Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Kilkenny
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	14 March 2024 and 15 March 2024
Centre ID:	OSV-0005054
Fieldwork ID:	MON-0034199

About the designated centre

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

Cairdeas Services Kilkenny is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential services to eight adults, both male and female, with a disability. The centre comprises of two houses located close to a town in Co. Kilkenny which provided good access to local services and amenities. The first house is a detached bungalow which comprises of a kitchen, dining room, sitting room, conservatory, office, sensory room, bathroom and four individual bedrooms. The second house is also a detached bungalow which contains a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. The centre is staffed by a person in charge, staff nurses and care assistants.

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 (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 14 March 2024	09:30hrs to 17:00hrs	Miranda Tully	Lead
Friday 15 March 2024	09:30hrs to 13:30hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision on the registration renewal of the centre. The inspection was completed across a two day period predominantly by one inspector with a second inspector visiting the centre on the second day.

Overall the residents in this centre were in receipt of good quality, person centred care and support. Improvement was required in the areas of staff training and development and in the identification of risks and risk management to ensure that the service provided was safe at all times. During this inspection an inspector had the opportunity to meet each of the eight residents who lived in the centre.

The centre comprises two houses approximately 14 kilometres apart. The first house is a detached bungalow which contains a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. The second house is a detached bungalow which comprises of a kitchen, dining room, sitting room, conservatory, office, sensory room, bathroom and four individual bedrooms. The inspector visited both houses over the course of the inspection. While it was evident some works had been completed to both properties, works continued to be required both internally and externally at both properties to improve the overall look and homeliness of the centre.

On arrival to the centre, the inspector was greeted by the person in charge, who introduced the inspector to each resident in the first house. One resident was enjoying a cup of tea and Lego while engaging with another resident and staff member.Observations were positive and seen to be jovial and kind. The other two residents were in their bedrooms on arrival. The inspector briefly spoke with one resident before they left for day services. Two residents remained in the centre, one of which choose to spend large portions of the day in their room, listening to music, watching television and engaging with staff when they wished. Over the course of the inspection the resident was heard seeking staff and staff were observed to respond promptly to the resident's needs. One resident had recently transitioned to the centre, they spoke to the inspector about their home life and interests such as sport. This resident had also chosen to remain in the centre for the day, they were seen to enjoy watching horse racing with staff and look through a newspaper. From a review of activity schedules and from speaking with staff, residents typically enjoyed trips for coffee, country drives and visits with family and friends both at the centre and external to the centre. The centre had a bus available to support bringing residents to and from the centre given its rural location. During the inspection, staff were observed preparing and cooking for residents and also getting takeaway food as requested by residents.

The inspector visited the second house late in the afternoon and met with residents as they returned from day services. Two staff and four residents were present in this part of the centre. Residents had just completed their evening meal and were

commencing their evening routines. For some residents this was quite specific as per their wishes. The resident enjoyed time in their room listening to music or watching programmes. It was evident that staff were familiar with residents' individual communication style and were quick to respond to residents individual requests. One resident indicated to staff their request for the them and the inspector to leave their room and this was respected. One resident remains at home from day services two days per week. It was communicated to the inspector by staff that this was following a review post restrictions of COVID and felt to have had a positive impact for the resident. At the time of the inspection, the resident was in their bedroom watching television and listening to music. The third resident was seen to seek a cigarette before going to an allocated seating area outside. The fourth resident remained in the living area watching television. While residents could not verbally communicate with the inspector, they appeared content and comfortable.

The inspector returned to the second house on the second day of inspection. Each resident had left the centre to attend day services. The inspector completed a walk around of the property with the person in charge and a second inspector. Each residents' bedroom was individualised with personal items and pictures on display. As noted previously, improvements were required to the premises both internally and externally. For example, works were required to the driveway and patio area to improve accessibility.

Residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high-level of satisfaction with many aspects of life in the centre, such as activities, bedrooms, meals and the staff who supported them.

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

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality service.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge provided direct support in the centre each morning and for one full day per week. They were supported by an acting service manager and a regional service manager who held the role of person participating in management for the centre.

