Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cairdeas Services Waterford East
Centre ID:	OSV-0003274
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 July 2016 09:00	26 July 2016 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was undertaken as a follow up to the registration inspection of 9 September 2015. Due to delayed fire safety works and subsequent changes to the application process was not completed at that time.

How we gathered our evidence

This inspection was announced and took place over one day. Eleven of the outcomes required to demonstrate compliance with the legislation and regulations were inspected against. As part of the inspection the inspector met with residents who communicated with the inspector in their own preferred manner and one relative, the person in charge, staff and the regional manager and designated safeguarding officer. Relatives stated that they were happy with the service and had full confidence in the care provided and with the staff.

The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, and policies, procedures and staff files. There were six actions required following the previous inspection and all of

these had been satisfactorily addressed the most crucial of these being the installation of fire and emergency lighting in one unit and the installation of fire doors.

Description of the service
The statement of purpose states that the service provides care for eight adult residents, male and female with moderate to severe intellectual and physical disability. Both respite and long-term care is provided. One unit is dedicated to long term care only with the second unit providing long term and respite for a small group of identified people. All residents access the organisations day services. The care provided is congruent with the statement of purpose.

Overall judgement of the findings
Overall, the inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for the residents, the details of which are described in the report.

Good practice was identified in areas such as:
Access to healthcare and allied services which promoted residents well-being and development (outcomes 5 and 11).
Access to individually tailored social and day services which ensured meaningful participation and enjoyment (outcome 5)
Good safeguarding measures and medication management systems which promoted residents' safety (outcomes 8)
Sufficient number and skill mix of staff (outcome17)
Suitable, well equipped and homely premises which ensured privacy and safety (outcome 6)

Some improvements were required in:
Systems for evacuation of residents (outcome 7)
Mandatory staff training (outcome17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This outcome was not covered in its entirety but it was apparent to and observed by the inspector that the management and staff were committed to promoting residents' dignity, personal development and ability to make choices. The inspector observed staff interaction with residents and noted staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

There was evidence that the residents and their representatives were actively involved in decision regarding their lives in the centre taking their dependency levels into account.

The action from the previous inspection had been satisfactorily resolved. The visual monitor used in a resident's bedroom had been removed. Following review by the multidisciplinary team it was decided to use an audio monitor. The rational for the use of this was reasonable and the risk to the resident without this was such that the inspector was satisfied this was a reasonable decision. There was a protocol for its usage which was seen to be adhered to, and it was not used as a replacement for staff supervision. Staff understood the resident’s means of expression including non verbal clues and were able to respond to their expressed preferences. The inspector also saw details in personal plans of communication patterns, preferences and likes to ensure the residents had choice.

The inspector saw that in the unit used primarily for respite the residents had dedicated bedrooms, their own wardrobes where they could leave their personal items, clothing and linens when not in residence.

The inspectors reviewed the complaint policy which contained all of the requirements of the regulations. No complaints were recorded at the time of this inspection. The policy was available in pictorial and easy read format.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were no actions required from the previous inspection.

The inspector reviewed the personal plans, assessments, medical records and daily records of four of the residents and found good practice in the systems for the assessment of residents' needs and the development of corresponding support plans.

There was evidence of a range of assessment tools being used for clinical matters such as falls, nutrition or pressure areas and for social and personal needs as relevant to the residents' wishes and capacities. There was very good access to multidisciplinary services including occupational therapy, psychiatric and psychology services. The personal plans as seen were very person-centred and demonstrated a good understanding and support for the residents across a range of domains including health, social inclusion, work recreation and personal supports.

The action from the previous inspection which was specifically in relation to healthcare assessment required that copies of the medical reviews/assessments for the respite residents be made available in the centre to ensure treatment was in accordance with the assessed needs. From the documentation available and taking the function of the respite arrangements into account the inspector was satisfied that satisfactory communication systems were in place to ensure the required information was available and updated to provide the care needed.

There was evidence of frequent regular internal multidisciplinary meetings on behalf of the residents. There was evidence that the residents where possible, and or their representatives were closely involved in the planning process and in the annual or more frequent reviews. Specific personnel were nominated to take responsibility with the resident for any actions arising out of a review.

The inspector saw a very detailed transition plan for the admission of a long term resident to the centre. This provided a comprehensive framework for both the admission decision and the implementation of the care programmes required for the resident.

