



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

Issued by the Chief Inspector

Name of designated centre:	Curraghboy and West Waterford
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0005773
Fieldwork ID:	MON-0034000

About the designated centre

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

Curraghboy and West Waterford provides high support residential care for up to 16 residents with an intellectual disability and/or autism. Curraghboy and West Waterford caters for the needs of residents across the intellectual disability spectrum, for those presenting with behaviours that challenge and/or those with mental health needs. It is the residents' home and it is open 24 hours a day, seven days a week. Residents are supported by nursing staff, social care workers and health care assistants.

Curraghboy and West Waterford comprises of four separate four bedroom houses in the west Waterford and east Cork region. The aim of the centre is to promote a welcoming and home like environment, ensuring that at all times residents' dignity and safety are promoted. Each individual is unique, with personal preferences, needs and aspirations. Through person centred care it is our aim as advocates to promote and encourage realisation of these needs and aspirations.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Wednesday 27 October 2021	9:15 am to 6:15 pm	Elaine McKeown	Lead
Wednesday 27 October 2021	9:15 am to 6:15 pm	Caitriona Twomey	Support

What residents told us and what inspectors observed

This was an unannounced inspection that was completed by two inspectors. On the day of the inspection, an inspector visited one house each. The inspectors had the opportunity to meet eight of residents living in the designated centre. The inspectors were introduced to residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

The resident profiles and assessed needs differed in both of the houses visited during this inspection. Two of the residents in one house had already left before the inspector arrived. One to attend their day service as per their expressed wishes and the other to attend a medical appointment. The inspector was able to meet these residents during the day when they returned to the house. One resident greeted the inspector with an elbow tap and spoke of the activities they had engaged with in their day service which included music and board games. The resident had only moved into the house in August 2021 and told the inspector that they were very happy with their new bed and living in the house. They appeared to be relaxed in the company of their peers during the day and enjoyed a spin to a preferred shop to get a hot drink in the afternoon with a staff member. They also told the inspector, with a smile that they had two cakes. Staff informed the inspector that the resident had been supported by an independent advocate prior to and during their transition into the house, in addition to familiar staff assisting the smooth transition from another designated centre.

The other resident enjoyed their home cooked dinner in the middle of the day when they returned to the house after their scheduled appointment. The resident chatted with the inspector in the dining room about who was on duty in the house and read the names from the notice board. Staff supported the resident to tell the inspector about a recent visit to a local market and how they had enjoyed a visit from a peer recently as they did not like to participate in video calls. The resident stated they liked having visitors to the house as it was nice to be able to chat with people. The resident was later seen sitting on their preferred comfortable seat reading the daily newspaper.

Another resident proudly showed off a sports medal which they received after participating in a walking challenge and was actively walking each day with staff. They also spoke of how they were very happy to be able to go every week to a local social farm where they could engage in many different activities including looking after cows. Staff informed the inspector that the resident's family had a farm and the resident enjoyed participating in familiar farming activities each week. During the morning staff supported the resident to complete their preferred puzzles and was seen later in the afternoon relaxing with their feet up on a reclining sofa, watching a music programme. Another resident was supported during the morning to go to a local swimming pool with a staff member. The staff explained the resident liked to sing particular songs while swimming to hear the echo of their voice off the

ceiling. This resident also attended a day service four mornings each week which they enjoyed and participated in different activities including art while there.

All four residents appeared to be happy in their home and were seen to interact with each other and staff throughout the day. There was ample space for residents to have time on their own if they chose to in one of the two sitting rooms. The inspector could hear music preferences being played throughout the day. Staff also showed the inspector the completed new patio area in the back garden on which residents had recently enjoyed a summer barbecue with other peers and relatives. Staff organised a music band and marquee tents to ensure the event could continue whatever the weather and residents had assisted with the painting of the garden furniture as part of the preparations. In addition, staff explained how they had supported family representatives to stay in regular contact with their relatives. This included assisting with setting up technology in the family home to ensure elderly relatives could partake in video calls. Another resident had recently been recorded clicking their fingers to music during a recent party to celebrate a milestone birthday for a peer. The staff sent the recording to the resident's family representatives who were delighted to see this and had also shown it to a sick relative who was unable to visit the designated centre since March 2020.

An inspector met with all four residents living in one of the other houses in the designated centre. Two residents spoke with the inspector on a number of occasions throughout the inspection. Another resident had a hearing impairment and as the inspector was not familiar with Irish Sign Language, their interactions involved gesture and body language. The inspector saw the fourth resident on several occasions throughout the inspection but outside of greeting them, they did not interact directly.

