



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:	31 March 2025
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0046738

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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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 (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
Monday 31 March 2025	09:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, the inspector found some positive examples of how residents' were empowered to make decisions in this centre. There were open safeguarding plans in place in one house that were seen to be managed effectively at the time of the inspection. However, improvement was required in regulation 15: staffing, 23: governance and management and 26: risk management procedures.

The inspector spent the first half of the day in the first property, located close to the town. On arrival, three out of the four residents were up, they had been supported with their breakfast and were relaxing watching TV. Two residents were still in their nightwear, as they like to return to bed for a rest after their breakfast. The inspector was introduced to the residents and spent some time with them. One resident read the front cover of the inspectors notebook while the inspector explained the purpose of their visit. One resident informed the inspector they enjoyed living in the centre and were happy. Another spoke about their relatives, when they speak to them on the phone and when they visit. Later in the morning, the inspector met the remaining resident who spoke about their plan to visit Kerry in the summer and attend a concert. They also told the inspector that the staff are great at cooking and they were happy living in the centre.

After lunch, the inspector visited the second property of this designated centre and met with two of the residents living their. Both residents were heading out on the bus to collect the other two residents from their day service. One resident engaged with the inspector while sitting on the bus although, they were eager to leave and continue with their daily routine. One residents was observed to be supported onto the bus at a pace that was in line with their assessed needs. They were prompted with soft touch and simple verbal language to put on their harness when seated on the bus. The residents was seen to independently place their hand through the hardness and allow a staff member to secure it closed. The staff were aware this was a restrictive practice and was required to be recorded when in use.

Overall in the designated centre, residents were seen to move freely around their home, although some required supervision due to falls risk. The residents each had their own room with sufficient storage to keep their personal belongings. Residents' had been supported to decorate their room to their individual preference and had items of importance on display.

Residents were supported to make decisions about how they wished to spend their time. For example, some residents had chosen not to attend full-time day service anymore and just attend sessions they were interested in. One the day of inspection, the residents were seen to be supported to get ready and attend a music

session. One resident showed me their coat, bag, wallet and watch with pride before leaving.

Staff members were observed to treat residents with dignity and respect over the course of the inspection. As an example, one resident made a statement about their past, they presented as anxious and upset, the resident was verbally reassured and requested a hug that was facilitated by their support staff. They soon returned to baseline, the inspector observed the guidelines for such incident in the residents support plan.

The premises were laid out to meet the assessed needs of the residents and were generally kept in a good state of repair so as to ensure a comfortable and safe living environment for the residents. There was adequate communal space available to the residents in both premises. To the rear of each property there was well maintained garden space that was accessible to the residents'.

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

Capacity and capability

The findings from this inspection highlighted that residents were receiving good quality care and support, although some areas as mentioned above required improvements.

The provider had comprehensive and robust management systems within this designated centre which were for the most part enhancing the lived experience for residents. The centre had a clearly defined management structure in place and systems in place to identify where improvements may be required. The provider was seen to implement change to bring about any identified improvements.

Through review of documentation, observations and discussion with staff and management, the inspector found that the provider's systems were, for the most part, being utilised.

Regulation 15: Staffing

This designated centre comprises of two individual properties and the person in charge had responsibility for both. In one property the person in charge had the support of a full-time team leader with nursing qualifications. The staffing team in the other property consisted of health care assistants. Both staff teams were found

to be experienced and knowledgeable of the residents' support needs. The inspector observed staff members speaking and interacting with residents' in a respectful manner.

The inspector reviewed the rosters for the month of March 2025 and while there were sufficient staffing levels on each day in both locations to support the residents the only nursing care available at one property was the person in charge. The person in charge was found to be working direct support with the residents in this location for more than half of their contracted time. In this location two residents had recently experienced changing needs that will required assessment and review of the supports required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for both locations that was available. The inspector found that all staff had received their mandatory training and where necessary were booked for refresher training. Staff had been supported to receive training in first aid, manual handling, safe medication administration, safeguarding and human rights training.

