Health Information and Quality Authority

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 Services Belmont
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	08 and 10 October 2019
Centre ID:	OSV-0005077
Fieldwork ID:	MON-0025205

About the designated centre

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

The statement of purpose outlines that the centre provides full-time care, to 11 adult residents, both male and female, with severe intellectual disability and have additional care needs including support with behaviours that challenge, and age related healthcare needs. The residents require full-time nursing care and this is provided with the nursing staff supported by care assistants. The centre comprises two bungalows in close proximity to each other. The premises are suitable for purpose and the residents all have their own bedrooms, with suitably adapted bathroom facilities. There were suitable and homely communal areas to meet the residents' needs. Both have small gardens attached. They centre is located in a large town with easy access to local services and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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
08 October 2019	09:30hrs to 12:00hrs	Noelene Dowling	Lead
10 October 2019	09:00hrs to 15:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with six of the residents and spoke with one resident. Other residents allowed the inspector to observe some of their routines during the day and communicated in their own preferred manner. A resident told the inspector he was very happy having moved to the centre and with his retirement plans and another resident indicated that she enjoyed getting her hair done and going to the beautician. The inspector observed that the residents' primary care needs were being very well supported and they were made comfortable by staff.They had choices in their routines for the day and could get up or relax they wished. It was apparent however, that the noise in one of the houses did impact and cause distress to residents.

Capacity and capability

This monitoring inspection was carried out in order to ascertain the providers continued compliance with regulations and standards. The last inspection, in June 2018, had found failings in a number of areas including, governance, safeguarding of residents, compatibility of needs, behaviour support, supervision of staff and staff training. At that time the provider had given assurances that these maters would be addressed.

Progress had been made on a number of the non-compliances which benefited the residents' quality of life and safety. However, the governance arrangements in the centre had actually deteriorated. Following the previous inspection, the person in charge had been allocated additional protected time to carry out the role effectively. However, since April of 2019, the post holder had been appointed to the role of acting services manager with responsibility for four designated centres. The inspector was advised that this move was to be supported by the presence of senior nurses in each of the houses in the centre, to ensure sufficient day-to-day oversight of the residents care. This had not materialised however in a consistent manner.

While it is acknowledged that unforeseen circumstances had impacted on this arrangement and despite the improvements evident the findings of this inspection in relation to safeguarding, adequate planning for the residents, oversight of care, demonstrated that this is not an effective or sustainable arrangement. These findings are outlined in the quality and safety section of this report.

The arrangements for the management of staff also required review. There was sufficient staff with the skill mix and competencies to provide the care the residents required. There had been significant use of agency staff in the preceding months which had impacted on the residents care. However, the provider advised that

recruitment had been undertaken and the vacant nursing posts were now being filled. A review of a sample of personal files indicated that the required documents and security checks had been completed for the staff.

However, according to the training documents reviewed a number of long standing staff were overdue refresher training in safeguarding and behaviours that challenged. This is of concern given the particular vulnerabilities of these residents. In addition, the action from the previous inspection report in regard to effective systems for the supervision of staff had not been addressed satisfactorily. Staff "support meetings "were held annually, but the records seen indicated that they did not focus on the residents' care and staff development to support this.

Likewise, the staff meeting records demonstrated very poor attendance, and the content was not focused on the residents' care or reviews of incidents. The person in charge had not attended a team meeting in the centre since 2018. These factors, coupled with no effective management presence do not support consistent care for the residents and may also influence the findings in the quality and safety section of this report.

There were a number of quality improvement and oversight systems implemented. To this end, the provider undertook unannounced visits. Issues identified included goals being implemented for the residents and also adherence to the HIQA compliance plans. The provider's annual review for 2018 had been prepared. This report did acknowledge some of the challenges to the service such as staffing issues which were impacting on the care provided. There were improvements in auditing of incidents or incidents which demonstrated action being taken as a result of such occurrences. However, the quality of these incidents reviews was not consistent; for example, the reviews did not include the impact on other residents. This was especially relevant to some incidents of challenging behaviours.

Regulation 14: Persons in charge

The person in charge had been appointed to the role of acting services manager with responsibility for four designated centres. There was evidence that this did not allow sufficient oversight and direction of practice in this centre.

Judgment: Not compliant

Regulation 15: Staffing

There was sufficient staff with the skill mix and competencies to provide the care the residents' required. There had been significant use of agency staff in the preceding months which had impacted on the consistency of care. The inspector was advised that this was now rectified.

A review of a sample of personal files indicated that the required documents and security checks had been completed for the staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to the training documents reviewed a number of long standing staff were overdue refresher training in safeguarding and behaviours that challenged. There was no effective systems for the supervision of staff and other systems for oversight and communication to ensure consistency, such as team meetings, were not regular or attended by staff.