Findings on this inspection indicated that improvements were required in the governance and oversight systems. These included the assessment of resident need

to inform allocation of staffing, provider oversight of staff training requirements, improved risk management and the provision of consistent oversight systems to the local management teams.

Regulation 15: Staffing

Improvements were required to ensure support requirements were determined by the residents assessed needs. For example, a multi disciplinary team review in 2023 indicated the need for the completion of a support application to the funder of services, this was not completed and was further recommended in 2024 due to changing needs for a resident. The specific rational and supports required for the resident was not clearly assessed on the day of inspection.

From a review of rosters , agency staff were required to ensure appropriate staffing levels. While it is noted that there had been efforts to ensure consistency, agency continued to be required.

The staff personnel files were reviewed by the second member of the inspection team in the provider's offices. The review of staff files completed found that these files contained the information required by the Regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had completed training and refresher training in line with their policy and national best practice. While it is recognised that there had been improvements and staff were now for the most part booked to attend training, significant time had passed from staff previously attending mandatory training. For example, training in de-escalation skills had not been completed since 2018, 2020 and 2021 for a number of staff.

The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with a line manager that occurred on a yearly basis. Records on file found that the permanent members of the staff last supervision was completed in 2022.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences.

While audits and reviews as required by the regulations were taking place improvements were required in the oversight and monitoring of actions. Provider audits did not review progress against the previous six monthly audit nor had they referenced the previous inspection by the regulator. The inspector found limited evidence that the provider attended the centre on a regular basis and this resulted in an oversight system that was reliant on third party feedback rather than direct observation.

There were ad hoc systems for the recording of actions for example, maintenance works required written on a list in the kitchen. The inspector found that there was no overarching system for the recording of progress against the actions and no one location for the local management team to review all actions that pertained to the centre.

Findings indicated that improvements were required in the governance and oversight systems as put in place by the provider. These included as stated already, systems for the assessment of resident need to inform allocation of staffing, in addition to the providers ability to monitor and oversee training requirements, improved risk management and the provision of consistent oversight systems to the local management teams.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents and accidents occurring in the centre. For the most part, incidents and accidents were notified to the Office of the Chief Inspector as required. However, not all restrictive practices in use in the centre had been reported. This had been identified in a previous provider audit.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents were supported by a staff team who were for the most part familiar with their needs and preferences. Improvement was required in the upkeep on the

centre, protection and the identification and management of risk within the centre.

The inspector visited both houses over the course of the inspection. While it was evident some works had been completed to both properties, works continued to be required both internally and externally at both properties to improve the overall look and homeliness of the centre.

Regulation 13: General welfare and development

Residents were supported to attend day services or engage in activities of their choice. There were regular systems of communication between day service and the centre staff. During the course of the inspection, six residents were seen to attend day services. For those residents who did not attend day services, alternative activities were provided by staff in the centre according to the residents' assessed needs. On the day of inspection residents had chosen to remain in the centre and were observed watching horse racing and looking through a newspaper. The second resident's plan was to get lunch, however they declined and instead requested staff get this for them. For a third resident, following a review they did not attend day services two days each week.

A sample of residents personal plans were reviewed. Residents had their annual support meeting where their care and support was reviewed and planned with them. For some residents this had been postponed to allow for representatives to attend. This meant some goals for 2024 had not yet been developed. One resident had recently been supported to celebrate a birthday, staff described how a number of small celebrations had occurred to support the resident to celebrate in a way which was appropriate to their assessed needs. Other residents were seen to be supported to develop family relationships and establish family links.

Residents' goals included social outings, music, developing their gardening skills, such as growing a vegetable patch and overnight holidays.

Judgment: Compliant

Regulation 17: Premises

The inspector visited both houses over the course of the inspection. While it was evident some works had been completed to both properties, works continued to be required both internally and externally at both properties to improve the overall look and homeliness of the centre.