A revised integrated personal planning template had been introduced and was in the process of being implemented. This was implemented as a result of the previous findings which demonstrated that the documentation was not fully reflective of the residents' needs and did not lend itself to planning and review.

There were three files used for each resident reviewed on this inspection and in some instances staff were working from two care plans. This did not allow for easy review of the outcomes and clarity of the actions taken. The inspector accepts that this may be due to how the documentation was being utilised, and found sufficient evidence in other records and from interviews to indicate that the care and supports required are being delivered.

Social goals and preferences were found to be very well supported with residents having access to activities, training or day services they enjoyed and being supported to do so. Day services for all residents were provided within the organisation and individually selected and tailored to best meet the residents' needs. Some residents went to concerts and had trips out with staff or volunteers. They went on trips to the seaside and to the local community for activities.

The inspector observed in the units that staff catered to their individual preferences and need for relaxation with hand massage, use of the sensory equipment and regular mobility suing appropriate equipment. There were toys and other sensory equipment including music and age appropriate DVDs available and seen to be used for the residents.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was suitable for its purpose. The arrangements for the long term residents living in the respite centre were suitable with the residents having their own room and in some cases suitable en suites. The room was decorated brightly and cheerfully with age appropriate and personalised pictures and linens. All long-term residents in the second unit had their own bedrooms. The shared bedroom used for respite in one unit was of a suitable size and was not used by two residents at the same time.

Very good use had been made of the space and decoration in the units to make them homely and comfortable. There were adequate showers and toilets with assistive structures in place including core safety features such as hand and grab rails and suitable flooring to meet the needs and abilities of the residents. This included shower trolleys, hoists and mobility aids. There was evidence that the equipment was serviced as required.

There were adequate sitting, recreational and dining spaces separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that allowed the inspectors into their rooms all had personalised their rooms with photographs of family and friends and personal memorabilia.

Vehicles used had evidence of roadworthiness. Inspectors noted that there was an accessible external garden that was safe and attractive and residents had good access to this.

There were suitable systems in place for the management of general and clinical waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions required from the previous inspection were satisfactorily resolved with the installation of emergency lighting and a fire alarm in one house. Fire doors had been installed in crucial areas such as the kitchen and living rooms while awaiting the decision

from the relevant department in regard to the full requirements for such equipment. There was also evidence of the servicing of this equipment following installation.

Personal evacuation plans had been compiled for each resident including the respite residents. These were detailed and identified how much support or direction the residents would need. One such plan detailed two possible methods of evacuation for a highly dependent resident. This required clarification however as staff differed in their understanding of which methods they would use as they stated that having trialled the use of a ski sheet it was not suitable.

Fire drills were held on a quarterly basis at various different times and included the residents. They did not however, take account of the changes to staffing levels at different times of the day or evening.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly.

The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. The risk register was centre specific and provided a framework for managing risks and was updated as incidents or risks were identified. There were systems evident for review of accidents and incidents including an organisational monitoring system which then filtered the information to the person in charge for actions if required.

There were pertinent individual risk assessments and management plans for each individual resident available. These were found to be pertinent to the residents assessed needs including risk of pressure areas, choking, falls or self harm. These were detailed and guided staff practice in implementing remedial measures.

There were detailed guidelines easily accessible for staff in the safe use of equipment such as the hoists for the long term and respite residents. Accidents and incidents were not a significant feature of this centre. Where they did occur they were seen to be individually responded to with appropriate remedial actions taken.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff and there was a pre-arranged emergency response system in the event of additional staff or nursing support being required.

The policy on infection control was detailed. Staff were observed taking appropriate precautions and using protective equipment including gloves and sanitizers as this was necessary.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The action from the previous inspection had been resolved with staff receiving training in the management of challenging behaviours. The policy and procedures for the protection of vulnerable adults had been revised to include requirements for the revised HSE policy. There is a dedicated social work service in the organisation with a designated person who deals with any allegations which occur.

The inspector reviewed details of one allegation and found that it was responded to promptly and managed according to the policy. The designated person discussed this issue with the inspector. There was also evidence of multidisciplinary supports and decision making in relation to protective systems for residents. The designated person provided training for staff on all aspects of recognising and responding to abuse.