Judgment: Not compliant

Regulation 23: Governance and management

The governance arrangements in the centre had deteriorated. The arrangements for the person in charge were not suitable to allow for the role to be carried out effectively and to allow sufficient oversight of the residents' care. This is not an effective or sustainable arrangement

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in accordance with the requirements and the care was delivered in accordance with this.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was forwarding the required notifications to the office of the Chief Inspector.

Judgment: Compliant

Quality and safety

It was apparent that the residents' quality of life, complex and different care needs were considered and on a day-to-day basis the provider and person in charge tried to meet these needs. The resident's needs differed in each of the houses and their quality of life also differed. One of the houses, which comprise the centre, is designated as being primarily for older residents with age and health related needs, including dementia. The inspector found that their healthcare needs were closely monitored and responded to. Their day-to-day activities were also tailored to these needs, with opportunities to retire from day-service and do more relaxing activities. These included massage and music therapy. Where residents' health deteriorated there was evidence of timely access to appropriate care and support including palliative care. Directives and agreements regarding end-of-life care were made via the appropriate clinical review and consultation. From a review of the nursing records and speaking with staff the inspector found that all efforts were made to ensure the residents comfort. The inspector observed that a resident who was ill was being supported in a gentle and respectful manner.

All residents had good access to multidisciplinary assessments including physiotherapy, dietitians and speech and language, neurology and psychiatry. Pertinent support plans were implemented for their identified needs.

However, while progress had been made on all matters pertaining to the direct care of the residents, some matters were not fully resolved and these can be seen to relate to the level of direction and oversight available to the staff by the person in charge and the ongoing suitability of the care for individual residents.

While there were frequent multidisciplinary and annual reviews of the residents care, they did not in any way address the substantive matter of the suitability of the current arrangements for the individuals concerned. Following the previous inspection, the provider had agreed to undertake a review of the compatibility of the residents and an assessment of need which would better ensure that the centre could meet all of the residents' needs in a safe and meaningful way. The findings of this inspection clearly indicate that this concern remains despite the best efforts of staff to ensure different activities, one-to-one staff and the use of different areas of the house.

The residents' day-to-day experiences, access to activities and their preferred recreation were poorly monitored to ensure it was the most suitable and enjoyable. While some residents went out to the beautician and hairdressers or day service, other day-to-day activities were not defined. Recreational gaols were set at annual

support meetings but the inspector was unable to ascertain from staff if they had been met. For example, a goal for one resident was to go out for a meal. There was no evidence as to whether this was the resident's own choice, or if it had actually been achieved. There was no system for reviewing or monitoring their wishes in this manner.

Daily records maintained referred to "social activities" or drives but no details of what had actually occurred, or if it was enjoyed by the residents, were provided. Some residents had support plans available to support their communication needs and one resident used sign language. However, although staff had done this training, they acknowledged that they did not use this medium to communicate with the resident.

Systems for safeguarding of residents had improved overall. Internal safeguarding plans were implemented and were being managed appropriately by staff where peer-to-peer incidents occurred. Such incidents still occurred however, although with less frequency and direct impact. From observation, speaking with staff and records available, the inspector formed the view that the level of noise, close proximity and different needs in one house contributed significantly to these tensions. This was observed by the inspector with verbal targeting of residents which is known to be a frequent occurrence. It was apparent from records available that the provider was aware of these factors.

The protocols implemented for the management of statements made by residents, on occasions, which may indicate abusive interactions, were not known by the staff. Although acknowledged as part of behavioural presentation, this lack of adherence to the guidance placed residents' at risk. The inspector found that the provider had acted promptly and satisfactorily where any concerns arose in relation to staff behaviour however. In general, behaviours that challenged were managed with good oversight and guidance from mental health and psychology services. They were responded to promptly and the interventions were monitored more effectively on this inspection although again, the predisposing factors in the environment, such as the noise and compatibility which were seen to directly impact on the behaviours were not considered.

There were some improvements also in the manner in which restrictive practices were implemented and monitored, with more effective protocols implemented for their use; in particular for those which were more personally intrusive and a number of audio monitors had been removed as they were no longer deemed necessary. From a review of records and speaking with staff the inspector was satisfied that these were being implemented as prescribed.

The residents were protected by the risk management systems and there was a detailed register maintained which incorporated clinical and environmental risks. Individual risk management plans for each resident were also implemented for their assessed needs including choking, falls and skin integrity.

Non-compliances in relation to fire safety had been addressed satisfactorily with an additional fire door installed in one unit and self-closures on the fire doors. Records

seen demonstrated that all of the fire safety management equipment including the fire alarm, emergency lighting and extinguishers were in place and serviced as required. Where it was possible, and did not present a risk to the residents, fire drills or simulations of drills were undertaken in each of the houses with the residents.

Resident's medicines were reviewed frequently and the systems for storage, administration, returns and disposal were safe for all medicines, including controlled medicines, when necessary. Regular medicines audits also took place.

