



# 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:	Announced
Date of inspection:	01 October 2019
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0022591

## 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 large bungalow set on its own site on the outskirts of Waterford city, with access to all amenities by vehicle. The service currently provides full-time residential care for one person and part-time residential care for five people. There is never more than four persons residing within the service at any one time. The centre remains open year round with no closures and all residents are adults. Meals can be prepared within the house and laundry facilities are available to residents within the house. Residents are facilitated to access medical services within the community, and nursing care can be provided by staff, either within the house by staff or through the on-call nursing arrangement operated by the registered provider. The statement of purpose for the centre states that the provider aims to offer a service "based on the recognition of each person (who is supported by [the] service) as an individual, an equal citizen with equal rights and an absolute respect of that status". They aim to "support each person to live their lives based on their own personal vision and choices", and "as independently as they wish".

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

Number of residents on the date of inspection:	4
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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
01 October 2019	09:30hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector met with all four residents who were in the centre on the day of inspection. One resident lives there on a full time basis and five individuals are there part time, and a maximum of four residents can stay in the centre at any one time. The provider endeavours to ensure that the full time resident as much as possible always has company and to that end supports the other residents to stay over the weekends as well as on days during the week.

All four individuals that met with the inspector were non verbal however despite their complex communication presentations they clearly indicated their preferences to staff and the inspector within a range of situations. One resident used whole body movements and loud vocalisations to indicate they were tired of waiting for their meal and even when staff altered their position they were seen to move again indicating they wished staff to hurry up with dinner. The person in charge trialled a number of changes in location such as moving from the kitchen to the living room to ensure that was not what the resident was communicating however when the meal was put on the table a change in demeanor was immediately apparent. The staff continuously demonstrated a willingness to try and interpret communication cues in all situations with residents.

Staff were seen to move to the residents eye level when speaking with them and to simplify language to aid understanding where possible. When one resident showed an indication of becoming anxious a staff member went to their bedroom to locate a preferred item for the resident to hold as a comfort and moved their position in their seating system to ensure it was not discomfort that was being communicated.

During the evening meal when a staff member noted that one resident had not had gravy, they acknowledged the mistake to the resident directly and brought the gravy to the table to offer the choice in a proactive and positive manner.

Earlier in the day on arrival the inspector was greeted by two residents who smiled and vocalised as a welcome and one resident came towards the inspector to express an interest in a new face in the centre. The residents were supported in preparing for their day service and staff narrated each step as it happened to support understanding of the daily routine.

As this was an announced inspection, questionnaires had been sent to the centre in advance to elicit views from residents and their families/friends on what life in the centre was like. The inspector reviewed five questionnaires that were completed by family members of the residents and additional information from residents completed by staff on their behalf by interpreting their responses. All complimented the premises, and in particular commented on the excellent care and support afforded in the centre to individuals who stayed there. Specific mention was given by families that they had never had cause to complain and that their family member was very content and happy. The residents forms noted that they enjoyed social

activities in particular going swimming, out for a coffee or to the cinema.

## Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence. This centre was home to one full time resident and four part time residents.

There was a suitably qualified and experienced person in charge in place in the centre who provided direct support to residents but had sufficient protected time to allow them to manage all aspects of their role. Management structures for the centre are currently under review with an additional person participating in management to be appointed. The person in charge only had responsibility for this centre and as such was available for staff to provide informal support as well as formal supervision.

There were good reporting systems evident between the person in charge, and the service manager and regional managers. At a previous inspection it had been identified that unannounced visits undertaken on behalf of the provider were not occurring as required by regulation. The inspector found on this occasion that these were now in place and that detailed reviews and actions were identified as a result. In addition there were unannounced person in charge audits where a person in charge from another centre reviewed this centre and the outcomes from these reinforced findings from the providers review. In addition, the inspector found that robust auditing systems had been consistently applied which supported better on going review of care. The annual report for 2018 was available. This was comprehensive and reported on incidents or untoward events, residents views and unannounced inspections.

