



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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford West
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	16 February 2022
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0030509

About the designated centre

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

This centre comprises of two single story houses, one on the outskirts of a large town and the other in a rural setting outside of the town. Both houses are home to four residents with moderate to profound intellectual disability and age related needs. The house within the town has four residents bedrooms, all of which have an en-suite. The home has a kitchen / dining area, a utility room and a large living room. It also comprises of a sitting room, bathroom and staff office. This has an adjacent building which is a disused apartment that the service use for storage. The gardens contain a shed and were well maintained. The house in the rural setting has four bedrooms, one which has an en-suite. There is a bathroom, staff office and utility room. There is a large kitchen / dining room and a large sitting room. The residents have large garden areas that were well maintained. This service operates a full-time residential service on a 24 hour day, seven days a week. Residents are supported by a staff team comprising of social care workers, care assistants and nursing staff. The staff member on night duty is employed in a waking role. Day services staff have been deployed to each house to support residents with individual activities during the Covid-19 pandemic. The statement of purpose outlines the service as supporting each resident to positively engage in the local community and to access and take part in social events and activities of their choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 February 2022	11:00hrs to 18:50hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with all eight residents that lived in the designated centre. This centre comprised of two houses, one located in an urban area, with the second house located in a rural setting outside the city. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall, the inspector found that residents were supported to have a good quality of life. It was evident that supports were provided to residents in a respectful manner, in line with their assessed needs, choices and wishes. On the morning of the inspection, residents were observed getting up and ready for the day ahead in a calm and relaxed manner. Residents appeared to enjoy getting ready at a slower pace, and some residents were also supported to go back to bed for a rest, if they so wished.

Residents chatted with the inspector as they went about their day. Residents spoke about recent holidays, family members and areas of interest including music. In one of the houses, live music had been provided to residents in their home which residents had enjoyed. Throughout the inspection residents were observed engaging in activities, including a drive to a local seaside village where they had a hot drink. One resident had fallen asleep on the couch following a long trip for a medical appointment. This resident had declined to engage in the medical appointment, and this choice was respected.

A number of residents were unable to verbally communicate their views to the inspector. However, the inspector spoke with staff members and observed residents' gestures, body language and physical prompts. Residents' interactions with staff members and each other were respectful, and all residents appeared comfortable as they went about their day.

As a result of the COVID-19 pandemic, a number of residents' day services had closed. When COVID-19 restrictions reduced and day services reopened, some residents decided to return to day services. However, it was noted that some residents wanted to retire, or return to day services on a reduced basis. Staff members and management in the centre were supporting residents to make these choices. During the inspection, one resident advised that they did not want to go to day services the next day as planned. This choice was respected and it was evident that the resident was looking forward to having a day off to relax and rest.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. There were systems in place to ensure that residents were supported in line with their assessed needs. A person in charge had been appointed in the designated centre. The person in charge had held this role for a number of years, and it was evident that the residents knew them and were comfortable in their company.

Residents were supported by a team of staff members who had received relevant training to support them in their role and to ensure the safety of residents living in the designated centre. This included fire safety and the safeguarding of vulnerable adults. Staff members completed a supervision meeting with the person in charge annually. Regular team meetings were also completed. This ensured that staff members were appropriately supervised and held the necessary skills to carry out their role.

The person in charge had a schedule of audits they completed to ensure oversight and management of the designated centre. This included reviews of medicine errors and challenging behaviour. These reviews included details to ensure learning from incidents and accidents in the centre. Unannounced six monthly visits to the centre and an annual review of the quality of care and support provided to residents had also been carried out.

Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held the role for this designated centre alone.

The person in charge worked directly with residents in both of the designated centre's houses. They also had protected time every week to complete administration and management duties as outlined in their role. It was clear that they knew the residents very well, and that residents were comfortable in their presence. This also ensured that they could supervise staff members as they carried out the duties associated with their role.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members participated in a wide variety of training to support them in their role. This included mandatory training in fire safety, management of behaviour that is challenging and the safeguarding of vulnerable adults.

In response to the COVID-19 pandemic, staff members had also completed training in hand hygiene, infection prevention and control and the use of personal protective equipment. This ensured that staff members could support residents safely throughout the pandemic.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff members, including redeployed day service staff members, reported to the person in charge. The person in charge reported to the services manager who was also appointed as a person participating in management in this designated centre. This individual reported to the regional services manager, who then reported to the director of services. The director of services then reported to the chief executive officer and the organisation's board of management.

There were management systems in place to ensure that residents were provided with a safe service. This included regular audits, unannounced six monthly visits to the designated centre and an annual review of the quality of care and support provided to residents.

There were effective arrangements in place to performance manage all staff who worked in the designated centre. This included formal supervision and regular team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose outlining the care and support to be provided to residents was available in the designated centre. This contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents were provided with a good quality of care and support in their home. It was evident that residents' choices were promoted and respected. Residents appeared to be happy in their home.

Each resident had a personal plan which outlined the supports they required to meet their assessed needs. When it was identified that one resident could be better supported in a different designated centre, this was discussed as part of a multi-disciplinary team involving the resident and their representatives. It was noted however that a transition plan had not been developed to ensure the resident's transition, which had already begun, took place in a planned manner. This required further development.

A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. Staff members wore face masks at all times in the designated centre. Risk assessments specific to COVID-19 had been completed. These were subject to regular review in line with changing guidance relating to the management of COVID-19. The registered provider had also carried out a self-assessment with respect to their preparedness for an outbreak of COVID-19 in the centre.

Regulation 13: General welfare and development

Residents were supported to engage in activities and plan holidays of their choosing. One resident was looking forward to a city break in Europe which was due to take place after the inspection. Another resident spoke about a visit to their local home county, and how they had enjoyed this.