All four residents had been living together in this house for three years and prior to that had lived together with others in a campus-based setting. The house was decorated in a homely manner and was noted to be clean and modern. Communal areas included two living rooms and a large kitchen and dining area. There were three bedrooms upstairs and one downstairs. Two residents had ensuite bathrooms. The residents' bedrooms were decorated in line with their own tastes and they all had suitable storage and access to their belongings. One resident took pride in showing the inspector their bedroom which was decorated with photos of people, places and activities that were important to them, as well as their own artwork and medals and rosettes they had received. It was clear that this resident loved animals and they spoke with the inspector about the horses they regularly visited and tended to, and the chickens living in the garden. This resident told an inspector that they loved living in this house. Another resident showed the inspector art that they had completed, some of which was on display throughout the house.

When upstairs in the house, the inspector noted a leak in the corner of one resident's bedroom. Management were aware of this issue and some works had been completed, however these were insufficient to address the matter. It was documented in a risk assessment that the leak would be addressed by 30 December 2021. On the day of this inspection, it was raining heavily and the wall was wet to touch. The inspector highlighted the need for this matter to be addressed as a

priority. Management had identified other issues with this premises and there were plans in place to address them. In addition, the other house had evident dampness on a wall in a downstairs bathroom, which was scheduled to be repaired and tiled.

There was a large garden behind this house where residents enjoyed walking, playing golf and growing vegetables. There were two chickens living in a designated area to the side of the house. There were two sheds, one of which was used for storage and the other contained a pool table. As previously outlined, this inspection took place on a very wet day. One resident was observed going outside to smoke on several occasions, as this was not allowed in the house. Staff informed the inspector that this resident occasionally smoked in one of the sheds. However as neither shed was included in the floor plans, there was no sheltered space for residents to smoke within the designated centre.

While all four residents appeared comfortable in the house and with the staff support they received, one resident repeatedly expressed to an inspector that they did not wish to live in the house and instead wanted to return to where they lived previously. They told the inspector they did not feel safe in the house and referenced incidents involving their peers. They also spoke about missing staff that had worked with them previously, going to the shed there, and walking to the local shop (residents are driven to the shop from this house.) This resident had voiced similar sentiments during the last inspection by the Health Information and Quality Authority (HIQA) and in recent weeks to a staff member in advance of the centre's annual review. Management had logged this resident's previous statements as complaints and sought to address them using the complaints process. However when speaking with the person in charge and other management staff, the resident said they were happy living in the house and did not wish to proceed with a complaint. This resident had recently met with independent advocates and when asked by the inspector, said they did speak about their dissatisfaction with their home with them. The person in charge advised that they had received no contact from the advocacy service regarding this resident.

As stated previously one resident in this centre used Irish Sign Language (ISL) to communicate and had received their education through this communication system. They also used ISL to communicate with their relatives. Although staff told the inspector that they knew some signs and others knew the alphabet, the use of ISL observed on the day was minimal. In the three years since moving to this house, no in-person training had been provided for the staff team in the use of ISL. Use of a mobile phone application had been encouraged and online training was tried however both staff and management advised that this was not effective. It was documented that this resident had reading and writing skills and management reported that these were used to bridge communication gaps, if needed. The inspector did not see any communication breakdowns during this inspection and was informed that an ISL interpreter was provided at all planned medical appointments and this resident's annual review meeting. The person in charge informed an inspector that they would continue to seek ISL training for the staff team.

It was noted that on the day of inspection a number of residents regularly went for drives. Staff and residents informed an inspector that they did not walk to any local

amenities, such as a shop, and travelled by car instead. It was not possible for all residents to travel in the car together. For those that could travel together, specific protocols were in place regarding the seating arrangements of staff and residents. An inspector also noted that in the plans of more than one resident bringing them for a drive on their own was frequently recommended to both prevent and respond to a potentially challenging or distressing incident. Therefore, the inspector concluded that one car was insufficient to meet the needs of the residents in this house. When this was raised with staff, an inspector was informed that the need for this additional resource had been raised at staff meetings. The other house visited during the inspection had access to one dedicated vehicle and shared an additional vehicle with another designated centre to support residents to attend health appointments and pursue individual activities.

The inspectors observed staff on duty on the day of this inspection, was in line with the staffing levels outlined in the planned roster and in the statement of purpose. All staff were very knowledgeable about the residents' needs and interests. It was clear that positive relationships had been developed. Both residents and staff laughed together and smiled regularly throughout the inspection. Interactions observed were respectful and staff appeared very attuned to each resident's presentation and what that indicated. In summary, residents were supported to enjoy a homelike atmosphere by familiar staff in the designated centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents. There was evidence that the service provided was adapting to the specific needs of individual residents. However, at the time of the inspection there were gaps in the training of some staff in the designated centre.

