



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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	19 May 2022
Centre ID:	OSV-0007244
Fieldwork ID:	MON-0028062

## About the designated centre

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

Cairdeas is a full-time residential service, which is run by the Health Service Executive. Cairdeas meets the care needs of four adult residents with an intellectual disability who require support with their social, medical and mental health needs. The residents of the centre are supported by a defined compliment of nursing and care staff. Residents receive support on a 24 hour basis with day and waking night staff supporting them each day. The centre comprises of one bungalow located in a residential area on the outskirts of a town in Co. Leitrim and has access to amenities such as cafes, shops and religious services. All residents have their own bedroom and two residents have their own bathrooms. A living room and sitting room is available for entertainment, activities, relaxation and socialising. The centre has a large kitchen/dining area where residents can prepare and enjoy meals and snacks.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 19 May 2022	10:00hrs to 15:45hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection forms part of the routine monitoring activities completed during the registration cycle of a designated centre. From the inspector's observations and conversations with residents and staff, it was clear that residents' had a good quality of life in this centre and were supported to be active participants in the running of the centre and in their local community.

The centre consisted of a large bungalow located on the edge of a town. There was a homely feel and pleasant atmosphere in the house throughout the day. The house was warm, bright and welcoming. It was clean, tidy, and in very good structural and decorative repair. Refurbishment works had been recently completed in the house. Residents had their own bedrooms. Two bedrooms were en-suite and there were two additional shared bathrooms with level access showers. Residents' bedrooms were decorated in different styles in line with the residents' tastes and interests. Residents chose their own décor for their bedrooms. Residents were supported to go to a furniture shop to pick their own furniture and had been supported to buy specific furnishings online. Residents' personal photographs were on display in their rooms and throughout the house. In addition to the residents' bedrooms, there was a large kitchen-dining room, sitting room and sunroom in the house. The residents had chosen the paint and décor in these rooms also. Outside, the grounds around the house were well maintained. There was an area for sitting out with patio furniture. Residents had planted flowers in raised planting beds and they also tended the bird-feeder. Residents' had painted stones and added them to the raised beds making for a very pleasant display of colour around the house.

The inspector met with all four residents. As this was an announced inspection, residents were aware that an inspector would be in the centre on the day. As part of an announced inspection, the Health Information and Quality Authority (HIQA) issue questionnaires in advance of the inspection to gather information from residents about their experiences living in the centre. Residents talked about submitting these questionnaires to HIQA and checked to ensure that they had been received by the inspector. The questionnaires indicated that residents were happy in their home, with the service and with the staff. Questionnaires were also received from family members of residents that indicated that they were happy with the service in the centre. On the day of inspection, residents chatted about their interests, their families, past experiences and their home. Throughout these conversations, residents were supported by staff who were familiar with their communication style. They talked about activities that they enjoy in the home and in the community. They told the inspector about the household chores that they do in the house. Residents reported that they were happy in their home. They talked about the town that they lived in and their previous home. They said that the staff were nice and that they could tell the staff if they had any worries or complaints. They talked about their plans for the weekend and the friends that they would meet. One resident showed the inspector their bedroom and talked about how they had chosen the furniture

and décor.

Residents appeared very comfortable in their interactions with each other and with staff. Staff were caring and respectful in their conversations with residents. Staff were quick to respond when residents asked for help. Staff offered choices to residents about their food and activities. These choices were respected. Staff respected residents' privacy. They knocked and asked permission before entering residents' bedrooms. Staff were familiar with the residents' communication styles and were able to easily chat with residents. Throughout the inspection, residents were noted coming and going to the centre. Residents left the centre to attend day services and to go on outings. This was facilitated by staff and residents had access to the centre's bus.

Each resident had their own television in their bedrooms. It was noted that radios and televisions were tuned to stations chosen by the residents. Residents had tablet computers and used them to make video calls to family and friends. Residents had the opportunity to maintain contact with friends. Friends had recently visited the centre and there were planned meetings during upcoming outings and events.

Overall, residents appeared happy in their home. They reported that they enjoyed activities in the home and in the community. They said that they were happy with the staff and the service they received in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

## Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. Some improvement was required in relation to staff training.

The inspection was facilitated by the person in charge who was very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service and maintained a regular presence in the centre. They had the required qualifications and relevant experience as outlined in the regulations.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required. On-call senior management cover was available out of hours and at weekends. Staff in the centre received supervision from the person in charge. Supervision sessions followed a set agenda that covered issues

relating to staff development and issues relating to the service in the centre. The person in charge had a schedule in place to plan staff supervision sessions. In addition, the person in charge received regular supervision from senior management.

