



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

Issued by the Chief Inspector

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| Name of designated centre: | Cairdeas Services Kilkenny |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Kilkenny |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 20 May 2021 |
| Centre ID: | OSV-0005054 |
| Fieldwork ID: | MON-0032389 |

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.

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| Number of residents on the date of inspection: | 7 |
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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 - 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 |
|----------------------|----------------------|--------------|------|
| Thursday 20 May 2021 | 10:30hrs to 16:30hrs | Conan O'Hara | Lead |

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

From what residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care in the designated centre.

The inspector had the opportunity to meet with three residents of the designated centre during the course of the inspection, albeit this time was limited. On arrival to the centre, the inspector observed residents preparing for the day, watching TV and reading newspapers. The inspector met with one resident who discussed recent news with the inspector and highlighted that they liked living in the centre. This resident then left the centre to access the community. A second resident who was watching TV in their bedroom, showed the inspector pictures of their family and appeared content in their home. The inspector met the third resident in the afternoon. This resident showed the inspector their room and artwork they had completed. This resident told the inspector about people important in their lives and their plans for the day, which included getting photos printed. Overall, residents were observed to appear content and relaxed in their home and in the presence of the staff team.

Three 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. In addition, feedback from resident's families as part of the designated centre's annual review was reviewed. Overall, there was positive feedback from families about the care and support provided in the designated centre.

On the day of the inspection, the inspector visited one house of the designated centre. The house was a detached bungalow which consisted of a kitchen, dining room, sitting room, office, bathroom and four individual bedrooms. There was a large garden to the rear of the centre. The designated centre was warm and decorated in a homely manner with pictures of residents and people important in their lives. Overall, the centre was well maintained, however, the inspector did observe some maintenance issues outstanding. For example, while some areas of the house had been recently painted, there remained areas which required attention including skirting boards and walls. This was also identified at the time of the

previous inspection.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care in their home. However, there are some areas for improvement including staff training and premises. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure good quality care and support was being delivered to the residents. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in relation to staff training.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs. The person in charge had allocated protected administration time but also worked directly with the residents. They were supported in their role by a nurse in charge in one of the houses who assisted them with administration duties. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual report for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill-mix to meet the residents' needs. There was an established staff team in place and a regular relief panel in place which ensured continuity of care and support to residents. At the time of the inspection, there was one whole time equivalent (WTE) staff nurse vacancy. This vacancy had been filled and a person had been identified to begin work in the designated centre in June 2021. In addition, at the time of the inspection a number of staff had been redeployed from the provider's day service due to the COVID-19 pandemic. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that improvements were required to ensure that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. This was identified as an area for improvement on the previous inspection. Refresher training was required for some staff in areas including fire safety, manual handling and de-

escalation and intervention techniques. This had been self-identified by the provider and plans were in place to address this.

The inspector reviewed a sample of incidents and accidents occurring in the centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made an application for the renewal of registration for the designated which contained all of the information as required by Regulation 5.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full-time role and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill-mix to meet the residents' assessed needs. There was an established staff team and relief panel in place which ensured continuity of care and support to residents. A number of staff had been redeployed from the provider's day service to support residents due to COVID-19 pandemic.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. However, refresher training was not up to date for a number of staff members in areas including fire safety, de-escalation and intervention techniques and manual

handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home in keeping with the ethos of the provider. Management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, improvements were required in the upkeep of the premises.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment which identified the residents' health, social

and personal needs. The assessment informed the residents' personal plans which were up to date and suitably guided the staff team in supporting residents with identified needs. Residents were supported to manage their own health and had to access health and social care professionals as required.

There were positive behaviour supports in place to support residents manage their behaviour. Behaviour management guidelines were in place as required. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team. There were restrictive practices in use in the centre. The restrictive practices were appropriately identified and reviewed by the provider.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. Staff spoken with were clear on what to do in the event of a concern or allegation.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents. Overall, the designated centre was decorated in a homely manner. However, some areas of paintwork required attention including skirting boards and walls.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need in place which identified residents' health, social and personal care needs. The assessment informed the resident's personal support plans which were up to date and suitably guided the staff team.

Judgment: Compliant

Regulation 6: Health care

The health-care needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required.

Restrictive practices in use in the centre were appropriately identified and reviewed by the provider.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed. Staff spoken to were clear on what to do in the event of a concern. Residents were observed to appear relaxed and content in their home.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | 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 Services Kilkenny OSV-0005054

Inspection ID: MON-0032389

Date of inspection: 20/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff have been booked into all outstanding mandatory training courses. Staff training will be completed by December 2021. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Painter booked to carry out required paintwork in September 2021. | |

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 | 07/12/2021 |
| Regulation 17(1)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow | 30/09/2021 |