The person in charge worked full time and had remit over one other designated centre that was located next to one of the houses in this designated centre. They were supported by two clinical nurse managers, (CNM2). Each CNM2 had responsibility for two houses in the designated centre. Inspectors met with one of these CNM2s during the inspection. This person demonstrated their oversight and on-site presence in the houses for which they had responsibility. They had completed the supervision of staff and conducted regular audits including infection prevention and control audits. The person ensured staff were familiar with up-to-date guidance of public health measures and safe hygiene practices. The person in charge outlined that while agency staff were required at times to maintain staffing levels an active recruitment drive was underway to fill permanent positions which

would facilitate a larger core staff team to support the residents going forward.

The person in charge showed the inspectors a documented gap analysis of the training requirements of staff in the designated centre, which was updated every three months. At the time of this inspection the person in charge was aware that 11% of staff required refresher training in fire safety, 13% in managing behaviours that challenge and 17% in safeguarding. In addition, staff also needed to complete vital signs training to enable them to support residents with oxygen therapy if required. 25% of staff required training in this area. While 74% of staff had completed training in communication, the inspectors were informed this was not fit for purpose in this designated centre and alternative sources of training in this area were being pursued.

The provider had ensured an annual review and six monthly audits were completed as per the regulatory requirement. Actions identified were being progressed which included the training requirements of staff. The provider was also actively supporting residents to access allied health care professionals if the professional was unavailable within the provider's service. In addition, the person in charge and CNM2's had commenced using a quality and safety initiative in April 2021, a safety cross data collection tool. This had resulted in identifying areas that required improvement which included administration of medications. The ongoing use of the safety cross data collection in the designated centre showed evidence of consistent improvement in recent months.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place. Appropriate staffing levels and skill mix were in place in the designated centre and as outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were scheduled to attend training in the months following the inspection. The provider conducted a gap analysis of staff training needs on a three monthly basis and had identified gaps in the training records of some staff which included 11% of staff required refresher training in fire safety, 13% in managing behaviours that challenge and 17% in safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated centre with the person in charge and clinical nurse managers responding to issues, completing audit schedules and regular staff meetings to govern the centre with the provision of person centred and safe service to the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured residents who had been admitted to the designated centre were supported with a planned transition as per their assessed needs and some residents had been provided with an easy to read format of their contract. However, while the person in charge outlined that they had one resident's contract for this designated centre completed it was not located in their file on the day of the inspection for the inspector to review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the designated centre had a statement of purpose which was subject to regular review and contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all 3 day notifiable incidents and at the end of each quarter as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre at the time of the inspection. Residents were provided with an accessible format of the complaints procedure and staff had supported residents to make complaints. The staff team had received many compliments from different individuals which included external health care professionals, local community committees, garden centres and relatives.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of review of the risk register and individualised assessments.

Each resident had a person centred plan which outlined short- and long-term goals they wished to achieve. While some residents goals were person centred this included supporting a resident to be able to go on a train journey. There were limitations or obstacles to progress the goal and these were documented. Many residents' goals shared a theme of ambitions to increase community involvement and participation. The reviews of these goals were inconsistent. For example, while it was documented that some residents had taken on jobs and roles in their local community, other goals had not been reviewed at all. Some goals were reviewed every three months whereas others had more frequent updates. It was also noted that some residents who lived together shared the same goal and where they had been unachievable for one due to the COVID-19 pandemic, there had been progress for the other. Although it was noted that community participation was a theme in many of the goals identified by residents, a review of residents' recent activities in one house showed the most common activities were those facilitated in the house, including watching television and listening to music. The exception to this was going for drives. It was not clear if this was due to residents' preferences or the limited transport resources available for that house. Although there was evidence of a multidisciplinary review of each resident's plan, a meeting to facilitate this process

was not always possible due to the ongoing pandemic. Due to how these reviews were documented it was not always clear what input was provided from each professional involved.

There was evidence that residents' healthcare needs were well met with access to general practitioners (GPs), specialist consultants and national screening programmes, as required. Where recruitment was ongoing for some allied health professionals, the provider had arranged for private services to be provided to residents in the interim. However, one resident's plan regarding eating, drinking and swallowing had not been reviewed in the last 12 months. A referral had been submitted regarding this. There had been no changes noted for the resident in this area since the last review.

