scheduled when needed. There was a process in place for staff to receive regular one to one appraisals with the person in charge. This was to occur once per year and the person in charge had a set schedule developed for this to take place as required. A system was also in place for completing a probation and orientation period with new staff working in the centre.

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

Overall, the inspector found that the centre was well managed by the provider and management team. There was clear management structure and a full-time person in charge who was regularly present in the centre and was knowledgeable regarding the overall running of the centre, the residents needs and the resources needed to appropriately support the residents. The providers community houses comprised of nine homes altogether and these were being managed by three persons in charge who worked together and provided support to each of the centres when needed. There was an on-call management system available for staff to call outside of regular working hours.

There was evidence of regular oversight in the centre. The service provided was regularly audited and reviewed by the person in charge, management team and quality manager. The inspector observed audit schedules for the year ahead which included scheduled reviews of areas including medication management, residents personal plans, infection control, restrictive practices and environmental audits. There were also set schedules in place for staff appraisals, fire drills, staff meetings and residents annual reviews to occur. The centre was also supported by a quality and standards manager who completed regular checks in the centre and used the national standards and as a tool for making judgements on compliance levels in the centre. Any areas in need of improvements were being self identified and addressed appropriately by the management team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre had a statement of purpose in place which was found to be an accurate description of the service being provided to residents. This included staffing arrangements, the management structure and the care and support needs of the residents . 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. There was a designated complaints officer to manage any complaints received within the service. 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. Details of the complaints procedure and contact details of advocacy services were noted displayed in the centre. The person in charge completed a monthly review of the centres complaints log.

Residents were regularly consulted regarding their satisfaction with the service provided. Satisfaction questionnaires were issued to the residents and their families, every year by the provider. 22 satisfaction questionnaires were also completed by residents and/or their families prior to the inspection day as part of the registration renewal process. The inspector reviewed all of these and found that all reported high levels of satisfaction in areas including meal times, staffing, activation and premises.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that day-to-day practice within this centre ensured that residents were safe and were receiving a quality service. Residents were seen to be treated with dignity and respect and the care provided was appropriate to the residents' needs and was person centred. A consistent staff team worked at the centre who were knowledgeable of residents' needs and the local policies and procedures. This resulted in positive outcomes for the residents living in the centre.

In general, the inspector found the premises to be well maintained and homely. One premises required minor refurbishments. Each resident had a their own bedroom complete with an en-suite and their rooms and homes were personalised with their belongings and photos. There were outdoor areas available to the residents in all three of the houses.

From a review of a sample of residents' assessment of needs and personal care plans it was evident that residents were receiving care that was person centred, tailored to meet their needs and focused on supporting them with any identified health care needs. Where needs were assessed as requiring support, a support plan was developed. It was evident that personal care plans were reviewed regularly and were reflective of the residents most current care needs.

Arrangements were in place for the management of risk at the centre. There was a centre specific risk register and residents each had individualised risk assessments in place for any identified risks. Some clarification was requested on the day of inspection regarding potential fire safety issues and this was provided following the inspection day, as detailed further under regulation 28.

## Regulation 17: Premises

The centre comprised of three bungalow properties, two of which were located beside each other on a busy main road and the third bungalow was located close by in a housing estate. Overall the three premises were well maintained and were in a good state of repair. The houses presented as spacious and homely and all residents had their own en-suite bedrooms in the three houses. However, one of the premises required some minor refurbishments. Outstanding paintwork was noted and one area of flooring was worn and discoloured in some areas.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspector was present for some of the meal times during the inspection day and these appeared to be a relaxed and pleasant experience for residents. Food appeared appetising, fresh and home made. Some residents had specialised diets and appropriate separate storage and cooking facilities were provided to them, along with specialised diet plans and/or special food items. Residents satisfaction questionnaires communicated that they were happy with the meals provided in the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up-to-date service risk register in place where potential risks were assessed, risk rated, and control measures identified and implemented. Residents had individualised risk assessments in place for potential risks such as falls, choking, absconsion or burns. Some residents in one house spent some time alone unsupported by staff at times and this had been risk assessed and reviewed.