There were monthly team meetings held in the centre. There were also fortnightly meetings between persons in charge of designated centres in the area. A review of the minutes of these meetings showed that learning was shared among staff. This included a review of incidents that had occurred in the centre, discussion on policies and procedures and a review of complaints.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. In addition, the person in charge completed a range of audits in the centre. There was a schedule of audits that were due to be completed monthly, quarterly or annually. A review of documentation found that these audits were completed in line with this schedule. Any areas that required improvement were included on a quality improvement plan for the centre. This plan identified actions to address any issues identified and target completion dates for these actions were set. The quality improvement plans were also submitted to senior management on a monthly basis.

The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was in line with the residents assessed needs and the centre's statement of purpose. There was a regular team of staff in the centre. Regular agency staff were employed in the centre who were familiar to the residents. Nursing staff were available in the centre at all times. The person in charge reported that on occasion, due to unplanned leave, a nurse may not be available for a night shift. In this instance, the person in charge ensured that the staff on duty were trained in the administration of medication and that on-call nursing support was available.

Staff training records were reviewed. The provider had identified 22 mandatory training modules for staff. Training in relation to food hygiene and manual handling had not been completed by all staff but there were planned dates for this training to occur in the near future and staff were booked on these courses. Certificates that showed that staff had completed the mandatory training modules were kept in the centre. A review of selected staff members training records found that they had completed all training modules and that this training was in date. In addition to the mandatory training, 12 further training modules had been identified for staff working in this centre. While some training modules had been completed by most staff, for example, dysphagia, a number of staff required training in relation to other modules, for example, human rights based approach to health and social care.

The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's statement of purpose. This documentation was reviewed by the inspector prior to

the inspection and found to be in line with the requirements set out in the regulations.

Overall, there was good management, governance and oversight of this service that ensured that the service delivered was of a good quality. Actions to improve the service were identified and completed within specified time periods. Staff had the required skills and were supported to meet the needs of residents.

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

The provider had submitted the application to renew registration for this centre within the specified time. The inspector had reviewed all documents prior to the inspection and found that they contained the relevant prescribed information.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required qualifications and experience as outlined in the regulations. She had very good knowledge of the needs of residents and the requirements of the service to meet those needs. The person in charge maintained very good oversight of the service and ensured that service improvements were identified and addressed.

Judgment: Compliant

#### Regulation 15: Staffing

The centre had the required number and skill-mix of staff to meet the assessed needs of residents. There was a planned and actual staff roster in the centre. There was a regular team of staff in the centre who were familiar to residents. Nursing support was available at all times in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had largely completed the mandatory training identified by the provider. Where



there were gaps in training, this had been identified by the person in charge and training courses were scheduled for the near future to address this need. Additional site specific training courses were also identified for staff in this centre. Although some of these modules had been completed by most staff, for example, dysphagia, training was required by a number of staff in other modules, for example, human rights based approach to health and social care.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was good oversight and management of this centre. There was a clearly defined management structure that identified lines of accountability and authority in the service. Oversight of the service was maintained through a schedule of routine audits, staff supervision and regular team meetings. The provider had completed the annual report and six-monthly unannounced audits into the quality and safety of care and support in the centre in line with the regulations. Service improvements were identified and addressed in a timely manner.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that outlined the relevant information set out on the regulations.

Judgment: Compliant

## Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests.

As outlined above, the centre itself was homely and suited to the needs of residents. There was level access throughout the centre. There was adequate communal and private space for residents to spend time alone or together. There were adequate cooking and laundry facilities for residents. The provider had recently completed refurbishment works that addressed issues with ventilation, heating and had repainted areas in the house so that it was in very good structural and decorative

repair.

Residents were involved in numerous activities within the centre and in the wider community. In response to the absence of day services during COVID-19 restrictions, the provider had sourced alternative arrangements for residents to engage in activities in line with their interests and wishes. These arrangements had continued and provided the residents with opportunities for recreation. In addition, residents enjoyed social outings, shopping, horse-riding, bowling, trips to the cinema, meals out and attendance at the local farmer's market. Residents' personal goals included increasing their participation in community-based activities in line with their wishes.

Each resident had an individual assessment and a personal plan. The assessments and plan were reviewed annually. Residents attended their annual review meeting with invited family members and members of the multidisciplinary team. Goals for the year were devised at this meeting that were based on the residents' interests and what they wanted to achieve in the coming year. The goals were kept under regular review and updated throughout the year. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community. The residents' healthcare formed part of their overall plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding care plan. These plans were reviewed throughout the year and updated as required. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of healthcare professionals and specialist medical consultants as necessary.