Residents were supported to communicate their choices regarding attendance at day service. When residents did not want to attend, or chose to do so on a part time basis, staffing was put in place so that residents could stay at home.

Judgment: Compliant

Regulation 17: Premises

The residents living in this designated centre were supported in two community houses. One of these was located in a residential area on the outskirts of the city, while the second house was located in a rural setting outside the city. The location of these houses meant that residents had access to local bars, shops and restaurants. Each resident had their own private bedroom which had been

decorated to reflect their individual likes and interests. Both houses were clean and warm. Artwork displayed in one house had been completed by the residents that lived there.

In one of the houses there was clutter as items were being stored in the corner of a communal area. It was identified that there was not appropriate storage for these items. Some parts of the premises required minor work and the inspector was informed that painting was due to be completed in one of the houses in the days after the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide had been developed, and was accessible to residents living in the designated centre. This included information about the services provided in their home, the complaints procedure and the terms in which they lived in their home.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were plans for one resident to move to a new designated centre. This had been discussed and agreed with the resident and their representatives and there was a clear rationale as to the reasons why the resident was moving home.

The resident's transition had begun and they had been to visit their new home on a number of occasions. However, a transition plan had not been fully developed to ensure that the resident's transition took place in a safe and planned manner.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The designated centre had a centre specific risk register and individualised risk assessments for residents. There were no high rated risks to residents' safety identified in the designated centre. Where there were risks, these were subject to a formal risk assessment. This ensured that there were clear control measures in place to reduce the risk.

The designated centre had an emergency plan to ensure staff members could

respond in a number of emergency situations. Health and safety audits were completed on a regular basis to ensure such issues were rectified in a timely manner.

Judgment: Compliant

Regulation 27: Protection against infection

A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. This included details of the on-call arrangements in place in the designated centre and how to seek clinical support if this was required. There was clear guidance for staff members on what to do if they themselves or residents were suspected or confirmed to have COVID-19 infection. This ensured that staff members had clear guidance in this area. Both of these documents were easily accessible to staff working in the designated centre.

A record of temperature checks was maintained and these were carried out regularly.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. It was identified that one fire door was no longer in use as an exit in the centre. This was reviewed by a fire competent person who was satisfied that this arrangements was appropriate and would not impede the evacuation of the centre in the event of an emergency.

A day and night time evacuation protocol was in place and accessible to staff. The inspector completed a review of fire safety drills completed in the designated centre. It was evident that this ensured that all residents could be safely evacuated in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed appropriate practices relating to the prescribing, administration and storage of medicines. Oversight of medicines was maintained by each resident's general practitioner (G.P). Residents' medicines were stored in a

locked press that could be accessed by staff members.

Residents' medicines administration records included the route, dose and time they were to receive each medicine. Any allergies were recorded on this document to ensure the safe administration of residents' medicines. There was evidence of learning and reviews in response to medicine errors in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs on an annual basis. Residents had access to a multi-disciplinary team of professionals in allied health and social care in line with their assessed needs. It was noted that residents had been supported to develop goals. However, these required additional information to ensure staff could support residents to meet their goals. For example, one resident's goal was to go to the beach. However, it was not clear if this would be a one-time occurrence, or something that could become part of the resident's daily/weekly plan.

Judgment: Substantially compliant

Regulation 6: Health care

When residents had an identified healthcare need, these were supported by a plan of care. This included areas such as feeding, eating and drinking and catheter care. When plans required staff to monitor residents' health, such as fluid intake and output, this was completed.

Residents had access to clinical support. Nursing staff worked in the designated centre with residents and maintained oversight regarding their health needs. Residents were supported to attend medical appointments, and their refusal to engage in this process was respected.

Judgment: Compliant

Regulation 8: Protection

Measures had been put in place to protect residents from abuse. This included the provision of intimate care plans for each resident. All staff members had received

training in the safeguarding of vulnerable adults.

There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation. The inspector reviewed a sample of residents' safeguarding plans and noted that appropriate actions had been taken to protect residents from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cairdeas Services Waterford West OSV-0004139

Inspection ID: MON-0030509

Date of inspection: 16/02/2022

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:

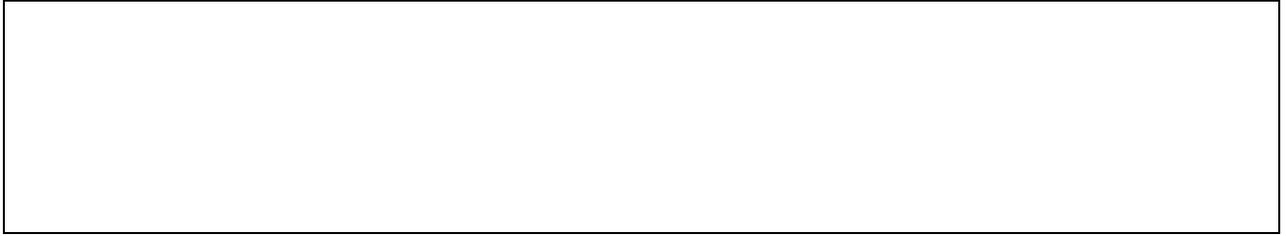
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In one residence the items have been relocated from the communal area.</p> <p>In the other residence painting was completed by 4th March 2022.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: The transition plan was completed and accompanied the resident when they transitioned to their new residence on 22nd February 2022.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Goals will be reviewed with the persons supported and their keyworker at a Circle of Support meeting by 30th September 2022.</p>	



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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	04/03/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	04/03/2022
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Substantially Compliant	Yellow	22/02/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	30/09/2022

	frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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