Regulation 10: Communication

Some residents had support plans available to support their communication needs and one resident used sign language. However, although staff had done this training, they acknowledged that they did not use this medium to communicate with the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The residents were protected by the risk management systems and there was a detailed register maintained which incorporated clinical and environmental risks. Individual risk management plans for each resident were also implemented for their assessed needs including choking, falls and skin integrity.

Judgment: Compliant

Regulation 28: Fire precautions

Non-compliances in relation to fire safety had been addressed satisfactorily with an additional fire door installed in one unit and self-closures on the fire doors. Records seen demonstrated that all of the fire safety management equipment including the fire alarm, emergency lighting and extinguishers were in place and serviced as required.

Where it was possible, and did not present a risk to the residents fire drills or simulations of drills were undertaken in each of the houses with the residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were reviewed frequently and the systems for storage, administration, returns and disposal were safe for all medicines, including controlled medicines, when necessary. Regular medicines audits also took place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had good access to multidisciplinary assessments including physiotherapy, dietitian and speech and language, neurology and psychiatry. Pertinent support plans were implemented for their identified needs.

While there were frequent multidisciplinary and annual reviews of the residents care undertaken they did not in any way address the substantive matter of the suitability of the current living arrangements for the individuals concerned. This impacted on the provider's ability to ensure that centre can meet the needs of the residents.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that their healthcare needs were closely monitored and responded to promptly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviours that challenged were managed with good oversight and guidance from mental health and psychology services. They were responded to promptly and the interventions were monitored more effectively on this inspection. However, the predisposing factors in the environment, such as the noise and compatibility, which were seen to directly impact on the behaviours, were not considered.

Judgment: Substantially compliant

Regulation 8: Protection

While systems for safeguarding of residents had improved overall with safeguarding plans were implemented and being managed appropriately by staff where peer-to-peer incidents occurred. However, from observation, speaking with staff and records available, the inspector formed the view that the level of noise, close proximity and different needs in one house contributed significantly to these tensions. The protocols implemented for the management of statements made by residents, on occasions, which may indicate abusive interactions, were not known by the staff.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially 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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Cairdeas Services Belmont OSV-0005077

Inspection ID: MON-0025205

Date of inspection: 08/10/2019 and 10/10/2019

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**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: • The acting team leader post for this designated centre will be re-advertised • The Regional Service Manager and H.R Department will actively seek to recruit a permanent Service Manager for Cairdeas. • The current acting services manager will meet with the CNM1 in post and with the wider Multi-Disciplinary Team to see how greater oversight can be assured in the situation. • A business case will be compiled and put forward to HSE to seek funding to create a new CNM2 team leader post in one of these residences.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Acting Service Manager and the H.R Department continue to actively recruit new staff members to fill current vacancies. • A shortage in nursing staff to fill vacant posts has been rectified in recent months and a number of previously vacant posts have now been filled.	
Regulation 16: Training and staff	Not Compliant

development	

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• All staff members working in either residence who have not completed refresher training in the necessary areas will be booked on to the next available course.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Both residences in the center have a CNM1, one working on a shift rotation with some protected time each month. The second who is the acting CNM1 working mostly Monday to Friday, has protected time for her role and is provided with oversight from the current PIC/ Acting Services Manager.

Currently one residence is at the loss of the CNM1, due to unforeseen circumstances.

• The actingCNM2/team leader post for this designated centre will be re-advertised
• The Regional Service Manager and H.R Department will actively seek to recruit a permanent Service Manager for Cairdeas.
• The current acting services manager will meet with the CNM1 in post and with the wider Multi-Disciplinary Team to see how greater oversight can be assured in the situation.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
• All staff members working in the residence who have not yet received Lamh training will be booked on the next available course. All new staff members will be informed of the signs regularly used by the person we support.

Regulation 5: Individual assessment	Not Compliant

and personal plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • A Compatibility Assessment will be completed with all residents in one particular house in this designated centre. • One resident has the support of an independent advocate who is currently supporting this individual to explore alternative accommodation options at their request.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • A Compatibility Assessment will be completed with all residents, in collaboration with the Multi-Disciplinary Team in one particular house in this designated centre • When reviewing the behaviour support plans in place, consideration will also be given to the predisposing factors of the environment and the noise levels in this particular residence.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • All staff members were spoken to by the PIC/Acting Service Manager to ensure protocols implemented for the management of statements made by one resident were known by all staff members. • A team meeting is scheduled to reinforce the importance of ensuring safeguarding plans and protocols are adhered to as recommended by the management and monitoring team.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/06/2020
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30/05/2020
Regulation 15(2)	The registered provider shall ensure that where nursing care is	Substantially Compliant	Yellow	04/11/2019

	required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
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	30/03/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	04/11/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/05/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Not Compliant	Orange	30/05/2020

	needs, consistent and effectively monitored.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/07/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/01/2020
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	04/11/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Yellow	18/11/2019