



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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Woodstown
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0008223
Fieldwork ID:	MON-0037289

## About the designated centre

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

Cairdeas Services Woodstown consists of bungalow located in a rural area but within close driving distance to a city. Full-time residential care can be provided in this centre for up to four female residents between the ages of 23 and 40, with intellectual disabilities including those with additional needs. Four individual bedrooms are available for residents, three of which have access to en suite bathrooms. A kitchen, dining room, sitting room, a utility room and a staff room are also in the centre. Support to residents is provided by the person in charge, nursing staff and care assistants.

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

Number of residents on the date of inspection:	4
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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
Tuesday 28 January 2025	09:30hrs to 17:00hrs	Linda Dowling	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. The inspection was completed by one inspector over one day. From what the inspector observed, review of documentation and discussion with the staff team and management a good quality of care and support was provided in this centre.

This centre is a large, single story property located in a rural location on the outskirts of Waterford town. The centre is registered for a maximum of four residents and is currently at full capacity. The four residents were present on the day of the inspection and the inspectors had the opportunity to meet with them as they prepared to go to day service.

On arrival to the centre on the morning of the inspection, the person in charge and inspector took a walk around the centre. The centre was homely and warm and decorated to suit the needs of the residents who lived there. The inspector met with two of the residents who were well presented and ready to go to day service. They were enjoying watching a film on the tv in the sitting room. Next the inspector sat and spoke to the other two residents and their support staff at the kitchen table. They were both finishing breakfast and were also due to attend day service. The staff were very respectful of the residents when they spoke to them and about them. They were knowledgeable in relation to their support needs and their preferences. After breakfast both residents were supported to get freshened up before everyone was supported to get their belongings together and get into the bus which was the main form of transport used in this centre. The atmosphere in this home was calm and relaxed, all residents and staff knew the plan for the day and these were carried out without pressure or undue rushing.

The inspector reviewed documentation about how care and support is provided for residents and about how the provider ensures oversight and monitors the quality of care and support. Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received four completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Three residents were supported by the staff team and one resident was supported by a family member to complete their questionnaires. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. One questionnaire highlighted how much the resident liked their room.

Overall, the residents were busy with activities including community based during their time in day service. All four residents attended day service on a full time, therefore they were there five days a week. The staff and management informed the inspector the residents are tired in the evening when they return home and enjoy some time to relax. It was evident from review of documentation that

residents were given opportunities to go out for coffee, meals out, shopping and attend social events on the weekends. They also spent time with their family at the weekends.

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

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in activities they enjoy and explore new opportunities. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. For example, the provider had identified that the flooring in three bedrooms required replacement and this had been arranged.

Overall, there was robust management systems in place with this designated centre which was driving a positive lived experience for the residents. The centre had a clearly defined management structure in place which was led by the person in charge. Although there was some room for improvement in the area of staff supervision, this will be discussed under regulation 16.

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

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration. On the day of the inspection the inspector had requested some additional up to date information in relation to the person participating in management of the centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was full time and had the responsibility of one other designated centre operated by the same provider. They were found to have appropriate qualifications and experience to manage the centre. It was evident that the person in charge was present in the centre on a regular basis. While the person in charge was only in the role since May 2024 they were very familiar with all the residents, their preferences and their support needs. From review of documentation it was evident that the person in charge was engaging in operational management and administration on a regular and consistent basis within the designated centre. They were aware and actively working through improvement plans and actions from audits.

Judgment: Compliant

### Regulation 15: Staffing

The staff team consisted of a person in charge, staff nurses and care staff. The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. Where there were gaps in the roster to be filled from approved leave and training this was covered by core staff taking on additional hours or by regular relief who were familiar with the residents. There was current a staff nurse on leave and all of these shifts were replaced by a full time relief nurse to ensure continuity of care to the residents and no requirement for unfamiliar agency. When the residents attended their day service they were supported by a staff nurse and one care staff from the centre. There was also a waking nurse and care staff on each night shift.

The inspector reviewed three months of rosters and found that they were well-maintained. Training and annual leave were planned in advance with sufficient cover in place. The roster included staff full name and if they were permanent or relief was identified.