All staff were provided with supervision as per the providers policy or more often if required. Supervisions included discussion around what is going well, what is challenging, training and additional supports.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this designated centre. The centre had a clearly defined management structure in place which was led by the person in charge. They were supported in their role by an experienced and qualified area manager.

The person in charge held qualification in nursing and management. They were found to have good organisational skills and were responsive to the inspection process. They were also found to be knowledgeable about their role and responsibilities and the assessed needs of the individuals living in the designated centre.

The designated centre had two six-monthly unannounced visits to the centre carried out in June and December 2024. These audits were to ensure the service was meeting the requirements of the regulations and were safe and appropriate in

meeting the needs of the residents. On completion of audits, actions were being identified and were seen to be completed on the day of the inspection. While the provider had started the annual review for 2024 this had not been completed in the required time frame.

Judgment: Substantially compliant

Regulation 30: Volunteers

The provider showed a clear understanding of the role of volunteers. They were being utilised to enhance the wellbeing and quality of life of residents. For example, one resident had a long term volunteer involved in their life. They made contact with them by phone every week, they supported and facilitated nights away, trips abroad and attendance at events. The resident had planned a trip to America next year and this was made possible through the supported and involvement of their volunteer. The inspector reviewed the Volunteers policy and spoke with the volunteer coordinator. There was clear systems in place for all stages of the process, from the application, meeting and placing volunteers with residents and ongoing support and supervision of volunteers in the organisation. Volunteers are facilitated to attend training and they must complete the induction process prior to commencement to ensure understanding of the policies and procedures in place. They are also given a link person, often the person in charge, day service coordinator or keyworker, who they can speak to if any questions or queries arise during their time with the resident.

Judgment: Compliant

Quality and safety

From the inspector's observations, speaking with the residents, staff and management and from review of documentation, it was clear that good efforts were being made by the provider, the person in charge and staff members to ensure that residents were receiving good quality and safe services. Residents were afforded good opportunities to engage with their community and complete activities of their choosing.

Both homes in the designated centre were found to meet the assessed needs of the residents and be warm, clean and comfortable. There was a range of systems in place to keep residents safe and ensure their needs were being met, including individual assessments, personal plans, safeguarding procedures and communication passports. Although these systems were for the most part being utilised, some

improvements were required for one resident in relation to protection from risk.

Regulation 10: Communication

Residents were assisted to communication in accordance with their assessed needs and wishes. Where required residents were provided with easy read information on safeguarding, advocacy, the complaints process and rights. These supported residents' to communicate their needs and wishes. Residents who required a communication passport had one in place and they were found to be in date and reviewed regularly. Their passports included information such as, what you need to know, going out, more about me, favourite things and what im good at, along with specifics on how I communicate.

Judgment: Compliant

Regulation 17: Premises

During the walk around of both properties, the inspector found they were clean, warm and homely. They were laid out to meet the assessed needs of the residents and were generally kept in good state of repair. The provider had identified that works were required to create additional parking at one property and upgrade of the kitchen at the other property. Each location had a garden to the rear which was well maintained and offered additional space for the residents to spend time. One location had started improvements to their garden with the removal of an old wooden structure and the addition of some raised beds for residents to plant vegetables.

Each resident had their own bedroom, which they had been supported to decorate to their own individual style and preference. Some residents had en-suite bedrooms, while in most cases were small in size they were suitable to the individual assessed needs. One resident recently had their shower tray replaced with a wet area to remove the need to step into the tray this was in line with changing needs for the resident.

There were adequate communal space available for the residents' in the centre, which was important for their overall well-being. Not all residents were involved full-time day service, therefore the centre provided adequate space for recreational activities along with a comfortable and safe environment to receive visitors in private.

Judgment: Compliant

Regulation 26: Risk management procedures

For the most part, the provider had effective governance arrangements in place to create a culture of positive and appropriate, care and support in a safe environment for residents.

