



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	15 January 2020
Centre ID:	OSV-0007244
Fieldwork ID:	MON-0028059

## About the designated centre

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

Cairdeas is a full-time residential service, which is run by the Health Service Executive. Cairdeas meets the care needs of four (4) adult residents with moderate to severe intellectual disability who require support with their social, medical and mental health needs. The residents of the centre are supported by a defined compliment of nursing and care staff under the supervision and support of the person in charge. Residents receive supports on a 24 hour basis with day and waking night staff supporting them each day. The centre comprises of one bungalow located in a residential area on the outskirts of a town in Co. Leitrim and has access to amenities such as cafes, shops and religious services. All residents have their own bedroom and two residents have their own bathrooms. A living room and sitting room is available for entertainment, activities, relaxation and socialising. The centre has a large kitchen/dining area where residents can prepare and enjoy meals and snacks.

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

Number of residents on the date of inspection:	3
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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 15 January 2020	09:00hrs to 15:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector was greeted by two of the residents on arrival to their house. Residents asked who the inspector was and briefly chatted with the inspector before returning to their morning routines.

The inspector found that the house was decorated with pictures of the residents and that the residents' rooms were laid out to their preferred tastes.

The inspector met with all three of the residents in the afternoon. The residents appeared comfortable in their environment and chatted with those supporting them and the inspector about a party that was due to take place later that day and other recent events including their Christmas break and birthday parties.

All three of the residents had recently transferred into their new home. Residents expressed that they liked their home and voiced that they wanted to stay there and didn't want to move again. It was observed that the staff team supporting the residents were aware of their needs and had positive relationships with them.

There was documentation of residents expressing that they felt supported and felt safe in their new home. A review of further documentation and discussions with staff also highlighted that residents were presenting with reduced levels of anxiety since their transition and were being engaged in regular activities in their new community.

## Capacity and capability

Residents were receiving appropriate care and support. The skill-mix of staff was appropriate to the residents' needs and there was clear input from the provider's multidisciplinary team that was leading to positive outcomes for residents. There was, however, a deficit in the number of permanent staff supporting residents in the centre.

A review of the centres planned and actual roster highlighted that the provider was relying heavily on agency staff nurses and care assistants to meet the required needs of the residents. The provider was, however, ensuring that residents were receiving continuity of care and support as the same agency staff members were being utilised to support the residents. The provider was beginning to address the staffing deficits but this had yet to be implemented at the time of the inspection. The inspector reviewed a sample of the staff team's documentation and found that they met the information and documents specified in schedule 2 of the regulations.

There was a clearly defined management structure in the centre that was led by the person in charge. The inspector observed that there was a schedule of audits in place and that some elements of the audits had been carried out since the residents' recent transition to the centre. There were, however, aspects of the residents' information that required attention in relation to archiving of documentation. This had been identified by the person in charge and the staff team, steps were being taken to address this prior to the inspection.

There were systems in place that appropriately reviewed and responded to adverse incidents and the person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. The inspector observed that training was taking place on the day of the inspection and that permanent and agency staff members were attending the training. Staff members had engaged in induction meetings prior to them beginning working in the centre and staff meetings were also being held in order to support the staff team and the service being provided to residents.

Residents were being offered the opportunity to raise concerns or issues on a weekly basis as part of their residents' meetings. Residents were also being provided with information regarding the complaints procedures and there was easy read information available for residents to review.

Overall, residents were being provided with a service that was effectively managed and was meeting their needs.

#### Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider was required to review the staffing resource and ensure that a suitable permanent staff team was in place which would support and sustain continuity of service.

Judgment: Substantially compliant

<b>Regulation 16: Training and staff development</b>
There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The centre had appropriate governance and management systems in place.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
The provider had ensured that detailed transition plans had been devised and adhered to leading to a positive transition process for residents.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had ensured that there was a complaints procedure in place and that residents were aware of how to raise concerns or issues.

Judgment: Compliant

## Quality and safety

Residents were being provided with a quality and safe service. There were, however, areas that required attention in relation to the centres computer resources and also the development of the residents' personal plans following their transition into this new centre.

The inspector observed that assessments of the residents' social and healthcare needs had been carried. These assessments and plans had been completed prior to the residents' transition to the centre and were scheduled to be updated in January 2020. The person in charge had, however, failed to prepare updated personal plans in the time-frame identified in the regulations following the residents transition to the centre. The inspector observed that the person in charge had systems in place to address this but difficulties with computer equipment in the centre had impacted on the capacity of staff to reflect the changes in need and circumstances for residents since their transition.

