Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

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:	11 June 2019
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0026975

About the designated centre

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

This centre comprises of two single story houses, one on the outskirts of a large town and the other in a rural setting outside of the town. Both houses are home to four residents with moderate to profound intellectual disability and age related needs. This centre operates a full time residential service on a 24 hour a day, seven days a week basis.
The statement of purpose outlines the service as supporting each resident to positively engage in the local community and to access and take part in social events and activities of their choice. These activities are community based, integrated, age appropriate, and reflect the goals chosen as part of the person centred plan planning process.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
11 June 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

The inspector met with four of the eight residents on the day of inspection. Some residents were in day services and one had a medical appointment. The residents that did meet with the inspector were keen to engage and talk about what they were doing and liked to do.

One resident commented that they were going out for the day and wanted the inspector to tell them the time using their watch. They were keen to compare nail polish colours and jewellery choices with the inspector and explained about a new watch they had recently bought. They were seen to independently collect their coat and bag ready to take their transport when leaving for day services.

One resident came into the staff office and sat with the inspector. They welcomed the inspector to their home and discussed plans for the day. They were heard to request some tobacco for the day from staff and staff were heard to clearly explain on a number of occasions that the tobacco had already been given to the resident. Staff were seen to be patient and to try different strategies to support understanding and recall of information. The resident on leaving for their day came to say goodbye and commented that they would see everyone later.

Others were supported by staff to gather any personal belongings, to button up or zip up items of clothing and to be supported in managing personal care such as requiring a tissue.

All residents were seen to be familiar with daily routines and as much as possible were supported to be independent in carrying out daily tasks. They were encouraged and guided by staff to participate in routines in the centre, residents referred to staff by name and sought them out for conversation or to ask a question.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. However, improvements were required to ensure that staffing levels were sufficient to support residents to engage in meaningful activities.

Residents care and support was monitored and reviewed in this designated centre. There were clearly defined management structures which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the service manager. There were meetings between a number of

persons in charge from different centres every eight to twelve weeks to discuss residents' needs, personal plans, family input, clinical supports, audits, budgets, health and safety, safeguarding, and other issues as they arise. On reviewing the minutes of these meetings the inspector found that they were identifying areas for further development and providing opportunities for peer support and learning.

Governance systems audited key practice areas such as health and social care, resident finances, medicines management, health and safety, risk and safeguarding. There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. The six monthly visits were not unannounced in this centre as arrangements had to be put in place to open the centre due to no staff being present in the day, while residents attended day services. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. There were also audits completed by the person in charge and evidence of follow up on actions from these audits. A review of incidents in the centre, indicated that the person in charge was submitting notifications to the office of the chief inspector as required by regulation. Staff meetings were held regularly, attended by staff from both houses and the agenda items were found to be resident focused.

The service to be provided in a designated centre is outlined in a key governance document called a statement of purpose. The provider had ensured that the statement of purpose was in place and had been recently reviewed a month prior to inspection. The inspector was satisfied that this reflected the day to day operation of the centre. Residents had contracts in their personal files for the service they received however there were inconsistencies with regard to the recording of fees or charges that may be incurred. While these were outlined in separate letters, the details in the original service contracts had not been amended. In one resident's case, a family member had signed the initial service contract on the residents behalf but they had not signed the ongoing review of charges.

Current staffing arrangements within the centre required review to ensure that this was adequate to meet the assessed needs of the residents. There was a staffing vacancy at the time of the inspection for a weekend staff, which was currently being filled by relief staff. Both houses in this centre are currently staffed by a single staff member supporting four residents both day and night. There were some short periods of overlap morning and evening during staff change over where two staff were present. The registered provider had recognised the need for recreational support on weekends however outside of this there was limited scope for residents to engage in individual activities given the lack of staffing resources. Continuity of care was particularly important to a number of residents in line with their assessed and changing needs. A support system of on call was in place and used appropriately. An actual and planned staff roster was in place.

The registered provider had ensured that training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development audit in place which was utilised to ensure that training was up to date and reflected the needs of the designated centre. The person in charge completed 'staff support' supervision for all staff working in this

centre annually and there were clear systems in place for performance management should that be required.

There was a complaints procedure in place and overall there had only been one complaint in the previous year which related to day services. There was clear detail available of the process for residents on making a complaint, the assessment of a complaint and on the resolution process. There was accessible information available on the complaints process for all residents and the topic of 'I'm not happy' was discussed at each residents meeting and this was reflected in the minutes of these seen by the inspector.

Regulation 15: Staffing

Current staffing arrangements within the centre required review to ensure that this was adequate to meet the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that staff had the required competencies to manage and deliver person centered, effective and safe care and support for residents. All staff had attended required training and refresher training as part of their continuous professional development. All staff in the centre were supervised by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure that identified the lines of authority and accountability in the centre.The provider had ensured that an annual review of the quality and safety of the service in the designated centre was completed and the six monthly audits of the service were complete. Actions from these audits were consistently followed through on.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured there were written contracts in the residents files, however these were not consistently reviewed when changes were made to charges.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and contained all information as required in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all required notifications had been submitted to the chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaint policy was present within the centre alongside an accessible version for residents, and guidance for staff was clearly outlined in relation to complaints procedure. A complaints log within the centre was maintained .

Judgment: Compliant

Quality and safety

The residents who lived in this centre were found to have a good quality of life and the existing staff team were attempting to support them to engage socially although

this was not flexible as was dependent on staffing levels. Residents were as a result not always getting an opportunity to engage in as many community based activities as they might like to.

