



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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford East
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	25 August 2022
Centre ID:	OSV-0005074
Fieldwork ID:	MON-0028919

About the designated centre

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

Cairdeas Services Waterford East is a large bungalow set on its own site on the outskirts of Waterford city, with access to all amenities by vehicle. The service currently provides full-time residential care for one person and part-time residential care for five people. There is never more than four persons residing within the service at any one time. The centre remains open year round with no closures and all residents are adults. Meals can be prepared within the house and laundry facilities are available to residents within the house. Residents are facilitated to access medical services within the community, and nursing care can be provided by staff, either within the house by staff or through the on-call nursing arrangement operated by the registered provider. The staff team in this centre incorporates care assistants in addition to nursing staff. The statement of purpose for the centre states that the provider aims to offer a service "based on the recognition of each person (who is supported by [the] service) as an individual, an equal citizen with equal rights and an absolute respect of that status". They aim to "support each person to live their lives based on their own personal vision and choices", and "as independently as they wish".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 25 August 2022	09:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was announced and the purpose of the inspection was to inform a registration renewal decision. The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included wearing face masks and regular hand hygiene.

The service provided full-time residential care for one person and part-time residential care for five people. The inspector had the opportunity to meet with three residents on the morning of the inspection day. Residents were all getting ready to head out on the service vehicle to day services. Residents used non verbal methods to communicate. The inspector observed that the residents appeared at ease in their home and were happily and comfortably sitting together in their living room before going out for the day.

The centre was designed and laid out to meet the assessed needs of the residents and was in a good state of repair internally and externally. The centre comprised of a communal kitchen/dining room, a lounge, a utility, an accessible WC, an en-suite staff sleepover room, and an office. There were also four resident bedrooms, two of which were en-suite. The premises appeared bright and homely. The inspector noted pictures around the centre and a notice board in the centre kitchen where picture versions of the centres menu was available to residents.

The staff team comprised of nursing staff and care workers and there were appropriate staffing numbers in the centre to meet the assessed needs of the residents. Familiar and respectful interactions were observed between staff and residents on the morning of the inspection. Weekly meetings took place between staff and residents and these were a forum to discuss areas including menus for the week ahead, complaints, activities, safeguarding, and human rights. The upcoming HIQA inspection had been discussed with residents at one of these meetings.

Residents appeared to enjoy a schedule of regular activation. Care records detailed that all residents attended day services daily when staying in the centre. Residents had personal goals in place and they worked towards these in conjunction with their day services. Some goals included going swimming, going for beauty therapies and moving to a new home.

Three satisfaction questionnaires had been completed by staff and/or residents family members, on behalf of the residents, prior to the inspection day. These all communicated high levels of satisfaction with the service provided in areas including staffing, activation, premises and meals. One family member noted that staff were very friendly and inviting. Another questionnaire communicated that their family member felt respected by staff during their stay in the centre.

Overall, it was found that good quality and safe care was being provided to

residents. It was found that the centre was well resourced and that care and support was delivered in a person-centred manner. There were some improvements required that were identified throughout the inspection in relation to staff training, infection control and fire safety.

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

Capacity and capability

The inspector looked at a number of areas which impacted the care and support provided to residents, and reviewed the providers capacity to oversee this. The governance and management systems in place had ensured that, overall, residents received care and support of high quality. There was a consistent staff team in place providing care and support and this was clearly identified on the centre staff rota.

There was a clearly defined management structure, which identified lines of authority and accountability. There were reporting mechanisms in place, and staff had mechanisms to raise any concerns about the quality of care or safety of residents, if required. The quality of the service provided was consistently audited and reviewed by the management team and areas in need of improvements were appropriately self-identified. There were some improvements required that were identified throughout the inspection in relation to staff training, infection control and fire safety.

Regulation 15: Staffing

There were sufficient staff, with the necessary qualifications and experience to meet the assessed needs of resident. The staff team comprised of nursing staff and care workers. The person in charge maintained a planned and actual roster that was developed to meet the emerging needs of residents. The person in charge was supervised by a service manager, who in turn was supervised by a regional director of care. Staff were observed to provide care and support in a kind, caring, respectful and safe manner throughout the inspection. The service had access to an internal panel of relief staff to fill shifts when required. Staff had meetings on a quarterly basis to discuss any staffing matters and issues concerning the care and support provided in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program of staff training in the service and all staff had completed training in areas including fire safety, manual handling, safeguarding, medication management, infection control and behavioural support. While there were arrangements in place to monitor staff training needs, not all staff had completed up-to-date refresher training in mandatory areas within the required time frames. The person in charge communicated that refresher training was booked for these staff in the coming weeks. All staff experienced regular one to one formal supervisions with their line manager, in line with the providers policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. There was a full time person in charge in place who had the skills and experience necessary to manage the designated centre. The centre was also supported by a senior management team.

A suite of audits were being completed regularly in the centre. These included an unannounced six monthly audit in the centre and an annual review of the care and support provided. Persons in charge working within other centres in the service, regularly attended the centre to complete thematic audits on areas including staffing, activation, premises, health and safety and service provision. Action plans were developed following an areas of concern highlighted in audits and reviews.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector had been notified in writing within three working days of any adverse incidents which had occurred in the designated centre. A report was also provided to the chief inspector on a quarterly basis which included occasions where restrictive practices were used, as required by regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and accessible complaints procedure in place in the service. There was a complaints log maintained in the centre and there was a designated complaints officer. Complaints records were reviewed regularly by the person in charge. Three satisfaction questionnaires had been completed by staff and/or residents family members prior to the inspection day. These all communicated high levels of satisfaction with the service provided in areas including staffing, activation, premises and meals.