Staff were observed to have a good understanding of the residents' needs and interests. Staff encouraged residents to get involved in activities. The staff team present on the day of the inspection were aware of non-verbal communication cues from residents and responded appropriately. From observations of the staff interactions, it was evident all staff had the residents at the centre of all decisions.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The

person in charge completed a learning needs analysis periodically to inform the providers training department of the upcoming training and development needs of the staff in the centre. The inspectors reviewed the staff training matrix that was present in the centre. For the most part, it was found that the staff working there had up-to-date training in the area of safeguarding, medication management, fire and manual handling. Training had been pre planned and staff were booked for upcoming refresher training when it was due and this was reflected on the roster. However, there was no record of staff training in the area of Lamh (sign language), this will be discussed further under regulation:10 communication.

In line with the providers policy, the person in charge carried out one staff support meeting per year with each staff member. From review of these meeting minutes the inspector found they were focused on supporting staff members to ensure they were happy in their role. While the person in charge was able to evidence where these support meetings had been utilised to support a staff to improve their work, overall there was a lack of discussion in relation to the staff duties to protect and promote the care and welfare of the people living in the centre. This is an area that requires improvement to ensure staff are appropriately supervised.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There were clearly defined management systems in place within the centre. The staff team reported to the person in charge and they were supported by the service manager.

There were a series of comprehensive audits both at local and provider level in place. For example, the provider completed two six monthly audits of the quality and safety of care for the year 2024, they were completed in May and December 2024. One annual review for 2023 was also completed and the provider was in the process of completing the annual review for 2024. As part of the annual review for 2024 the person in charge had engaged with residents and their representatives to request their views and opinions on the quality and safety of the service that was delivered in this centre. Examples of actions identified from these provider audits included, maintenance of the centre including painting, updating of risk assessments and exploring residents choice making around meal planning and how this can be enhanced, on review of the actions the inspector found they had all being completed.

The person in charge had topic specific audits in place that were completed monthly, such topics included, money management, infection prevention and control, fire safety, transport and health and safety. Both the local and provider audits were reviewed by the inspector for the previous twelve months and were found to be detailed in the information recorded, they identified areas that required



improvements and these actions were followed up in subsequent audits.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
<p>The statement of purpose is an governance document which outlines the service to be provided in the designated centre. As part of the registration application the provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations. Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to the resident in the service and the day-to-day operation of the designated centre.</p> <p>There was a statement of purpose available in the centre on the day of the inspection. On review of this the inspector found it had been updated to accurately reflect of the number and skill mix of staff in the team. The inspector requested the provider submit this more accurate statement of purpose to the Chief Inspector of social care as part of their application to renew the registration of the centre. This was submitted by the provider a couple of day post inspection.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>A record was maintained of all incidents and accidents occurring in the centre. The person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector review the incident and accident database and found all incidents and accidents were appropriately followed up by management and any that required notification had been submitted.</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>The Inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair.</p> <p>Residents personal items were seen throughout the home and their bedrooms provided adequate storage for their belongings. From what the inspector observed,</p>

engaging with the staff team and management along with review of documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service.

There were a range of systems in place to keep the residents safe, including annual reviews, safeguarding procedures and a system for recording of incidents and accidents. The systems in place were utilised in an effective manner ensuring that adequate guidance was available for staff. Although some improvements were required in relation to communication supports for residents and residents rights these will be discussed under regulation 10 and 9.

## Regulation 10: Communication

Residents communication needs were outlined in their personal plans and their communication passport. The inspector review two communication passports, they were found to be detailed and offered guidance to staff on how to communicate with each resident. For example, they were individual to the specific needs of each resident and identified how the resident expresses if they are happy, content, uncomfortable, unhappy or distressed. They also outlined how to support the resident with personal care and this was linked to their intimate care plan. Although one resident communication passport outlines how they have the ability to understand Lamh sign language the majority of the staff team had not received training in this and were unable to communicate with the resident in this manor. It was noted on the day of inspection that this resident was support with the use of objects of reference and staff were observed giving the resident a specific object to indicate where they were going or what they were doing next. For example, the resident was shown and held keys to indicate they were about to go on the bus.

The inspector reviewed 12 months of residents meetings, this form was being used to allow residents communicate their needs and wishes on a weekly bases. The person in charge and the staff team had been working on ways to increase the communication supports at these meetings and were utilising a picture communication board for residents to visually see the options available to them. Topics discussed at residents meetings included, menu planning, house activities for days were the day service was closed due to a weather warning, advocacy and complaints.

