



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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Belmont
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	12 April 2024
Centre ID:	OSV-0005077
Fieldwork ID:	MON-0041583

## About the designated centre

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

Cairdeas Services Belmont consists of two single storey houses based on a campus that is located on the outskirts of a city. The centre provides full-time residential support for a maximum of 11 residents, of both genders between the ages of 40 and 80, with intellectual disabilities including those with additional needs. One house can support six residents while the other can support five residents. All residents have their own individual bedrooms and other rooms throughout the two houses that make up this centre include kitchens, living or sitting rooms, bathrooms and staff offices. Residents are supported by the person in charge, clinical nurse managers, staff nurses and care assistants.

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

Number of residents on the date of inspection:	10
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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
Friday 12 April 2024	09:30hrs to 17:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to inform a registration renewal decision for the designated centre and to follow up on actions noted during the centres most previous inspection. Overall, the inspection observed a number of improvements and good levels of compliance with the regulations reviewed.

There were ten residents living in the centre on the day of inspection and the inspector had the opportunity to meet with 8 of them throughout the course of the inspection day. The residents lived on a campus based setting which consisted of two houses located close together.

The person in charge facilitated a full walk around both premises on the morning of the inspection. A number of maintenance works had been completed since the centres most previous inspection and these included new flooring being installed and paintwork being completed. New storage facilities had also been installed in a number of areas. Both premises presented as clean and well maintained. All residents had their own bedrooms and these were personalised and homely. Both houses had a communal kitchen, living and dining areas and laundry facilities and these were a suitable size and layout for the number and needs of the residents.

The residents met with during the inspection day appeared happy and comfortable living in their home. The inspector had the opportunity to observe some mealtimes in the centre and these appeared to be a pleasant experience for the residents. The atmosphere was calm and relaxed and the inspector observed a number of choices being offered to residents and assistance when required. Staff were helping residents to make sandwiches and soup at lunchtime in the centres dining area and food appeared fresh and appetising. The inspector observed residents being offered snacks and cups of tea outside of regular mealtimes throughout the day.

Residents enjoyed regular daily activation. Most residents attended regular day services and one resident was receiving a one to one activation service. Some of the residents were an aging and semi-retired and did not attend external activities every day. Some in house activation was also offered regularly such as reflexology, art therapy and music. Sensory rooms were available to the residents in both houses. One resident was presenting with high healthcare needs on the day of inspection and the inspector observed staff in the house facilitating meal times and some activation in the residents room while they relaxed there, in line with their own preferences and needs.

The residents were supported by a consistent staff team who were a mix of nursing staff and care assistants. Appropriate staff numbers were in place to meet the needs of the residents in both houses. Staff appeared familiar with the residents needs and kind and respectful interactions were observed between staff and residents. Residents voiced they liked the staff who supported them when asked by the

inspector.

Some ongoing safeguarding concerns had been noted during the centres most previous inspection. The inspector completed a review of the centres accident and incident log and of the residents daily notes and found that incidents had reduced and appropriate safeguarding measures were in place. For the most part, residents appeared to be living together compatibly in recent months.

In general, based on the areas reviewed and from speaking with residents and observing care practices, the inspector found that the centre was a well-run service with appropriate supports in place to meet the residents needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service delivered. The majority of areas inspected were found compliant with the regulations, some areas noted in need of improvements were fire containment systems, staff refresher training, and the annual review of the care and support provided.

## Capacity and capability

The provider was demonstrating the capacity and capability to provide a safe service to the residents in the two houses. This centre was found to be well managed and was delivering good levels of care and support to the residents. Both houses were located close together on a campus based setting.

There was a full time person in charge in place who had been recently appointed to the role, and was suitably experienced and qualified to effectively manage the designated centre. There was a clearly defined management structure in place which identified lines of authority and accountability. The person in charge was present on the day of inspection and was found to be knowledgeable regarding the residents' individual needs. There was oversight of the service being provided with audits and reviews regularly completed by the management team. The inspector found that while there was regular oversight of the service provided, the annual review of the centre completed by the provider did not include a review or audit of the centres quality and safety of care and support in accordance with the Standards as required by regulation 23.