Staff expressed their confidence in the actions of the person in charge should any abusive incident occur and what behaviour was expected. They were very clear on the fact that the person in charge expected the residents to be treated with respect and protected. The residents were found to have staff support and where particular vulnerability was identified additional therapeutic care was consistently available. Residents who could communicate with inspectors stated that they felt safe, could and would let staff know if anything was wrong. From a review of the safeguarding plans implemented inspectors were satisfied that the actions to prevent such occurrences were sufficiently robust.

A second action was the system of oversight of the decision making and financial management for a resident for whom the provider acted as de-facto guardian. This had been resolved with a protocol for decision making and consent for treatment put in place.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for specific purchases, fee payments or as weekly pocket money indicated that the systems for recording this money and its usage were detailed and transparent. Records were available for review at any time. However, despite a policy on the management of residents' property and finances some improvements were required in the oversight of decisions for the spending of more

significant amounts of money. This was especially pertinent where in some instances monies were spent which included accommodation for staff when away with residents. The inspector acknowledges that the activities involved were of significant benefit to the residents but the oversight of the spending and decision making was not evident from the records available.

The inspector found that there were effective systems to support residents with behaviours that challenge or self harm. There was regular review and interventions by mental health specialists and behaviour support plans in place. Staff were familiar with the strategies and potential triggers and underlying causes of the behaviours.

Systems used to support residents included sensory integration, changes to routines and specific one to one time and medial reviews to ascertain underlying causes such as pain. There was evidence of careful monitoring of any such interventions for effectiveness. However, while there was evidence of individual review of incidents the reports indicated that there had been some concerns identified as to the consistency of staff and the implementation of the support plans as a result.

Policy on the use of restrictive practices was available. Practices were not excessive and included measures such as bedrails, lap belts, seating systems and protective clothing and in some instances restricted access to furnishings or materials which could be harmful to residents. Records and interviews demonstrated that all such measures were risk assessed, decided upon and reviewed by the multidisciplinary teams and were proportionate to the concern they addressed.

From a review of incident reports, medicines administration charts and daily records it was evident that sedative medicine was very occasionally used on a p.r.n (as required) basis to manage behaviours. These were correctly prescribed and reviewed by the psychiatric service and were used strictly according to the protocol.

There was evidence that families had been consulted in relation to the use of restrictions. Staff had received training in an approved method of managing behaviour which includes physical interventions de-escalation and prevention when this is deemed absolutely necessary and as a last resort.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was not fully compliant with the obligation to forwarded the required notifications to the Authority including a notification of an allegation of abuse and some restrictive practices used.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found evidence that resident's healthcare needs were very well supported. The full time residents had access to a local general practitioner (GP) who oversaw all of their healthcare needs. Respite residents were supported by their own GP. Long term residents had an annual medical health check. There was evidence from documents, interviews and observation that a range of allied health services were available and accessed in accordance with the resident's needs and changing health status. These included occupational therapy, physiotherapy and speech and language therapy. Chiropody, dentistry and opthalmatic reviews were also attended regularly by the residents.

Healthcare related treatments and interventions were detailed and staff were aware of these. Such interventions were revised annually or more often as required. There was evidence of health promotion with regular blood tests as required, vaccinations, and medication reviews. There was consultation with families regarding these decisions for the respite residents. There was a cohesive approach to the monitoring of health care, evidence of timely response by the staff and a detailed health summary report was maintained by staff.

The documentation indicated that all aspects of the residents' healthcare and complexity of need was monitored and reviewed. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on such as specific dietary needs.
There were protocols in place for the management of epilepsy or head injury and staff were clear on these protocols.

All meals were cooked in the centre by staff. Residents went shopping with staff on occasions. The diverse needs of the residents were addressed in the dietary supports available, for example if modified meals or specific dietary needs were required. There was documentary evidence of advice from dieticians and speech and language therapists available and staff were knowledgeable on the residents' dietary needs.

They were also aware of resident's preferences and they had significant choices each day. Resident's weights were monitored regularly. The mealtimes as observed were relaxed. Most residents required a significant level of support and this was carried out in a dignified manner and with good staff interaction. The kitchens were suitably equipped and domestic in style. Assistive cutlery and crockery was observed to promote residents independence.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines were satisfactory. There were appropriate documented procedures for the handling, disposal of and return of medication.

There was evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. All medicine was safely stored and there were systems for checking in and receipt of medication. Regular audits of medication administration and usage were undertaken. Procedures for the use of emergency medication were defined.