One resident was supported in their day service to trial the use of a communication aid that used their eye movement to support them to make choices, the staff reported this trial was going well and could potentially be utilised in their home in the future if successful.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences. All four residents living in this centre attended a day service on a full time bases and majority of their goals were progressed and achieved through their day service programme. There was good communication and recording of goals between the centre and day service as staff from the centre supported the residents while in attendance at day service, this lead to good continuity for progression of goals.

The residents were involved in a variety of activities which included both in house and community based activities, an example of a few activities recorded were, art therapy, music therapy, swimming, bowling, time in the multi-sensory room, hand and foot massage, going for coffee, walks and watching films.

Through review of the documentation it was also evident their was a focus on skills development, for example, one resident was supported to develop their motor skills while another resident was supported to explored communication aids, as discussed earlier.

Judgment: Compliant

## Regulation 17: Premises

This centre comprises of a large house located in a rural area but only a short drive from the local town. The house is bright and spacious, it meets the needs of the four residents living there. On the day of inspection the house was warm and clean, it is well maintained and suitably decorated with several photos of the residents on display. Each resident had their own bedroom with three of the four having an en-suite and the remaining bedroom located beside the main bathroom. Each bedroom was beautifully decorated with all the residents personal items and were fitted with suitable storage for the residents' to keep their belongings.

The garden to the rear of the house was on a steep slope but access was possible with the addition of steps up to the storage shed. The residents had space to the front of the house to sit out on a nice day and enjoy the view. The provider had identified that the flooring in three of the residents bedrooms needed to be replaced. The person in charge had arranged for quotations and approval of the works to be completed in December. Due to a delay in sourcing specific flooring the works were delayed and were now booked to commence the day after the inspection.

Judgment: Compliant

## Regulation 20: Information for residents

The inspectors reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how the resident can make a complaint.

Judgment: Compliant

## Regulation 6: Health care

For the most part residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed general practitioners, dentists, chiropody, psychiatry and neurology. Hospital appointments were facilitated with the support of the staff team and sometimes family members. Each resident had health care plans and hospital passports in place to guide practice.

The person in charge was ensuring that all residents health care needs were addressed and exploring alternative options and second opinions where required. For example, one resident had an ongoing health issue that was having a negative impact on their daily life and ability to enjoy community based activities. The resident was supported to request further tests to find the root cause of the issue, resulting in the resident being prescribed a more appropriate medication to address the problem. This has been very successful and the residents is enjoying an improved quality of life as a result.

Each resident had a circle of support meeting yearly where the resident, their family, key worker and management attend. From review of a recent circle of support meeting for one of the residents risk assessments, support plans in relation to low mood, epilepsy and food and fluid intake were discussed and updated where necessary.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents . For example, there was a clear policy and procedure in place,

which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. There was no open safeguarding plans in the centre at the time of the inspection.

Where residents required support with personal care there were intimate care plans in place that clearly guided staff practice and contained details in relation to the residents preferences.

Judgment: Compliant

### Regulation 9: Residents' rights

Through review of documentation, observations of the resident interactions with staff, conversations with the staff members on duty and the person in charge, it was evident that the residents lived in a service that empowered them to make choices and decisions about where and how they spend their time. The residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. Staff were observed using a gentle approach to encourage residents with verbal prompts and light touch. Staff were seen to give residents time to process and understand the requests.

Some improvements were require in supporting residents to advocate in relation to their needs. For example, two residents were prescribed new footwear through their multidisciplinary team six months ago and they were still not in receipt of these. The staff team had on a few occasions followed up on this via email and were informed there were on a waiting list. Further work is required to support residents to advocate for themselves and ensure residents get any equipment they require within an appropriate time frame.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cairdeas Services Woodstown OSV-0008223

Inspection ID: MON-0037289

Date of inspection: 28/01/2025

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• The PIC will liaise with the Training department to schedule Lámh training for all staff that require same. The PIC will oversee and monitor the completion of this training for all staff.</li><li>• Staff supports are completed in line with BOCSI policy. The PIC will ensure that staff are appropriately supervised by including in staff supports discussion around staff duties.</li></ul>	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"><li>• The PIC will liaise with the Training department to schedule Lámh training for all staff that require same. The PIC will oversee and monitor the completion of this training for all staff.</li></ul>	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	



- The PIC has escalated the issue of the time frame waiting for the prescribed footwear to the relevant department who has acknowledged the delay.
- The residents in question have been supported to submit an official complaint to the HSE through the appropriate channels.

## 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(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/09/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2025
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	07/03/2025