



## Office of the Chief Inspector

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

Name of designated centre:	Cairdeas
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	18 June 2019
Centre ID:	OSV-0002651
Fieldwork ID:	MON-0022485

## About the designated centre

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

This designated centre provides a respite service for persons with a physical or sensory disability; a maximum of six persons can be accommodated at any one time. The premises are purpose built on a campus operated by the provider where other unrelated services are provided. The centre is a relatively short commute from the city and transport is provided. Each resident has their own bedroom for the duration of the respite stay; bathrooms are shared between two residents. The service is funded to open 261 nights per year and the opening times and the duration of the respite stay can vary according to individual requirements. When open the service is staffed on a 24 hour basis and the staff team is comprised of care workers, support workers and nursing staff. The service is described however as based on the social model care of care; nursing input is provided to meet day to day needs but not higher needs that require a full-time nursing presence.

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

Number of residents on the date of inspection:	6
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
18 June 2019	09:30hrs to 18:30hrs	Mary Moore	Lead

## Views of people who use the service

The centre was fully occupied with six residents availing of respite. Five residents spent a large part of the day out of the centre but the inspector did have opportunity to meet and speak with them. Residents spoke of their plans for the day and on their return how they had enjoyed their day; residents enjoyed the social dimension of the respite stay. Residents' complimented the quality of the meals prepared by staff; the preparation of meals and dining were seen to be inclusive and sociable events.

The work of HIQA (Health Information and Quality Authority) was understood. Residents spoke of their well-being, challenges presented and their coping mechanisms. Residents told the inspector that this was a very good centre with good staff that felt like home. While residents very much appreciated having access to the service, equally they reported that if they were not happy with the service they would not be availing of it. Residents said that they felt safe and respected by staff who saw them as equals; that there was no distinction between residents or between residents and staff. Residents said that if they had any concerns or were dissatisfied with any aspect of the service they would tell staff. Residents told the inspector that more people and families should know about this centre and the quality of the service provided.

Six residents also completed a HIQA questionnaire; again the feedback provided was consistently positive in relation to the staff team and the services, care and support that they provided. The centre was described as a happy place; there was one request for more social outings; otherwise respondents said that there was nothing about the centre they would like to change.

During the day the inspector saw that residents had good access to staff with residents and staff actually spending most of the day together; conversations were relevant, light-hearted and inclusive.

## Capacity and capability

Overall the inspector found that this centre was operated and managed to deliver on its stated aims and objectives; the centre was resourced to deliver on these. The provider had effective systems for self-identifying both good practice and areas that needed to improve; there was evidence that actions to bring about this improvement were progressed. However, the inspector found that the quality and

safety of the service would have benefitted further from more effective analysis and use of all information known about the service such as feedback received from residents and matters arising from complaints.

The stated aims and objectives of the service were clear and the inspector was satisfied that the centre was operated to adhere to and deliver on its stated purpose and function. For example the inspector discussed the range of needs to be met in the centre and how each application for admission was reviewed, managed and overseen to ensure that access was determined in a fair and transparent manner. The inspector was advised that very few if any applications were declined. Based on the sample of records seen by the inspector each resident signed a contract for the provision of a respite service; the applicable fees were stated.

Effective governance was supported by a management structure that was clear as were individual roles, responsibilities and reporting relationships. These reporting relationships reflected the governance structure and ensured that matters were appropriately escalated to senior management. Locally the person in charge convened regular staff meetings where the general operation of the service and the support and care to be provided to residents were discussed in detail.

The inspector found that residents assessed needs informed staffing levels, staffing arrangements and staffing-skill mix. For example, access to nursing advice and care was generally available on a daily basis but was always factored into the staff rota when residents with specific care requirements were availing of respite.

A review of the staff rota for 2019 demonstrated that residents were supported by a team of regular staff; this provided for consistency of care and support.

Well maintained staff training records were available for inspection; from these records the inspector saw that all staff had completed mandatory training such as fire safety and safeguarding, and other required training; attendance was monitored; refresher training was complete or scheduled.

The provider had policies and procedures for promoting the health and safety of residents, staff and others. The provider also submitted evidence that it was insured against injury to residents and other risks such as loss or damage to property.

The providers systems for self-evaluating the quality and safety of the service included the annual review and the unannounced reviews as required by the regulations. Having reviewed the reports of these the inspector saw that the findings were generally satisfactory, feedback was sought from residents, their representatives and staff and the person in charge took responsibility for the implementation of the action plan. However, there were other systems of evaluation such as the very regular feedback sought from residents outside of these reviews and feedback received via the complaints process; the follow-through on these as part of an overall quality improvement ethos was not robustly or consistently demonstrated. The inspector saw that residents did complain and that their complaints were responded to. The inspector saw that the feedback provided from residents and their representatives was in general very positive. However, residents also raised matters or requests that in their opinion, if acted upon would

improve the quality of the service that they received, for example residents had requested specific recreational materials and also felt the televisions in their bedrooms were small. The inspector could track the follow through on some but not all feedback received and complaints logged.

### Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and demonstrated that she was consistently engaged in the administration and oversight of the service provided to residents. The person in charge had sound knowledge of the residents and their needs and of the general operation of the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels, skills-mix and arrangements were appropriate to and considered the assessed needs of the residents. Residents received continuity of care and supports from a team of regular staff.

Nursing care where required was provided.

A planned and actual staff rota was maintained.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed mandatory training within the specified time-frames; refresher training was complete or scheduled. The person in charge completed regular formal supervisions with staff. The inspector saw that the regulations, standards and guidance issued by HIQA were available to staff.

Judgment: Compliant

### Regulation 21: Records

Fire safety records were maintained in two separate folders; there was duplication and inconsistency between the two sets of records.

Medicines management policies and procedures did not address all scenarios particularly where residents managed their own medicines.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

It was not robustly or consistently demonstrated how all known information about the quality and safety of the service was collated, analysed and as appropriate utilised to drive continuous improvement.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

There were processes and formal assessment procedures for determining access to the centre on the basis of transparent criteria that had to be met. Residents and their representatives were invited to visit to centre as part of the pre-admission process. Each resident was provided with a contract for the provision of services.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider maintained an up to date statement of purpose; the operation of the centre reflected what was described in that statement. Copies of the statement of purpose were seen to be readily available in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had policy and procedures on the receipt and management of complaints that were evidently accessible and used by residents. Residents said that they would complain.

Judgment: Compliant

### Quality and safety

The inspector found that residents received a safe, quality service that was appropriate to their individual needs and preferences; residents spoken with confirmed this. There was scope to further drive continuous improvement as referred to in the first section of this report. In addition action was required to ensure that the best possible evidence underpinned and informed day to day infection prevention and control practice.

Clarity on the stated purpose and function of the service, pre-admission assessment of residents' needs and ongoing re-assessment of needs prior to each repeat admission ensured that the care and support provided to residents was individualised and appropriate. Residents' needs, preferences and choices and the care and support required to maintain resident well-being during their respite stay was clearly and succinctly set out in a plan of support.

In addition to maintaining and promoting well-being the assessment and plan sought to establish and continue home routines; residents, representatives and other providers as appropriate were consulted with in this regard. Residents were facilitated if they wished to bring with them their own equipment required for their care and comfort during their stay.

Because residents were only in the centre periodically and for a short time, residents or their representatives continued to manage healthcare requirements. However, the plan referred to above included healthcare needs and the care and support necessary to maintain resident health and well-being during the respite stay. If a resident had a scheduled medical appointment during their respite stay they were supported to attend. In the event of illness or an accident medical advice and review

was sought.

The majority of the residents attending the centre during this inspection were managing their own medicines as they did at home. There was a local medicines management policy, an assessment and medicines management plan that underpinned this; the practice described by staff such as storage and the acceptance only of pharmacy dispensed medicines was as outlined in that policy. There were residents that requested or needed to have their medicines administered by staff; staff had up to date medicines management training and maintained records to account for the management of medicines including their administration. However, there was a particular element of medicines management that was not referred to in either the local or general medicines management policies; this is addressed under Regulation 21: Records.

Again because the duration of residents stay was short and periodic the provider did not operate a formal personal objectives plan; that is establishing how a person wants to live their life and what is required to make that possible. Residents were however consulted with and asked if there were particular events or places that they would like to go to or do during their stay or if they wished to plan for an upcoming stay; where practicable these were facilitated; for example residents had recently enjoyed a trip to Dublin Zoo and the Newbridge Silverware showroom. Residents and their representatives were also supported through family meetings and case reviews when there were changes in their needs or circumstances, for example a requirement for residential care.

The provider had policies and procedures for protecting residents from harm and abuse. Staff had completed training and staff responsibility to protect and report was reiterated at team meetings. Residents spoken with told the inspector that they felt safe and respected in the centre.

The provider had effective fire safety management systems such as a fire detection system, emergency lighting, fire-fighting equipment and a prominently displayed evacuation plan. Staff had completed fire safety training and undertook simulated evacuation drills with residents; resident's needs and the findings of these drills informed each resident's personal emergency evacuation plan. The provider had since the last HIQA inspection fitted self-closing devices to fire resistant doors. However, while the inspector did conclude, for example that equipment was appropriately inspected and maintained, records to this effect were fragmented, duplicated and inconsistent; this is addressed in Regulation 21; Records.

Since the last inspection the provider had made changes to improve on general storage and the storage of medicines. Privacy locks had also been inserted into bathroom doors and the double sets of doors at the main entrance were modified to improve ease of accessibility for residents. There were plans for the re-glazing of windows as the temperature of bedrooms tended to fluctuate as noted in the complaints records.

However, there were areas of the physical environment that needed further attention in particular the main bathroom, the laundry room and the sluice room

primarily from an infection prevention and control perspective. Overall based on the inspectors observations there was a requirement for updated policy and procedures that staff were informed and educated about so that the best evidence informed infection prevention and control practice in all aspects of work and care delivery. For example the overarching policy was dated and would not reflect more recent developments such as standards issued by HIQA; it was however, under review and due to be circulated for feedback. Waste bins in sanitary areas were open topped, some fittings were corroded, environmental hygiene equipment was inappropriately stored; refresher training for staff on hand hygiene was required.