The management of residents' nutritional needs were included in their plans. Input from speech and language therapy for residents with swallowing difficulties was available. Residents' weight was regularly reviewed. Care plans clearly outlined the steps that should be taken by staff to support residents manage their nutrition and staff were observed adhering to these guidelines. This included offering choices at mealtimes, preparing food and fluids to the required consistency, and supporting residents appropriately at mealtimes. Staff were knowledgeable on the residents' nutritional needs and the supports they needed. Residents were regularly offered snacks and refreshments throughout the day. Menu planning was included in the residents' weekly meetings and residents were supported to go shopping for food as they wished.

As outlined above, residents were supported to communicate by staff who were familiar with their communication style. Some residents used Lámh signs when communicating. Staff were observed using Lámh signs with residents. Residents were offered choices in ways that were consistent with their communication profiles as outlined in their plans. Effective communication with residents was incorporated into numerous aspects of the residents' care. For example, one resident who had previously demonstrated difficulties participating in fire drills, was supported to engage in these drills with the use of a picture-based social story.

Effective communication with residents was included in behaviour support plans.

Where residents required support to manage their behaviour, a behaviour support plan had been devised by a clinical nurse specialist in behaviour. These plans were regularly reviewed and gave clear guidance to staff on how to support residents to remain calm, what may cause the resident to become anxious, and how to support residents if they become agitated. On the day of inspection, the inspector noted that staff consistently implemented some of the strategies outlined in one resident's plan and this assisted the resident manage their anxiety and behaviour. Where medication was required to help residents with their behaviour, there was a clear protocol in place to guide staff. The protocol identified the criteria that would warrant the administration of medication and when a second dose may be required.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. During conversation, staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer, complaints officer and advocacy officer were on display in the centre. Residents had personal and intimate care plans in place. Safeguarding was regularly audited in the centre and was included as an agenda item on residents' meetings, team meetings and meetings between persons in charge. On the day of inspection, there were no open safeguarding concerns in the centre.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre with all sinks equipped with soap and hand towel dispensers. Visitors to the centre completed temperature and symptom checks for COVID-19. Residents' temperature was taken twice daily. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention. There was a local infection prevention and control team who could be contacted by staff for advice. The person in charge had a clear COVID-19 plan in place that outlined how to support residents if they needed to isolate, where staff could isolate if they became symptomatic, and staffing contingency plans in the event of an outbreak of COVID-19. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed completing touchpoint cleaning during inspection. Environmental audits were routinely completed. There were a number of risk assessments in the centre that identified risk relating to infection and how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. In addition, residents had individual risk assessments in their personal plans. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

Overall, there was a good quality service in this centre. Residents were supported to be active participants in the running of the centre. They were supported to engage in activities of their choosing. They were supported with their health, social and personal needs. Their safety and welfare was promoted.

## Regulation 10: Communication

Residents were supported to communicate in line with their needs and wishes. Staff were knowledgeable of the residents' communication style. Staff used communication strategies with residents as outlined in their personal plans. Residents had access to appropriate media devices.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities for recreation. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family and friends as they wished.

Judgment: Compliant

### Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. The centre had been refurbished to address issues with ventilation and heating. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were supported to buy their own food in line with their wishes. They were offered choices at mealtimes and were involved with menu planning in the centre. Residents food and fluids were prepared in line with their care plans and guidelines. Staff were available to offer appropriate assistance to residents at mealtimes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents. The residents' personal plans were subject to an annual review and residents participated in this review meeting.

Judgment: Compliant

### Regulation 6: Health care

The health needs of the residents was well managed. Health assessments were conducted. Care plans were devised for any health need identified on the assessment. There was evidence of input from a variety of health professionals as required by residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour support plans were in place for residents who required support to manage their behaviour. These plans gave clear guidance to staff on how to support

residents manage their behaviour. Staff were observed implementing strategies from these plans on the day of inspection. Protocols on the administration of medication to support residents manage their behaviour gave clear guidance to staff on when this medication should be administered.

Judgment: Compliant

### Regulation 8: Protection

The provider had measures in place to protect residents from abuse. All staff were trained in safeguarding. Safeguarding was included in the provider's audit schedule. Staff were knowledgeable on the steps that should be taken in cases of suspected abuse. The residents' personal plans included intimate care plans.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cairdeas OSV-0007244

Inspection ID: MON-0028062

Date of inspection: 19/05/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The Person in Charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development program.</li> <li>• The Person in Charge has a scheduled for all staff to complete site specific training including Human Rights Based Approach to health and social care Training online, the agreed dates for completion is the 30th June 2022.</li> <li>• The Centre has a training matrix in place to assist with the monitoring and recording the training needs for all staff within the Designated Centre. This Training Matrix is reviewed monthly by the Person in Charge.</li> </ul>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2022