The provider was aware of ongoing issues with one of the houses which included dampness in a resident's bedroom. The inspectors were informed of completed works in an annex building of one of the houses that was not visited during this inspection which facilitated additional activities and private visitor space for the residents living there. The new activities available in the near future would include a water bed and sensory activities. Another house had the outside patio area completed which was being used by residents regularly. The inspectors were informed that there were scheduled plans to repaint the interior of two of the houses in the weeks after this inspection and to repair a wall in a bathroom that had been damaged by water seeping out from a shower enclosure.

The person in charge had ensured individual and centre specific risk assessments had been completed and were subject to regular review. In addition, the provider had completed a COVID-19 risk register. However, there was an oxygen cylinder in one house that the inspector was informed had been required for a resident that no longer lived in the house. While the risk of oxygen was part of the provider's safety statement, the requirement for it in this house required review. In addition, the risk rating given to some identified risks required further review. For example, an identified risk to residents of the transmission of infection while travelling in the car did not align with the overall risk of the outbreak of the transmission of infection in house.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Staff had undertaken training in areas of hand hygiene and the use of personal protective equipment (PPE). A COVID-19 folder was available in the designated centre with updated information and guidance. Residents were supported with easy-to-read documentation relating to keeping themselves safe from infection. The person in charge had completed the HIQA self-assessment tool of preparedness planning and infection prevention with the most recent review being completed in September 2021. There was evidence of staff involvement and sharing of information within the designated centre in relation to infection prevention.

The fire drill records in both houses were reviewed by the inspectors. Staff in one house were able to outline the evacuation plan for the house they worked in. While

this included which resident they would assist in order of their assessed needs in the event of a fire, there was no documented evacuation plan to inform staff of the order in which residents were to be evacuated from the house. There was no mention of the order in which an evacuation would take place either in the personal emergency egress plans, (PEEPs). The fire drill records of the other house documented that residents regularly refused to participate. The person in charge advised that this was in a large part due to the fact that residents knew these to be drills. They advised that on the one occasion, several years ago, where had been a genuine concern about a fire in the centre that all four residents cooperated and evacuated quickly. Although all residents' PEEPs had been recently reviewed, it was not documented how staff were to respond should residents refuse to evacuate. There had been two drills done in one of the houses 2021 with night-time staffing levels. In one drill, only one resident was in the house at the time. The other record, provided at the feedback to this inspection, indicated that one of the four residents had refused to evacuate. It had therefore not been demonstrated that the provider had made adequate arrangements for evacuating all residents. In addition, weekly fire safety checks had not been completed as per the provider's policy on fire safety procedures in the designated centre. While the policy states it is the responsibility of the person in charge or CNM2 to ensure these checks are completed, at the time of the inspection the checks were being carried out by staff in the maintenance department. No weekly fire safety checks were completed during December 2020 and March 2021, with the reason documented that the maintenance staff were not completing the fire safety checks during this period due to restrictions imposed on visitors to houses due to COVID19. Another entry for the week of 26 June 2020 stated checks not completed due to maintenance staff being on annual leave. In recent weeks, the length of time between the fire safety checks being carried out were inconsistent with checks being documented as being completed on 04 October, 15 October and 20 October 2021.

Regulation 10: Communication

Residents had access to telephones, televisions, radio and wireless internet. Staff had supported family representatives to maintain contact with their relatives during the pandemic restrictions through video calls. Although efforts had been made in this area, additional training and resources in Irish Sign Language were required to ensure that each resident was assisted and supported at all times to communicate in accordance with their needs and wishes.

Judgment: Substantially compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain contact with

family representatives and friends and had adapted to ensure contact was maintained while adhering to public health guidelines.

Judgment: Compliant

Regulation 13: General welfare and development

While some residents were supported to engage in various community activities such as social farming and local markets since the pandemic restrictions had eased, other residents were limited in their ability to access community settings due to the location of their house and transport availability. One resident indicated that they wished to live in another location during the inspection and staff outlined how they were supporting the individual to ensure their wishes were being met.