The inspector observed that there were dates set to review residents' personal plans and person-centred plans with the residents and their representatives in January 2020. A review of existing person-centred plans highlighted that residents were being supported to develop and achieve goals by their staff team. There were also skill learning programs in place that were promoting residents' daily living skills.

The centre was being operated in a manner that respected the individualised rights of the residents. Residents were being provided with opportunities to participate in accordance with their interests, capacities and development needs. A review of daily notes and activity notes highlighted that residents were active in their local community and were being supported to become involved in groups such as tidy towns.

The provider had ensured that the centre was designed and laid out to meet the needs of the residents. There was, however, issues regarding the computer equipment in the centre and this had impacted the person in charge and staff teams ability to complete necessary assessments. The provider had, therefore, failed to ensure that the centres computer equipment was maintained and in good working order. The inspector also raised concerns regarding the centres storage arrangements. The person in charge had identified this before the inspection and had a plan in place to address this in the days following the inspection.

A review of the residents' daily notes highlighted that residents were entertaining visitors on a regular basis. There was adequate space for residents to meet with their visitors and the staff-team was supporting residents to maintain relationships with their friends.

The provider had ensured that the healthcare needs of the residents were being met. Residents had access to appropriate healthcare professionals and were attending the general practitioner (GP) in their local community when necessary. Residents were also being supported by the provider's multidisciplinary team and there was evidence of regular contact with same.

There were systems in place to ensure that residents received adequate positive behavioural support when necessary. The inspector reviewed a sample of behaviour support plans and found them to be individualised, detailed and developed by members of the provider's multidisciplinary team. Plans promoted an explanation of the residents' behaviours and laid out proactive, reactive and post-incident strategies for staff members to follow. Assessments of residents' behaviours were being carried out by members of the provider's multidisciplinary team and findings from these reviews were then being used to aid the staff team supporting the residents.

The provider had ensured that there were systems in place to ensure the safeguarding of residents in the centre. Residents were being supported to develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection. There was easy read information available to residents and safeguarding was identified as a topic of discussion for residents' weekly meetings. The inspector also observed that the person in charge was in contact with the local safeguarding team and was seeking to arrange a training session for residents. The inspector reviewed a safeguarding plan that was in place and found it to be detailed. The inspector also observed that learning had been generated from the development of the plan and systems had been put in place to improve the supports being provided to residents.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify record, investigate and learn from adverse incidents. The inspectors reviewed individualised risk assessments and found them to be detailed and were under the review of members of the provider's multidisciplinary team.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. Fire drills were taking place in the centre and the provider had displayed that they could safely evacuate residents. The inspector also found that the provider had ensured that personal emergency evacuation plans were in place.

Overall, residents were receiving a quality and safe service and there was evidence that their recent transition was leading to positive outcomes for the residents.

## Regulation 11: Visits

The provider had ensured that residents could receive visitors in accordance with

the residents wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

### Regulation 17: Premises

The provider had, failed to ensure that the centres computer equipment was maintained and in good working order.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate precautions against the risk of fire and the provider had provided suitable fire fighting equipment in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents personal plans had not been updated and prepared within the time-

frame outlined in the regulations following their admission to the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving appropriate health care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Cairdeas OSV-0007244

Inspection ID: MON-0028059

Date of inspection: 15/01/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• In order to come into compliance with this regulation a process of agency conversion to full time HSE staff positions is currently under way across Disability Services, Sligo/Leitrim in conjunction with Senior Management and the Human Resource Department.</li> <li>• The current staffing structure includes regular consistent agency staff who have been inducted and work alongside permanent HSE staff. The Provider will continue to engage with Senior Management and Human Resource Department until a staff a permanent staff team is achieved within the centre.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• In order to come into compliance with this regulation the Provider has ensured that the computer system is now maintained and in good working order.</li> <li>• The computer equipment was installed by the IT department on the 9th January 2020 and is fully operational at time of action plan completion.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- In order to come into compliance with this regulation each resident's Personal Plan has now been fully updated and completed in accordance with regulation 5.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2020
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall	Substantially Compliant	Yellow	09/01/2020

	be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	10/02/2020