Both houses were found to be clean and spacious and able to meet residents' specific care and support needs. Each resident had their own bedroom which was decorated in line with their wishes and preferences. In one of the houses there was some minor maintenance required as a result of recent work carried out by the provider but this was scheduled. The other house however, required significant repair and decoration, this house had recently been purchased by the provider from a landlord and the work required was acknowledged. However furniture and fittings also needed to be replaced or repaired, such as a torn sofa or a missing cupboard door in the kitchen. There was a distinct difference in quality of the premises between the two houses in this one centre. Residents had sufficient storage for their personal items. Residents personal belongings were recorded by the person in charge in an ongoing record to support residents in managing their personal property. There was a private space available for residents to meet their visitors if they so wished in addition to communal space.

The inspector reviewed a number of residents' personal plans and found them to be person-centred. Each resident had an assessment of need via a circle of support meeting held twice a year which outlined which care and support plans they required. The inspector reviewed a number of residents' personal plans and found that care plans were in place in line with residents' assessed needs. However, improvement was required in relation to residents' social goals and in relation to consistency across documentation in some residents' personal plans. While details of a goal may be outlined there was not always details of completion or the next steps taken or required. From Monday to Friday or for periods at the weekend however it was not possible for residents to go out spontaneously as individuals as there was a need for staffing resources to support residents to engage in meaningful activities. Residents had however a good combination of 'ongoing' goals, such as going to the shops or taking out the bins as well as 'one off' goals such as visiting the fire station. Weekly targets were discussed at residents meetings and the inspector reviewed minutes of these which identified choices for activities at home during the week.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. Regular multidisciplinary team meetings were occurring as part of a review system. In the case of one resident with a history of frequent falls when unwell, a falls assessment had taken place and appropriate intervention had been initiated. Residents in this centre presented with changing healthcare needs and the provider ensured access to all relevant medical supports in a timely manner.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. There were abridged

versions of the behaviour support plans in some files to allow for quick reference to the salient points which was of benefit in particular to relief staff. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. The inspector found that there were a number of restrictive practices on the day of inspection in addition to other practices that had been assessed as being enablers. The use of restrictions were reviewed by the providers human rights committee regularly, the inspector also sought assurance that 'enablers' were as routinely and robustly reviewed.

The provider and person in charge had systems to keep residents in the centre safe. There were procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. However, the provision of personal care in one of the houses where residents required more support was only possible during times of staff overlap which meant that there was no flexibility for residents in their daily routines.

The inspector was assured that appropriate efforts were being made in the designated centre to promote the health and safety of residents, and the assessment and monitoring of the risks within the designated centre were satisfactory. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were risk assessments in place for one off situations such as admission to hospital for a resident and these were seen to be reviewed and closed as appropriate. There were also systems to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect and extinguish fires in the centre. Some works had been completed in relation to fire containment since the last inspection with the installation of some fire doors. However where fire doors were in place they had been left open without a means of self closing to ensure containment. In one house there were no fire doors other than the kitchen and utility room. This was of concern given the house layout with all residents bedrooms along a corridor with no means of containing a fire, in this space. the inspector noted that funding was in place for installation of these at the point of refurbishment of the house. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring. Previous inspection had highlighted a lack of detail recorded in drills and this had now improved, however the inspector noted that a drill with a lone staff and four residents had not taken place in one house reflecting the actual position. The person in charge had some contingency planning in place around this, but two residents required wheelchair support and one resident could not be unsupported by staff so a variety of

contingencies were required. There was documentation to demonstrate that this had been identified as a concern and options were to be trialled.

Regulation 12: Personal possessions

The person in charge ensured that there were clear systems to support residents in maintaining and managing their clothes, personal property and possessions. Systems for supporting residents in managing their finances were clear with agreement obtained from residents and their next of kin and guided staff.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair as outlined in the body of the report.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. .

Judgment: Compliant

Regulation 28: Fire precautions

Whilst the registered provider had ensured the a number of effective fire safety management systems were in place, improvements were required to ensure installed containment measures were utilised effectively. Improvements were required to ensure systems in place for the evacuation of residents were effective and safe.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and there was an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. However, improvement was required to documenting residents' social goals, to ensuring information was consistent across all documentation in residents' personal plans and in reviewing support plans to ensure they were effective.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had appropriate assessments completed and were given appropriate support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from all forms of abuse. When observed by the inspector, residents were seen to be comfortable in the presence of staff. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cairdeas Services Waterford West OSV-0004139

Inspection ID: MON-0026975

Date of inspection: 11/06/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: When individuals wish not to attend their day service due to appointments and or feeling unwell extra staffing is always supported. Individuals have previously submitted volunteer request forms for volunteers and are awaiting suitable volunteers who can assist in facilitating more individualised activities of choice. Contact to be made with Volunteer Co-ordinator to check on progress re suitable volunteers for 3 individuals in the designated centre.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: At an Organisational Level this has been discussed and going forward it has been agreed that an amended document will be put into each individuals file attached to the current Service Undertaking Document.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The broken kitchen unit door of one residence will be repaired or replaced if repair is not possible. Maintenance work to be completed in the other residence to include vent covers. Personalisation of one of the residences is underway and furniture is also being updated following extensive building work to include fire doors.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff to be informed of the importance of ensuring that all internal doors are closed when leaving the residence. Fire doors to be fitted into the one residence and self-closing units to be fitted on fire doors where appropriate. A policy of a closed gate has been risk assessed and implemented in one residence due to the risk of a person we support absconding if a fire drill or an actual fire were to occur with a lone worker on duty. Fire drills to be carried out by lone workers.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: More step by step information to be documented quarterly for each goal and recorded into individualised person centred plans. Regular review of individualised support plans by both key worker and Team Leader.

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	30/11/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	14/10/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	31/10/2019

	suitably decorated.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/08/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/10/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/08/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as	Substantially Compliant	Yellow	30/11/2019

	assessed in accordance with paragraph (1).			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2019