Judgment: Substantially compliant

Regulation 17: Premises

The provider was aware of ongoing issues regarding one of the houses and had scheduled painting for two of the other houses but this had been delayed due to the pandemic and the issues remained unresolved at the time of the inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to prepare and cook their own meals as per their preferences. Staff were familiar with supports required for individual residents and all reviews from the speech and language therapist had been completed in recent months.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured residents were provided with a resident's guide in an accessible format. In addition, easy-to-read documentation including contracts of care were also available to residents. There were visual schedules and notice boards

to provide information to all residents as per their communication preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge and staff team had ensured two residents were supported to transition successfully into the designated centre. Documents reviewed during the inspection included detailed transition plans which focused on the individual and a 'welcome to my home' folder which had been updated to include the newest residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Measures for the assessment, management and ongoing review of risk were in place in the designated centre. The provider had identified a number of high-rated risks in this centre. On review of the risk register for the centre it was identified that a number of risk assessments required review to ensure that the ratings were reflective of the current situation in the centre. For example, the risk of COVID-19 transmission while using a car was assessed as a high risk activity despite staff engaging in this activity several times a day. This did not align with the overall assessment of a COVID-19 outbreak in the centre as a medium risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection prevention and control measures being followed in the designated centre included staff training, regular cleaning, the use of PPE and symptom monitoring. The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre. However, damp surfaces on walls in a bedroom and bathroom in addition to evidence of lack of cleaning in a recreation area used by some residents impacted the effective control measures in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and personal emergency evacuation plans for the residents that were subject to regular review. However, staff had not conducted fire safety checks consistently as per the provider's procedures. In addition, it had not been demonstrated that the provider had made adequate arrangements for evacuating all residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. However, the review of some residents goals were inconsistent and transport arrangements in one of the houses were impacting on the ability of staff to meet the needs of each resident.

Judgment: Substantially compliant

Regulation 6: Health care

The health and wellbeing of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. In addition, staff had ensured three residents had been supported to attend for medical scans in May 2021 which had previously been unavailable to them due to their mobility issues.

Judgment: Compliant

Regulation 7: Positive behavioural support

All residents who required one had a recently reviewed behaviour support plan. These often worked in tandem with mental health support plans that were in place. Restrictions in the centre were regularly reviewed. Staff were aware of the restrictions implemented in the house and of the need to use them only as a

measure of last resort.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm which included plans for personal and intimate care. Staff actively responded to residents changing needs to maintain their safety. There were no active safeguarding plans in place, but staff were guided by "keeping me safe" plans that had been developed for residents to ensure their ongoing protection and individualised support in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that each resident's privacy and dignity was respected.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curraghboy and West Waterford OSV-0005773

Inspection ID: MON-0034000

Date of inspection: 27/10/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Provider has completed a 3 monthly gap analysis to guide the training schedule, the training schedule will fully address all gaps identified.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Each resident has a contract of care for this designated centre completed and they are all now located in their individual files.	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Due to the unavailability of in person training approved by the Irish Sign Language association during the COVID pandemic, on line training will be facilitated for staff who work in 1 identified location. In addition "sign of the week" skill development which was very effective when the house initially opened will be reintroduced for newly recruited staff to the house.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>An additional vehicle has been sourced for this registered centre which brings the total number of vehicles to 5 for the 14 residents who reside between the 4 houses. To support one specific resident, in addition to ongoing engagement with independent advocate, formal monthly 1:1 meetings will commence to enhance his/her opportunities to discuss any issues he / she may wish to raise. The template used to facilitate the meeting will include prompts to discuss whether they would like to live in their present home, these meetings will now be formally documented and will be enabled on a rotational basis by six appropriately qualified and experienced individuals, three of whom will be external to the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Repairs have been completed to the chimney, redecoration of Bedroom impacted by the leak has been dried and will be repaired and repainted. Wall area in bathroom which displayed evidence of dampness will be dried and tiled to prevent dampness and facilitate easy cleaning.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register for the registered centre has been reviewed on 13/11/2021 and risk ratings recorded have been reviewed.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Redecoration of Bedroom impacted by the roof leak has been dried and will be repainted. Wall area in bathroom which displayed evidence of dampness will be dried and tiled to prevent dampness and facilitate easy cleaning. Cleaning schedule for 1 house adapted to include cleaning of recreation area which used sporadically by some residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A robust system of checking has been introduced to ensure compliance with fire safety checks. Following consultation with an external fire evacuation trainer and HSE fire officer, where specific guidance in relation to sequence of evacuation in an emergency is applicable – fire evacuation sequencing has been introduced to support the residents. Where a resident has an identified risk of declining to evacuate when requested by staff, specific guidance is detailed in their PEEPs.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: New review process has been introduced following the inspection to ensure a standard review of progress with PCP goals is recorded on a scheduled basis. An additional vehicle has been sourced for this registered centre which brings the total number of vehicles to 5 for the 14 residents who reside between the 4 houses.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/03/2022
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	31/03/2022

	refresher training, as part of a continuous professional development programme.			
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	31/12/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	31/12/2021

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/11/2021