There was appropriate staffing levels and skill mixes in place to meet the needs of the residents. Staff had completed mandatory training in areas including, fire safety, manual handling, infection control and safeguarding. While improvements were noted in this area since the centres most previous inspection, a number of refresher training sessions were still overdue for some staff.

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

An application to renew the registration of the designated centre was submitted to the Chief inspector of Social Services by the registered provider, along with requested prescribed information. However, this was not submitted within the required time lines set out by Office of the Chief inspector.

Judgment: Substantially compliant

## Regulation 15: Staffing

The centre had a clear whole staffing equivalent set out in their statement of purpose. The staff team was a mix of nursing staff and care assistants. There were appropriate staff numbers and skill mixes to meet the needs of the residents. Nursing support was provided where required. A staff rota was maintained and this was a clear reflection of staff and duty during the day and night. Positive and kind interactions were observed between staff and residents on the day of inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had completed mandatory training in areas including, fire safety, manual handling infection control and safeguarding. While some improvements were noted in this area since the centres most previous inspection, a number of refresher training sessions were still overdue in areas including fire safety, manual handling and safeguarding.

The person in charge was completing annual one to one supervision sessions with all staff on an annual basis, in line with the providers own policy. Records of these meetings were well maintained.

Judgment: Substantially compliant

## Regulation 22: Insurance

There was an appropriate certificate of insurance in place for the centre which insured against risk of loss or damage to the property and/or injury to residents. This was submitted by the provider, to HIQA, as part of the centres registration

renewal process.

Judgment: Compliant

### Regulation 23: Governance and management

There was regular checks, audits and general oversight of the service provided by staff, the person in charge and compliance officer. Management systems were clear and the centre was being effectively managed and run by the management team. It was evident that the person in charge was regularly present in the designated centre. Six monthly unannounced audits were being completed on behalf of the provider by a regional compliance officer. These were comprehensive in nature and were appropriately self identifying areas in need of improvements. The provider had addressed a number of the findings from the audits action plans in recent months, since the centres previous inspection. Improvements had been noted since the centres most previous inspection. These included maintenance works completed and a reduction in safeguarding incidents and concerns.

The provider had completed an annual overview report of the care and support provided in the centre. However, while this included an overview of what happened in the service in 2023, this report was not a clear review or audit of the centres quality and safety of care and support in accordance with the Standards as required by regulation 23. This had been an action since the centres most previous inspection which had not been fully addressed by the provider.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The centre maintained a log of all adverse accidents and incidents that occurred in the centre, following a review of this log, the inspector found that the provider had notified any incidents to the Chief inspector of Social Services within specified time frames, which were required to be notified under regulation 31. This was an area which had improved since the centres most previous inspection.

Judgment: Compliant

### Quality and safety

The inspector reviewed a number of areas on the day of inspection to determine the



level of quality and safety of care and support being provided to the residents. This included a review of the physical premises and fire safety equipment, speaking with residents, observing care practices and a review of key documentation such as care plans, fire safety documents, audits and reviews and risk management documentation. In general, a review of all these areas demonstrated that safe and effective care was being provided in the centre.

The inspector found that the premises was in a good state of repair and was an appropriate size and layout to meet the needs of the residents. Fire fighting equipment was noted around the centre during a walk around, and this was all subject to regular review and servicing. However, following a review of the centres fire doors, it was found that five doors were not fully closing when activated. This meant that containment systems in the centre were not in full working order.

In general, inspection findings were very positive with good levels of compliance noted in areas including personal planning, risk management. Residents were in receipt of appropriate care in line with their assessed needs and potential risks, including safeguarding risks, were being well managed.

