

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:	Announced
Date of inspection:	29 March 2023
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0030504

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-storey 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 basis. 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.

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 29 March 2023	09:00hrs to 17:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all of the residents who lived in the designated centre. This designated centre was registered to support eight adult residents, in two houses.

One of the houses was a bungalow which was located in a rural location on the outskirts of Waterford city. A kitchen/dining area, sitting room, utility room, office, a communal bathroom and four residents bedrooms, one of which had an en-suite bathroom, was provided to residents. This house had recently been painted and decorated. Some tiling was due to be finished in the communal bathroom after the inspection had taken place.

The second house was a bungalow on the outskirts of Waterford city. Residents were provided with an open plan kitchen/sitting room area, laundry room, a second sitting room area, a communal bathroom and four bedrooms which all had en-suite bathroom facilities. Although this house was homely in nature, floors throughout the house were observed to be damaged and/or stained.

There was a calm and relaxed atmosphere in both houses. The inspector visited one house on the morning of the inspection, as residents got ready to go to day services. Two of the four residents received day service supports from their home each day. Staff spoken with outlined that they supported these two residents to access their local community and to link with day services when preferred activities such as music therapy took place. They also carried out activities with residents in their home. One resident attended day services four days each week, and was supported at home one day each week where they enjoyed relaxing at home.

Three of the four residents living in this house could not verbally communicate their views on what it was like to live in their home. At all times, residents' body language indicated that they appeared content and comfortable. One resident used verbal communication, gestures and manual signing systems to communicate. This resident expressed that they were happy living in their home. They spoke about going for drives for dinner in local bars and restaurants, and getting out for a pint with support from staff members. This resident had returned from a holiday in Manchester which they had enjoyed. At the time of the inspection, they were looking forward to their next holiday, where they planned to go to Dublin.

Three of the four residents living in the second house were relaxing in the sitting room after having lunch prepared for them by staff members. These residents had chosen to retire, and as such they enjoyed a more relaxed pace of activities each day. The residents communicated to the inspector that they were happy in their home, and that they were happy with the level of supports provided to them by staff members. Two residents had plans to go on a holiday in Kerry which they were very much looking forward to. During the inspection, residents were supported to go to get a haircut. On their return they told the inspector they had also decided to go out

for coffee and a scone, which they enjoyed. When one resident returned from day services the inspector met with them briefly. This resident chose not to engage with the inspector, and this choice was respected.

The inspector received eight questionnaires completed by residents and their representatives about the care and support they received in their home. Residents and their representatives noted that residents enjoyed visits from family and friends in their home. Residents enjoyed going to mass in their local church, their local retirement group and seaside walks. One questionnaire noted that a resident enjoyed 'not having to be at a particular place at a particular time', indicating that they were enjoying their retirement. Residents felt safe in their home, and were aware of the complaints process in the centre. One questionnaire did note that staff shortages can mean that it is sometimes difficult to access the community. A second questionnaire mentioned that the resident would like access to a patio area in the summer months. Overall, the questionnaires were positive, and noted that residents were happy in their home.

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

Overall, the inspector found that governance systems ensured that residents received a good quality of care and support in their home. Residents were supported by a team of staff nurses and care assistants. Staff members provided support to residents in a kind, caring and respectful manner where residents' choices were promoted and respected. Staff spoken with felt well supported in their role, and communicated to the inspector that they were very much aware of the needs of residents and how to support them. At all times, residents were content and comfortable in the presence of staff.

Volunteers were also used to support residents to integrate into their local community, socialise and establish friendships. Residents spoken with enjoyed time out with their volunteers. There were effective processes in place to ensure volunteers were clear on their role in supporting residents.

A person in charge had been appointed in the centre. As part of their role, they spent a little more than half of their working hours as protected time to complete administrative duties and oversight of the designated centre's two houses. The rest of their time was spent working directly with residents in one of the centre's houses. It is reflected in the findings of this inspection that this arrangement was working effectively, at the time of the inspection.

Auditing and the review of practices in the centre ensured that there was a strong

focus on quality improvement in the centre. An annual review of service provision had been carried out, outlining areas for further improvement in the centre. Six-monthly unannounced visits were also carried out. Both the annual review and the six-monthly visit reports had a strong focus on meeting regulatory compliance, and how this can be achieved in the centre. The high levels of regulatory compliance evidenced that these oversight and management systems were working effectively, to ensure residents received a good quality of care and support in their home.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre had been made by the registered provider. This included the submission of documents and the payment of a fee. On review of the documentation, it was noted that they had been submitted in the correct format, within the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in the designated centre on a full-time basis. They carried out the role for this designated centre alone. It was evident that they held the skills and qualifications necessary to fulfil the role. The person in charge maintained effective oversight and management in the centre. Staff members spoken with felt well supported in their role.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels provided were in line with the centre's statement of purpose, and the assessed needs of residents. While there were two staffing vacancies in the centre, these roles were covered by relief staff members who knew the residents well. There was evidence that these roles were advertised and interviewed for regularly, to attempt to attract new staff. At the time of the inspection, management continued to try to recruit staff to fill these roles.