A core group of consistent staff was employed in this centre and the levels of staff varied according to the numbers and combination of residents on any given day. Nursing staff were always on duty when particular residents with assessed nursing needs such as the use of suction or oxygen stayed in the centre. The rosters were reviewed by the inspector and they reflected the adaptability of staffing levels over the course of the week. Residents were observed to be comfortable with the staff on duty and appeared to be well supported in their home. There were effective systems of communication between staff and managers in place to ensure consistency of care.

From a review of the staff training records not all mandatory training was up to date for staff with some staff with staff waiting for manual handling and fire safety training. While these gaps had been identified for staff they had not yet been scheduled to receive the training. The training records for the centre contained

details for any staff who might be on the rota to work including staff from the relief panel. All staff and managers who met with the inspector demonstrated sound knowledge of the residents needs and preferences. Formal regular supervision was in place for all staff by the person in charge who was in turn supervised by the service manager.

A complaints log was maintained within the centre which currently contained no active complaints but did have a record of compliments that had been received. A complaints policy was in place which gave clear guidance to staff on how to deal with a complaint if submitted and the policy was available in an easy to read format also. The organisation utilises a system called 'I'm not happy' for all residents and this was reflected as active discussions in resident meetings.

A statement of purpose is a key governance document which describes the service to be provided in a centre. The provider had ensured that the statement of purpose for this centre had been reviewed as required and contained an accurate description of the full time and time share care provision in place. Minor errors noted in the statement of purpose were discussed with the person in charge at the start of the day and these had been revised and a new version available before the end of the inspection.

#### Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted to the Office of the Chief Inspector within the required time frame. However there were a number of items that had been omitted or required re-submission such as details on the lease for the property.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and there were suitable support arrangements in place.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of

residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
<p>Staff had access to a range of training however the records indicated that there were gaps in training for some staff.</p> <p>Supervision and performance management systems were in place.</p>
Judgment: Not compliant
<b>Regulation 19: Directory of residents</b>
<p>The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.</p>
Judgment: Compliant
<b>Regulation 22: Insurance</b>
<p>The provider had ensured that appropriate insurance arrangements were in place.</p>
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>Overall, the governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.</p>
Judgment: Compliant



## Regulation 24: Admissions and contract for the provision of services

The provider had practices in place relating to proposed new admissions, residents families report they all had an opportunity to visit the centre in advance. A sample of contracts for the provision of services were reviewed. It was noted they had been signed by the person in charge and the director of services as well as by a representative of the residents. Easy read versions were available and charges that may be incurred were outlined in an appendix to the document which was reviewed on an annual basis.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations. Minor errors were amended on the day of inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector in line with the requirements of regulation 31.

Judgment: Compliant

## Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

## Quality and safety

It was apparent to the inspector that the quality of life for residents and their overall safety of care was prioritised in a person centred manner in this centre. Emphasis was placed on residents choices and preferences with their social care needs promoted and encouraged. Residents were supported to attend a variety of day services and external activities such as swimming and attending concerts. This was a centre with a combination of full-time and part-time residents and the person in charge ensured that all individuals needs were prioritised within the changing combinations of individuals present day to day.

The premises was found to be clean, spacious, homely and meeting residents' specific care and support needs. Previously identified issues regarding personalisation of bedrooms utilised by more than one individual had been addressed and increased storage had been fitted. In the main bathroom the issue of storage of multiple items of specialist bathing equipment remained however the person in charge had trialled a number of solutions and the situation was under continuous review. Referral had been made to a health and social care professional requesting review of equipment and further options that may be available.