The second house that comprises this designated centre provides a home for four individuals and while aspects of the centre were personalised and homely such as individual bedrooms the communal areas required significant work. The person in

charge spoke of prioritised works such as replacement of all flooring and there was evidence of small works and maintenance being completed. However, while completing a walk through of the house the inspector observed a number of works that required attention. These included mould on the wall of a residents bedroom where there was ongoing leaks from an en-suite bathroom, areas of mould in a second bedroom around a window, areas of fire containment that needed review with pipe work breaking through ceilings and not sealed or doors such as to the laundry room not closing.

Externally painting was required at the first property, in the second house the garden and how residents accessed this needed review as the hard surfaces were uneven and presented a trip hazard and the driveway needed repair. These were areas that have previously been identified as needing repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were for the most part identifying safety issues and putting risk assessments in place. Improvements were required to ensure arrangements in place allowed for the implementation of identified control measures. For example, a risk assessment identified that two staff may be required due to a resident's risk of falls. Only one member of staff was available overnight however. A review of incidents, indicated five falls had occurred while staff were lone working with staff reporting difficulty in supporting the resident. In addition, a further incident highlighted staff's requirement for additional support following a fall during personal care.

The inspector also found potential environmental risks that had not been identified and therefore not assessed for. For example, the tumble dryer and washing machine were stacked in a small room beside the gas boiler. It was unclear if the machines were secure and if this has been appropriately assessed. .

Judgment: Not compliant

Regulation 8: Protection

Although there were a number of systems in place to ensure residents' safety and to ensure some appropriate safeguarding practices, further improvement was required in this area. For example, control measures had been implemented to ensure the protection of residents following the transition of a new resident to the centre. This

included supervision and installation of alarms to alert staff of residents whereabouts when not supervised . However, guidance for staff was not sufficient to guide practice, in particular while caring out personal care. Furthermore staff reported the resident behaved differently with senior staff than they did with more inexperienced agency, whereby more negative behaviours were more apparent. The inspector reviewed residents intimate care plans and found a number of plans required review.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Cairdeas Services Kilkenny OSV-0005054

Inspection ID: MON-0034199

Date of inspection: 14/03/2024 and 15/03/2024

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: • A proposal has been sent to the internal Application Management Team to assess if a more suitable placement may be available within the service to align with the residents changing needs. This application was accompanied by a Support application (DSAMT) which outlines the changing needs of the individual. • The provider continues to employ all recruitment strategies at their disposal. In the interim any vacancies at the centre will continue to be filled with consistent agency staff and locum relief where possible.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff have now completed or have been booked on any refresher training that was outstanding. • Staff supervision will be completed in line with the provider's own policy. A schedule for same has been created by the PIC.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The provider is currently developing a system of reporting which will be rolled out across the region to address the issue of oversight of actions from all audits.

• The Compliance Manager has revised guidelines for six monthly internal audits and is currently in the process of improving overall quality of internal auditing.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• All Restrictive practices will be submitted on a quarterly basis as per regulations.

• The Human rights committee meeting held on the 10/04/2024 reviewed the restriction which was not submitted. The human rights committee held that this was not a restriction.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Works will be completed around removal of mould in all areas.

• Works will be completed around any identified fire containment issues.

• External painting works will be completed as identified.

• External driveway resurfacing will be completed as identified.

• Garden paving will be repaired as identified above.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• A proposal has been sent to the internal Application Management Team to assess if a more suitable placement may be available within the service to align with the residents changing needs. This application was accompanied by a Support application (DSAMT) which outlines the changing needs of the individual.

• Washing machine and dryer in the laundry room to be adequately secured.

• H&S officer to visit centre and do a full review with PIC of current risks and support with identification of any other potential risks.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Guidance for staff in relation to supporting one individual with personal care will be reviewed to ensure that it guides the practice of all staff particularly agency/relief staff.

• Intimate care plans for all residents to be updated.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2024
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	30/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/05/2024

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.	Not Compliant	Orange	30/09/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2024
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.	Not Compliant	Orange	30/06/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/05/2024
Regulation 31(3)(a)	The person in charge shall ensure that a	Not Compliant	Orange	30/04/2024

	written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30/05/2024