Judgment: Compliant

Quality and safety

The governance and management arrangements were found to ensure that a good quality and person centred service was delivered to residents. There were a range of systems in place to keep residents safe. Some improvements were required in relation to fire safety management, infection control procedures and staff training in order to comply with the regulations.

The inspector reviewed a number of areas to determine the quality and safety of the care provided. This included speaking with management and a review of resident personal plans, walks around the premises, observing infection control protocols and a review of fire safety documentation. Residents' documentation reflected their most current plan of care. Plans incorporated all aspects of supporting residents in their daily lives and residents appeared to enjoy regular activation and were working towards personal goals.

The premises was designed and laid out to meet the assessed needs of the residents and was adequately maintained and the centre was visibly clean. COVID-19 continued to present risks and the centre had implemented procedures and plans to manage this.

Systems were in place to safeguard residents including regular staff training. Some improvements were required in the area of fire safety systems as detailed under regulation 28. Two further areas required minor improvements as detailed in this report under regulations 16 and 27.

Regulation 17: Premises

The centre was designed and laid out to meet the assessed needs of the residents

and was in a very good state of repair internally and externally. The centre comprised of a communal kitchen/dining room, a lounge, a utility, an accessible WC, an en-suite staff sleepover room, an office. There were four resident bedrooms. The service provided full-time residential care for one person and part-time residential care for five people. The provider had ensured the provision of all items set out in Schedule 6, including adequate kitchen areas, storage facilities, and laundry facilities.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed the arrangements in place to protect residents from infection prevention and control risks. Some improvements were noted in this area since the centres most recent inspection. Staff had all completed training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. The premises was observed to be clean and tidy and there were monitoring systems in place to ensure that adequate hygiene levels were maintained. Some minor areas, continued to required improvements. This was observed in the following areas:

- Rust was noted on some of the residents equipment, this meant that these pieces of equipment could not be fully deep cleaned.
- Some gaps were noted on cleaning records, where staff had not signed if cleaning tasks had been completed on specific dates.
- A storage room where personal protective equipment was stored, did not have flooring, which impacted the cleaning of this area.
- Storage baskets for managing clean and dirty laundry were noted stacked together on the morning of the inspection, this posed a risk of cross contamination between clean and dirty laundry.
- Some areas of grout in one bathroom required review and did not promote the deep cleaning of these areas.
- The service policy on infection prevention and control had not been reviewed since 2018. An addendum had been added for the management of COVID-19 within the service.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and there was evidence that fire safety equipment was serviced at planned intervals. There were fire containment measures in place throughout the centre. A concern was

raised by the inspector on the day of inspection regarding some fire doors not fully closing, and this was promptly escalated by the person in charge and fully addressed by maintenance staff by the end of the inspection.

All residents had personal emergency evacuation plans in place. Staff and residents were completing regular fire evacuation drills. However, drill records were not demonstrating full night time simulated conditions of four residents and two staff members. Evacuation plans detailed that staff would call on a neighbour living close by in the event of a fire for further assistance, however this individual had never taken part in a drill, was not employed by the service and had not completed fire safety training.

Staff were completing weekly fire safety checks on escape routes and detection systems. However, the inspector noted that these were not always being signed as completed consistently by staff. Furthermore, some staff did not have up-to-date refresher fire safety training, as detailed under regulation 16.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need that ascertained their support needs. Support plans were developed in line with their assessed needs. Residents had access to multi-disciplinary services and any recommendations made by allied healthcare professional were integrated into the residents plan of care.

Residents appeared to enjoy a schedule of regular activation. Care records detailed that all residents attended day services daily when staying in the centre. Residents had personal goals in place and they worked towards these in conjunction with their day services. Some goals included going swimming, going for beauty therapies and moving to a new home.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider and person in charge were proactively protecting residents from abuse. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. There was a service designated safeguarding officer in place, who reviewed safeguarding concerns if any arose. All staff had up-to-date safeguarding training on the day of inspection. Residents appeared to be living together compatibly in the centre.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cairdeas Services Waterford East OSV-0005074

Inspection ID: MON-0028919

Date of inspection: 25/08/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• Requests have been submitted to the training department regarding the identified refresher training required. As identified on the day of this inspection staff who require same have been booked in for the next available training sessions	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none">• Funding applications and assessments were carried out by the HSE in August 2022 on the specialized equipment that requires replacement, awaiting approval of same.• Team meeting held to reinforce the importance of appropriate storage of equipment and signing of cleaning records.• A request for maintenance to provide appropriate flooring and grouting repairs has been submitted 30/8/2022 and completed on the 13/10/2022.• The service policy for Infection Prevention and Control has been reviewed and distributed to staff teams on 4/10/2022	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• A night time fire drill was held on the 31/08/2022 with four individuals and two staff members and on the 04/09/2022 with one individual and one staff member. The evacuation time for both drills demonstrated that evacuations could occur within a safe timeframe.• The emergency plan for the centre has been updated and no longer contains details for a neighbor assisting in the event of a fire.• Team meeting held to reinforce the importance of consistent signing of fire records	

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	31/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022

Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	06/09/2022
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	04/09/2022