Judgment: Compliant

Regulation 21: Records

The inspector completed a review of a sample of staff members' files. The files included information and documents specified in Schedule 2 of the regulations including evidence of staff members' identification and appropriate vetting disclosures.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. Evidence of this was submitted with the centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. This ensured that staff members, volunteers and management were aware of their roles and responsibilities in the centre. Staff members working in the centre received regular supervision meetings with their line manager. Records of these meetings outlined challenges faced in supporting residents and how staff members can be supported to overcome such challenges through support, training and supervision. Staff members spoken with felt very well supported by management in the centre, including the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations. This was submitted in advance of the inspection as part of the centre's application to renew registration.

Judgment: Compliant

Regulation 30: Volunteers

Residents were supported by three volunteers. These volunteers were supported to have support and supervision meetings with management regularly, to ensure they were aware of their specific roles and responsibilities in supporting residents. All volunteers had a current and appropriate vetting disclosure in place.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy provided clear guidance to staff members in relation to the management of complaints in the designated centre. An accessible complaints procedure was also available to residents.

When a complaint had been made, this was reviewed and escalated in line with the organisation's complaints policy. It was clearly evidenced that a resolution to the complaint had been made, before the complaint was closed. There were no open complaints in the centre at the time of the inspection.

Judgment: Compliant

Quality and safety

Residents received a high quality of care and support in their home. Residents communicated their happiness in their home to the inspector, discussing holidays, activities and hobbies that they enjoyed. It was clear that residents felt safe, and that risk management and safeguarding systems in place ensured that residents' safety was a priority.

Risk assessments were completed outlining individual risks to residents and centre specific risks. These included risk assessments relating to swallow care, falls and lone-working. These assessments outlined the controls measures in place to reduce risks to residents, in line with their support needs.

Residents' goals were clearly documented, and it was evident what staff members needed to do to support residents to achieve their goals. Staff members spoken with outlined how one resident had learned to tap their bank card when they purchased items. Where one resident enjoyed using a Jacuzzi in their day service, staff members had organised for them to attend a local swimming pool on a regular

basis. At the time of the inspection, this goal was progressing well for the resident, and they appeared to enjoy the activity.

Overall, staff members demonstrated that they knew residents well. It was clear they provided supports to residents at a high standard.

Regulation 17: Premises

Residents' homes were clean and suitably decorated. Residents' personal items were located throughout their home, reflecting their style and personalities. In one house, residents were observed relaxing with their feet up in recliner chairs in their home. It was clear that residents were comfortable in their homes, and they communicated that they liked living there. Each resident had their own private bedroom.

Minor areas for improvement were identified. This included the completion of tiling in one bathroom after a bath had been replaced. In the other houses, flooring throughout the residents' home required replacement and/or repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had transitioned from another one of the centre's houses to live in this designated centre. To support their move, a transition plan had been developed. The transition plan was comprehensive in nature. This included plans for the resident to visit their home before their move, and to meet the residents that already lived there.

In consultation with the resident and their family, arrangements were made to paint and decorate their bedroom before their move. It was noted that the resident's

transition was successful and they had settled into their new home.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy had been developed and was available to staff members working in the designated centre. This policy contained the information required by the regulations.

An emergency plan had been developed. This plan outlined the protocols in place to deal with a number of emergency situations including fire, choking and a resident going missing. This ensured clear guidance was available to staff to ensure the safety of residents and staff members.

Judgment: Compliant

Regulation 27: Protection against infection

A check-in station was located at the front door of each of the centre's two houses. Staff and visitors could check their temperature and put on appropriate personal protective equipment (PPE) before they entered the centre. A COVID-19 contingency plan was also available to guide staff members in the event of an outbreak in the centre.

When one resident presented with a bacterial infection, a support plan had been developed to outline the supports they required. It was evident that standard precautions were in place to prevent the spread of infection to residents including a high level of cleanliness in the centre and access to appropriate PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, fire-fighting equipment and emergency lighting were provided to aid safe and effective evacuation. It was identified that piping in one area of the centre had breached containment between the attic space and the boiler. This was rectified before the inspector left the centre, to ensure effective containment of this area was put in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a staff member that was assigned as their key worker. This staff member was responsible for ensuring that residents were supported to develop and achieve their goals. They also organised an annual circle of support meeting for residents, where residents and their representatives were invited to attend to discuss the development of goals each year.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had regular input from psychology and psychiatry departments in line with their assessed needs. Residents who required supports to manage behaviour that challenges, had a positive behaviour support plan in place. These plans included potential triggers and events that may make incidents more likely to occur. It also included proactive and reactive strategies that were in place to support residents.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy had been developed to ensure there was clear guidance for staff members on the procedures and protocols for the safeguarding of residents. It was evident that when staff members had concerns regarding an allegation of abuse that these were reported and reviewed in line with organisational policy. It was evident that these were reported in line with statutory guidance on the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported with dignity and respect in their home. At all times, care was provided in a kind, caring and respectful manner.

Residents' choice was respected and promoted. When residents decided that they would like to retire, or reduce the number of days spent at day services, staff members facilitated these requests by providing resources including staffing. This meant that residents lived a life of their choosing, and it was evidenced throughout this inspection that a number of residents enjoyed this more relaxed pace.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairdeas Services Waterford West OSV-0004139

Inspection ID: MON-0030504

Date of inspection: 29/03/2023

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
Outline how you are going to come into compliance with Regulation 17: Premises: Works required on tiling in one residence has been scheduled to commence on Friday 05/05/2023. It is anticipated that these works will be completed by 12/05/2023. The application of new flooring in the second residence is anticipated to be completed by 31/08/2023.	

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	31/08/2023