There was an effective system in place for the recording of any incidents and accidents. Appropriate actions and reviews were taking place following any adverse incidents. The centre had an up-to-date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

There were a number of fire protection systems in place in the three houses including detection systems, emergency lighting and adaptive equipment for residents. Equipment was checked and serviced regularly. Staff and residents were completing regular day and night time simulated fire drill evacuations and these were completed in a timely manner. Residents all had personal emergency evacuation plans (PEEPs) in place. While these were detailed and informative, the inspector noted that residents photo's were not included on them, in line with most recent fire safety guidance.

Two fire doors in one of the properties were not fully closing when activated on the day of inspection, this posed a containment risk in the event of a fire in the centre. Furthermore two door closers were not in working order in another property. The inspector raised a query regarding some of the containment systems on the day of inspection in two of the houses, and requested a report or certification from a fire specialist regarding evidence of their efficiency. However, a sufficient report of this was not available on the day of inspection. The inspector requested that this be provided following the inspection day. A review of the containment systems was carried out by a fire specialist shortly after the inspection and the report from this was furnished by the provider, to the inspector. This detailed that while fire doors were in place, they were dated and gaps were noted in some of the door frames, along with poor-quality hinges that may affect the efficiency of the containment systems. It was recommended that some of these doors be replaced.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents all had a full assessment of need and personal plan in place which were reviewed on a quarterly basis and updated to reflect the residents most current needs. Each resident was assigned a key worker who supported them regularly and was familiar with their assessed needs. Residents all had individual personal goals for the year ahead and staff were supporting them to achieve these. Some goals included trips away, completing courses, visiting a fire station, and creating a scrap book. The inspector noted many pictures of residents attending different activities and achieving their goals.

Residents enjoyed a variety of regular daily activation and each resident had their own personalised accessible activation schedule which was flexible and tailored to suit the residents own preferences. Some residents choose to stay in their home on the day of inspection and some residents were out attending different day services,

individual activities, medical appointments and work opportunities.

Judgment: Compliant

### Regulation 6: Health care

Some residents presented with specific healthcare needs and were being supported to manage their health. Residents had access to nursing support within the service, if required. Residents had individualised care plans in place for any identified healthcare needs and these were subject to regular review. Residents were supported to get a minimum of an annual review with their general practitioner (GP) and were supported to get any required blood work completed. Monthly health checks were being carried out in the centre such as blood pressure, pulse and weight and any health care concerns were being referred to appropriate health care professionals.

Judgment: Compliant

### Regulation 8: Protection

Residents were being safeguarded in the centre. All staff had completed training in the safeguarding and protection of vulnerable adults. Any safeguarding concerns were treated in a serious and timely manner. There was an open safeguarding plan in place which detailed mitigating measures to safeguard residents and the inspector observed that these were in place daily. Residents private property was respected and safeguarded. All residents had a register in place which detailed their private property and this was maintained and updated by staff regularly. Intimate care plans were in place for supporting residents with personal care.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | 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               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 18: Food and nutrition                     | Compliant               |
| Regulation 26: Risk management procedures             | 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 Deise Residential Services OSV-0004962

Inspection ID: MON-0033763

Date of inspection: 01/03/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>In one of the houses where outstanding paintwork requires completion the Services will implement a painting programme and the area of flooring which was and discoloured will be replaced.<br>Residents will be consulted on choice of colours.   |                         |
| Regulation 28: Fire precautions  | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>Residents photo's are now included on personal evacuation procedeueres (PEEPS) in line with most recent fire safety guidance.<br>The fire doors in two of the properties which were not fully closing when door closers activated on the day of inspection have now been repaired and are now fully closing. As agreed with the Inspector a review of the containment systems (fire doors) was carried out by a fire specialist on two of the properties post inspection and this report identified that the fire doors were dated and gaps were noted in some of the door frames, along with poor-quality hinges. It is now agreed that all relevant fire-doors where gaps occur along with frames will be replaced. In addition door hinges will replaced with hinges that are CE Marked. |                         |

## 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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|--|-------------------------|--------------------|---------------------------------|
| 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. | Substantially Compliant | Yellow             | 31/07/2024                      |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.  | Not Compliant           | Orange             | 31/07/2024                      |