Residents had regular multidisciplinary reviews with a meeting called 'circle of support' scheduled annually, this was attended by the team supporting each individual as well as the resident and their representative, and within this current goals were reviewed and new goals set as appropriate or desired. Goals set by residents, their representatives and their key worker were meaningful and encompassed the centre core targets of best health, access to the community and contact with friends and family. For some of the residents who expressed an interest in being more involved in looking after their home when staying in the centre this was actively encouraged such as managing the recycling or going to the bottle bank.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. For residents who stay in the centre on a part time basis their healthcare needs are predominately managed by their family or representative however staff engage in following healthcare specialist and medical care plans.

There was adequate food and drink available, and the inspector observed careful preparation of the main meal of the day by staff. In discussion with staff they were aware of reflecting residents' various choices and preferences in planning meals . Residents were involved in selection of menu choices and in carrying out shopping alongside staff. Residents' specific dietary requirements were catered for, and where additional support was required for eating or drinking, staff were knowledgeable of any specialist recommendations, and these needs were supported appropriately.

There were effective systems in place to protect residents from abuse and the person in charge and the staff team were seen to provide effective supports in

relation to personal and intimate care. Staff received clear guidance in systems to manage residents finances and their personal possessions. Additionally, all residents were assessed both for the self administration of medicines and money management.

Behaviours that challenge were not a feature of this service. There were a number of restrictive practices implemented in the centre and a record of all that were used are recorded on a restrictive practice register. These are referred to the providers human rights committee for review and were discussed with residents and their representatives. Consent for the use of restrictive practices was sought annually as part of the providers circle of support meetings. Review of the restrictive practice register is done in conjunction with review of the register held for the recording of risks in the centre.

Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which was regularly reviewed and included both clinical and environmental risks. Pertinent plans and environmental adaptations had been made to meet the changing needs of residents including falls, choking or seizures. Any changes in residents assessed needs were promptly responded to for example, where the risk to a resident in using a specialist armchair had been identified this was then placed out of use until it could be reviewed by an Occupational Therapist and the risk reassessed.

There were adequate arrangements in place for the detection, containment and extinguishing of fires, and equipment was regularly serviced. Residents took part in fire drills at scheduled intervals and there were personal evacuation plans in place for each resident. Records of fire drills were found to include sufficient detail to inform an effective review of evacuation plans. The person in charge had clear centre evacuation plans and emergency plans for all resident combinations in the centre. In addition clear procedures were in place for the management of oxygen which was utilised by an individual.

Residents were protected by appropriate procedures in relation to the ordering, receipt, storage and disposal of medicines. Policy guided the transition of medications between home and the centre for those residents who were users of the centre on a part time basis. Staff had received training in the safe administration of medication training and protocols were in place to guide staff practice in relation to some as required medications for a number of residents. Medication audits were completed regularly and medication incidents were recorded and fully investigated.

The centre consisted of a large bungalow on a stand alone site. It was individualised and homely with effort to personalise even shared spaces. Externally a patio area had well kept planting and a patio area for residents to enjoy outside.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to ample quantities of food and drinks and individual dietary needs were catered for. Staff were familiar with individuals specific needs relating to safety at mealtimes and had been provided with the knowledge to support eating and drinking safely.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner with residents and their representatives involved in such decisions as it impacted on them

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly and the centre evacuation plans were altered as appropriate to reflect the mix of residents on a given day.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and

safe with regular reviews of residents medicines
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents healthcare needs were identified, monitored and responded to promptly.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
While currently behaviours that challenge are not a feature of this centre, there are a number of restrictive practices in place to promote the safety of residents. Documentation of these was clear and the provider had robust systems for review of these in place.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.
Judgment: Compliant

## Regulation 9: Residents' rights

The provider was making considerable effort to ensure that residents could exercise choice and control in their daily lives. Regular house meetings were taking place and residents were consulted in the running of the 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	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 Services Waterford East OSV-0005074

Inspection ID: MON-0022591

Date of inspection: 01/10/2019

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The required documentation was submitted on the 2nd October 2019 The PIC will insure all relevant documentation is submitted within the required timeframe	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff members will be booked on the next available training date available	

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	02/10/2019
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.	Not Compliant	Orange	31/01/2020