### Regulation 17: Premises

The designated centre consisted of two single storey houses based on the providers campus. One house could support six residents while the other could support five residents. A number of maintenance works had been completed since the centres most previous inspection and these included new flooring being installed and paintwork being completed. New storage facilities had also been installed in a number of areas. Both premises presented as clean and well maintained. All residents had their own bedrooms and these were personalised and homely. Both houses had communal kitchen, living and dining areas and these were a suitable size and layout for the number and needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. There was a service risk register in place which identified a number of specific risks and had been reviewed on a regular basis. There were also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. When an individual risk was identified, a corresponding management plan was developed for the resident.

Safety audits were regularly completed in the centre and these included a review of

the areas including the premises, finances, electrics, housekeeping and personal protective equipment. Schedules were in place for staff to regularly flush water systems to reduce the risk of water-borne infections.

The centre maintained a log of all adverse accidents and incidents and the person in charge completed a regular trend analysis on these. Follow up actions and measures were then taken when required. For example if falls risks were identified, further safety measures were implemented such as falls mats and physiotherapy referrals. Where choking risks were identified, swallow care plans were in place which were subject to regular review.

Judgment: Compliant

### Regulation 28: Fire precautions

There was firefighting equipment observed around the centre. During a walk around the centre, the inspector noted fire alarms, fire doors, fire extinguishers, and emergency lighting. Equipment was being regularly serviced and checked. However, following a review of the centres fire doors, it was found that five doors were not fully closing when activated. This meant that containment systems in the centre were not in full working order. Two doors were for the centres kitchen and laundry room which were areas of risk. Staff were completing regular fire safety checks on these doors, however checking systems had not identified these issues.

Fire drills were being conducted in the centre regularly and these simulated both day and night time conditions. Drill records demonstrated that staff and residents could evacuate the centre in an efficient manner in the event of a fire. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents all had up-to-date personal plans in place which were subject to regular review and were reflective of the residents current needs. Plans were in place for specific healthcare needs where required. Residents all had individual social goals in place that they were working towards such as different day trips and attending concerts. Residents had regular reviews and input from members of the multi-disciplinary team such as physiotherapy, occupational therapy and behavioural supports.

Residents enjoyed regular daily activation. Most residents attended regular day services and one resident was receiving a one to one activation service. Some in

house activation was also offered regularly such as reflexology, art therapy and music.

Judgment: Compliant

### Regulation 8: Protection

Some ongoing safeguarding concerns had been noted during the centres most previous inspection. The inspector completed a review of the centres accident and incident log and of the residents daily notes and found that incidents had reduced and appropriate safeguarding measures were in place. For the most part, residents appeared to be living together compatibly in recent months.

Staff had completed mandatory training in the safeguarding and protection of vulnerable adults. One staff member was overdue refresher training in this area, as noted under regulation 16,

Judgment: Compliant

### Regulation 9: Residents' rights

The residents rights appeared to be respected in the centre and the residents were being offered choice and control in their daily lives in areas including meal times, activation and their personal spaces. Residents experienced weekly meetings with staff where food choices were discussed and their plans and preferences for the week ahead. These were also used as an opportunity to discuss any new important information or ongoing issues in the designated centre with the residents.

Some restrictive practices were in place due to identified risks and there was evidence that these were all reviewed regularly with the providers human rights committee. Each resident had individual rights assessments in place which included a review of the residents community access, freedom of speech, privacy, environment and wellbeing.

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	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cairdeas Services Belmont OSV-0005077

Inspection ID: MON-0041583

Date of inspection: 12/04/2024

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• The registered provider will ensure that prescribed information is submitted to the office of the chief inspector within the required timelines.</li> </ul>	
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"> <li>• The Service Manager and PIC will liaise with the training department to schedule outstanding mandatory training for staff who require same. The PIC will oversee and monitor the completion of this training for all staff.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

- The registered provider will ensure that the annual report meets the requirements as laid out in the regulations.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The issues identified during the inspection in relation to the five fire doors have been assessed. The required parts have been ordered and the remedial works are due to commence on the 27th May 2024 with an expected completion date of 5th June 2024.

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	21/05/2024
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	31/12/2024
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	31/03/2025



	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/06/2024