There were good procedures evident for the management of respite residents' medication. This was provided by the parent on admission and audited at the time and again on discharge. A small number of medication errors were noted and the remedial actions taken by the person in charge were seen to be appropriate. Staff spoken with were knowledgeable on the residents' medication, its purpose and potential side effects.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A revised statement of purpose had been forwarded to the Authority to facilitate the use of two beds in the house designed for respite as long-term residential beds. It was found to be centre-specific and compliant with the requirements of the regulations and detailed the care needs and service to be provided.

Admissions to the centre including respite admissions and care practices implemented were congruent with the statement as a service for residents with moderate to severe intellectual and physical disabilities. The inspector was satisfied that the arrangements for the unit now designated as combined respite and long term service was suitable. The low numbers and stable admissions, the similarity of needs and age range and the shared day care ensured all of the residents were familiar with each other. These factors minimised any potential negative impact for the long term residents. The regional manager stated that the ultimate aim is to revert to having a respite only unit but another premises will be required for this.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the governance arrangements were effective to ensure the safe delivery of care. However, there had been changes since the previous inspection with the temporary secondment of the deputy person in charge to a different post and the loss of a team leader in one house.

As the person in charge is also responsible for four other centres these support systems are very important to ensure the duties can be carried out. However, there was no evidence that these changes were currently impacting on the governance arrangements and subsequently the residents care.

The service manager was the person in charge for the service. The person in charge works full-time and has managed the service for fifteen years and is qualified nurse intellectual disability with additional professional development training. She had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The provider nominee was the chief executive of the organisation and was the director of services for the region. There were suitable systems in place to govern and promote accountability. The local management team included the regional services manager, human resources, social work and psychology department, training and quality manager. Two unannounced visits had been undertaken on behalf of the provider with the most recent taking place in June 2016. Practices such as safeguarding, social care and multidisciplinary interventions, and healthcare were reviewed. A separate visit and report was available for each unit with actions identified. Issues identified included the need for any staff training deficits, updating of resident's assessments, and health and safety matters.

Aside from these visits there was evidence of other unannounced "drop ins" by the person in charge to each of the houses. There was an annual report of quality and safety of care available for 2015.This was informed by audits, health and safety findings, staff training, complaints, and outcomes for residents and access to multidisciplinary supports. The systems to ascertain the views of the residents were pertinent to their individual capacity. Communication with relatives was primarily via regular contact by phone or visits to the centre. There was currently no system to formally ascertain their views on the quality of care provided by the service. However, the inspector was satisfied that these systems provided an overview of the delivery of care and were ongoing developmental process. There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The actions required by the previous inspection were satisfactorily addressed.

From sample of personal files reviewed, the process of recruitment was found to be satisfactory with the required evidence of qualifications and documentation available. No agency staff were being used at the time of this inspection and the required documentation was available for a number of volunteers who supported the residents.

Based on a review of the training matrix provided to the inspector there were improvements required in training. Mandatory training for staff in safeguarding was up to date. Three staff required fire safety training which was scheduled for October 2016 and first aid had not been provided for a significant number of staff.

From a review of the current and planned rosters the inspector was satisfied that there was sufficient staff and skill mix to meet the needs of the residents. This included nursing staff fulltime in one unit and four days per week in another unit. Based on the assessed care needs of the residents this was a satisfactory arrangement.

There was a detailed induction programme outlined and a formal staff supervision/ support system was undertaken. From a review of the documentation the inspector found that it focused on residents' care needs as well as training needs and development for staff. Staff were observed to be respectful, fully engaged with and supportive of and knowledgeable of the residents' needs at all times during the process. Residents demonstrated to inspectors that they were comfortable and at ease with the staff.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Cairdeas Services Waterford East
Centre ID:	OSV-0003274
Date of Inspection:	26 July 2016
Date of response:	07 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills did not take account of the changes to staffing levels at different times of the day or evening and the suitability of the evacuation methods prescribed for the residents.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
All PEEPS will be reviewed to reflect the suitability of evacuation methods and changes to staffing levels. An external consultant has been employed to assist with this review.

Proposed Timescale: 31/10/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All notifications were not submitted to the Chief Inspector as appropriate.

2. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
All Notifications will be submitted to the Chief Inspector on time and as appropriate.

Proposed Timescale: 07/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Three staff required fire safety training and first aid had not been provided for a significant number of staff.

3. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The three staff who have not the required fire training will be scheduled for the next available date. First Aid training will be made available to those staff who require it.

Proposed Timescale: 31/12/2016