### Regulation 17: Premises

The design and layout of the premises was suited to the stated purpose and function of the service and resident's individual and collective needs. The premises was homely and comfortable but safe and secure. There was a requirement for some review and general upgrading; this is addressed below in the context of infrastructure and infection prevention and control.

Judgment: Compliant

### Regulation 18: Food and nutrition

Meals were planned with residents. Staff prepared meals daily; there was a good supply of varied fresh foodstuffs in stock. Support plans detailed any nutritional requirements and any monitoring of nutritional well-being that was required based on individual requirements. Residents were complimentary of the quality of the meals provided.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures for promoting the health and safety of residents, staff and others and for responding to events and incidents that posed actual or potential risk. The person in charge maintained a comprehensive register of centre specific, resident specific and work related risk assessments. There were arrangements for the identification, reporting and review of accidents and incidents;

controls implemented to reduce the risk of a repeat occurrence were discussed; these controls promoted safety but but did not limit resident quality of life.

Judgment: Compliant

### Regulation 27: Protection against infection

There was a requirement for updated policy and procedures that staff were informed and educated about so that the best evidence informed infection prevention and control practice in all aspects of work and care delivery.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had arrangements such as policies, risk assessments, assessments and medicines management plans that supported safe practice. Residents were facilitated to manage their own medicines as they wished. Where staff support was needed staff adhered to the procedures for the safe administration of medication. Records were kept to account for the management of medicines including their administration. An area of medicines management that required a policy statement is addressed in Regulation 21 Records.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the care and support required to maximise their well-being and the quality of their respite experience. The plan was developed and reviewed in consultation with the resident

and their representative as appropriate and in accordance with their wishes.

Judgment: Compliant

### Regulation 6: Health care

The provider had suitable arrangements so that residents healthcare needs were appropriately met and responded to during their respite stay.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was evidence of a positive approach to the management of behaviour and guidance that detailed how behaviours could be triggered and how they should be responded to; the guidance was tailored to individual needs. Staff had completed the required training in this regard.

There were processes for identifying, sanctioning and reviewing practices that had a restrictive component and clear clinical and safety rationales for their use; for example the use of bedrails. Residents however during their stay enjoyed routines and an environment free of unnecessary restrictions.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the provider had measures to protect residents from harm and abuse and did take appropriate action in response to any concerns raised.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The provider was aware of and respected resident capacity to make decisions. Residents

were consulted with about the operation of the centre and the support that they received including personal care. The service was individualised in that different levels of support were provided in accordance with individual needs and choices.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cairdeas OSV-0002651

Inspection ID: MON-0022485

Date of inspection: 18/06/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• It has been noted that appendix 1.2.4 should refer to compliance with fire safety legislation, this will be incorporated in the 2019 review by H&amp;S officer. A communication re: same will be issued to all PICs across the organisation by 19/07/2019.</li> <li>• While maintaining both Fire Fact File and Maintenance Folder, fire drill records will be maintained in Fire fact File ensuring all appropriate detail is recorded.</li> </ul> <p>The organisation’s Medication Management policy is currently being reviewed, the reviewed policy will include reference to scenarios identified during this inspection where residents manage their own medicines, this statement will be included in the Local Medication Policy for the service.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• While the service actively seeks feedback through regular consultation with residents, a template has been devised in order to collate and analyze this information, using it to make improvements where necessary and drive continuous improvement.</li> <li>• This template will be populated on a weekly basis based on feedback at discharge meetings, discussed at team meetings and incorporated in monthly audit checklist detailing actions where necessary.</li> </ul>	

Any complaints identified will be addressed through the organisation's complaints policy and procedures.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The Organisation's Infection, Prevention and Control Policy has been reviewed and is due to be circulated for implementation into practice by 31/07/2019, this will ensure all aspects of care delivery will be delivered based on Infection Prevention and Control best practice. A local Infection prevention and control policy specific to the service is currently being devised. This will be completed by 31/08/2019.
- Refresher Hand Hygiene Training had been scheduled, this is incorporated in First Aid Responder Training. Additionally the provider is liaising with the HSE IPCN team who provide "Train the Trainer" training, a nominated staff member will complete training and deliver/monitor practice on an ongoing basis. This will be completed by 31/08/2019.
- Through consultation a number of continence supports are currently being sampled, these products incorporate a super absorbent polymer feature(SAP), designed to replace urinals and bed pans etc. and are single use , the SAP feature converts contents to non-spill ensuring safe disposal and reducing risk of contact and cross contamination.
- Main Bathroom/Laundry/Sluice area- Quotes are currently being sought for replacement non-slip tiling in these areas. Other measures include replacement of existing open top bins, toilet brushes, toilet roll holders, all being progressed. This will be completed by 31/12/2019.

## 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 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/08/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2019
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Not Compliant	Orange	31/12/2019

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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