

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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford East
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	14 August 2024 and 15 August 2024
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0039663

## About the designated centre

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

Cairdeas Services Waterford East is a designated centre operated by the Brothers of Charity Services Ireland CLG. It provides a residential service for up to four adult with a disability on a full-time or part-time basis. There is never more than four persons residing within the service at any one time. The centre is a large detached bungalow set on its own site on the outskirts of Waterford city, with access to all amenities by vehicle. The house consists of a living room, kitchen/dining room, four resident bedrooms (two of which are en-suite, office, staff bedroom and a number of shared bathrooms. The staff team in consists of staff nursing and care assistants. The staff team are supported by a person in charge.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 August 2024	11:00hrs to 17:00hrs	Conan O'Hara	Lead
Thursday 15 August 2024	09:15hrs to 11:40hrs	Conan O'Hara	Lead
Thursday 15 August 2024	09:15hrs to 11:40hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed as part of a group inspection whereby inspectors were present simultaneously in three centres operated by the provider and in the provider's offices over a two day period. In addition, core documents were reviewed by additional members of the inspectorate team in an office space.

At the time of the inspection, two residents were availing of the service on a part-time basis and there were developed plans in place for the admission of one new part-time resident. The inspectors had the opportunity to meet with one resident on the day of inspection as one resident went home due to illness. The residents used alternative methods to communicate and the inspectors endeavoured to determine the residents views through observation of care practices and reviewing documentation.

On arrival to the centre on the first day, no residents were in the designated centre as one resident had returned home due to testing an illness and another resident was attending day services. The inspector reviewed documentation and spoke with members of the staff team. The inspector carried out a walk through of the designated centre accompanied by the person in charge. As noted, the centre was a detached bungalow on its own grounds. The house consisted of a living room, kitchen/dining room, four resident bedrooms (two of which are en-suite, office, staff bedroom and a number of shared bathrooms. Overall, the designated centre was decorated in a homely manner and was well maintained.

In the afternoon, the inspector had the opportunity to met the resident as they returned from day service. They appeared happy and content to be returning to the centre and were observed listening to music and settling in the for the night. The inspector also observed positive interactions between the resident and the staff team.

On the second day, two inspectors visited the house in the morning. The resident was observed being supported to prepared for the day and warm and positive interactions were observed. The resident was then supported to attend day services. Overall, the resident appeared happy and content in the house and support of staff.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received good quality of care and support in the designated centre. The resident appeared content and comfortable in the service and the staff team were observed supporting the resident in an appropriate and caring manner. However, some improvement was required in polices, restrictive practices and training and development.

The next two sections of the report present the findings of this inspection in relation

to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was a clear management structure present and which ensured that the service provided was safe, consistent, and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents assessed needs. However, improvement was required in the provider's polices. In addition, some improvement was required in the training and development of the staff team.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including an annual review 2023 of the care and support in the centre and six-monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. However, improvement was required in ensuring polices were in place as outlined by Schedule 5 of the regulations.

The inspector reviewed a sample of the staff roster and found that the staffing arrangements were appropriate were appropriate to the number and assessed needs of residents. Throughout the inspection, the staff team were observed treating and speaking with residents in a dignified and caring manner.

There were systems in place for the training and development of the staff team. However, some improvement was required in refresher training to ensure that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was also responsible for one other designated centre.

Judgment: Compliant

## Regulation 15: Staffing

On the day of the announced inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. For example, the two residents were supported during the day by three staff members. At night, one waking night staff and a one sleep over staff member supported the two residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The person in charge maintained a planned and actual roster. From a review of the roster, there was a small established staff team in place. At the time of the inspection the centre was operating with no vacancies and where cover was required a relief staff panel was in place. This ensured continuity of care and support to the residents.

A sample of staff files were reviewed which found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date training. However, some improvement was required to ensure all staff had up to date refresher training in a timely manner in areas including de-escalation and intervention techniques and fire safety. This was also found as an area for improvement on the last inspection.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. The person in charge reported to an Services Manager, who in turn reports to the Regional Services Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2023 and six-monthly provider visits as required by the regulations. The audits identified areas for improvement and action

plans were developed in response.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspectors reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider is required to develop, adopt, and implement policies in accordance with Schedule 5 and that are specific to the care needs and services provided. The inspectors reviewed the provider's policies and examined each policy individually, as outlined in Schedule 5. From the review of the provider's policies, there was no policy in place covering 'The use of restrictive procedures and physical, chemical and environmental restraint'. Therefore this did not provide written guidance for staff in the development of procedures or written guidance on the recognition, assessment, implementation and review of restrictive practices in any of the centres inspected.

Judgment: Not compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a safe and homely environment. However, some improvement was required in restrictive practices.

There were restrictive practices in use in the designated centre which were suitably identified and reviewed. However, one practice of nightly welfare checks required review.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were

observed to appear comfortable and content in their home.

There were appropriate systems in place for fire safety including fire safety equipment which was serviced as required. Regular fire drills were completed which demonstrated that all persons could safely evacuate the centre.

### Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team.

There were individualised systems in place for the management of residents' finances as the two residents attended the service on a part-time basis.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The house was decorated in a homely manner and the inspector found that the premises was well maintained.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. There were clear policies and procedures pertaining to the management of risk. A risk register was in place which outlined the systems for the identification, management and review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The previous inspection found areas for improvement in infection prevention and control including rust on some equipment, gaps were noted on cleaning records and areas of grout in one bathroom requiring attention. The inspector found that this had been addressed.

Judgment: Compliant

## Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

However, one practice had not been identified as restrictive and required review. For example, night-time checks were in place for all residents. The inspector was informed that the checks were in place due to the needs of the residents. However, this had not been identified as a restrictive practice and was not subject to regular review.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The inspector also observed that residents appeared content and comfortable in their home and in the presence of the staff team and management.

Judgment: Compliant

### Regulation 9: Residents' rights

There were systems in place to promote and protect residents' rights. Throughout the inspection the inspector observed the resident being treated with dignity and respect. A rights audit was completed for each resident to ensure practices were protected residents rights. In addition, the inspectors reviewed regular resident meetings which consulted with residents about the operation of the designated centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cairdeas Services Waterford East OSV-0005074

Inspection ID: MON-0039663

Date of inspection: 14/08/2024 and 15/08/2024

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The Service Manager and PIC will liaise with the training department to schedule outstanding mandatory training for staff who require same. The PIC will oversee and monitor the completion of this training for all staff.</li> </ul>	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> <li>• While the Services Policy on Human Rights outlines the requirements for reporting of restrictions the provider is in the final stages of developing a more robust policy which will strengthen our procedures.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- The PIC will ensure that the restrictive practice regarding night time checks is reviewed quarterly at the multi-disciplinary team meetings
- This restriction was sent to the Human Rights Committee on 04/10/2024.
- This restrictive practice will also be reported in the quarterly returns to the Chief Inspector.
- The PIC will ensure the rationale behind night time checks is individualised for each resident and outlined in their night time routine protocol, bed rail check list and risk assessment.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/11/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	31/10/2024

	national policy and evidence based practice.			
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