The inspector reviewed the risk register available at both properties. They contained risk assessments specific to each house and individual risk assessments for each resident. From review of the risk assessments, the majority of risks were in date and had appropriate actions taken to mitigate the risk. Although, the assessment of risk had not been fully reviewed for one residents. This resident had four falls, one resulting in serious injury, in the previous twelve months and they did not have a completed falls pathway or up dated risk assessment in place for the management of this risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place that was up-to-date and reflective of the individuals support needs.

From talking to residents, it was clear they were involved in decisions about their care and support. One resident spoke about their plans for the summer and also about upcoming appointments in relation to their health.

Recently, staff were concerned about the presentation of one resident and following tests completed by their GP they were admitted to hospital. On discharge, they were required to attend outpatients department for additional tests along with a referral to a professor to review their case. The person in charge had identified the change in the residents assessed needs and put additional support plans and risk assessments in place, until such time as they receive a further appointment. Due to this resident requiring additional supervision at night a audio monitor was place in their bedroom, the person in charge had identified this as a restrictive practice and had completed the referral to the human rights committee for review. There was a log in place to record the use of this audio monitor and the guidance for its use was documented in their support plan and risk assessment.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that residents individual needs had been assessed, which informed the development of written care plans to guide staff on the care and support interventions they required. As part of the inspection process the inspector reviewed the supports in place to support residents and staff if incidents of challenging behaviour occurred in the centre.

The inspectors reviewed two behaviour support plans and two psychology plans and spoke with staff in regards to their knowledge of these. The plans were found to be comprehensive in nature and had clear and concise information to guide staff members. They were in date and reviewed regularly by clinical professionals in consultation with the resident and their staff team.

From review of the restrictive practices in place in the designated centre, the inspector found them to be in line with the identified risk, to impose the minimum restriction and were referred and reviewed by the human rights committee regularly.

Judgment: Compliant

Regulation 8: Protection

The inspector found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre. There was formal safeguarding plans in place and these were reviewed regularly to ensure they remained effective. The staff team were aware of the safeguarding concerns, the formal safeguarding plans and their responsibility in implementing these plans. Safeguarding was discussed with residents at their weekly meetings and with staff at supervision meetings and team meetings.

All staff had received training in the safeguarding of residents, and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns.

From review of documentation, it was evident that there was consistent guidance for staff across all documentation such as safeguarding plan, risk assessments, personal plans and positive behaviour support plans.

Each resident had detailed intimate care plans in place. This plans guided staff in the areas that resident required support with their person al care and their individual preferences around these supports.

Judgment: Compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members on duty, the person in charge and from the inspectors observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manor that was accessible to them and given time to make a decision.

The provider had ensured that residents were informed of their right to access independent advocacy services, notices were on display within the centre and the topic was discussed at residents meetings. Residents had completed training in the 'I'm not happy' card system and were seen to utilise this process. Each resident had an 'im not happy' card, they can give this to a member of staff or put in the complaints box if they are unhappy, this is then followed up with a conversation about why they are not happy. One resident had submitted a card recently, this was followed up and the resident was satisfied with the outcome.

Each resident had an individual rights assessment completed in their file. This assessment looked at how residents' rights were being upheld under several topics. Some of the topics included, finance, your home, life choices, privacy and community.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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-0046738

Date of inspection: 31/03/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	
<ul style="list-style-type: none">• The changing needs of residents is under review and when complete will guide the provider in ensuring supports are provided to the residents in line with their assessed needs.• The PIC and Service Manager have raised the issue of the PICs protected time with the Regional Services Manager. This is currently under review with the senior management team.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
<ul style="list-style-type: none">• The annual review for 2024 has now been completed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:	
<ul style="list-style-type: none">• The relevant falls pathway was completed on 09/04/2025.• The risk assessment is now updated.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	25/04/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	09/04/2025

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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