



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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0007244
Fieldwork ID:	MON-0033639

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 12 August 2021	09:00hrs to 13:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and that they were supported to engage in community and centre based activities which were in-line with their individual interests. Improvements were identified on this inspection in regards to fire safety and this issue will be discussed in the subsequent sections of the report.

The inspector met with four residents and three staff members on the day of inspection. Residents were relaxed and in good spirits throughout the inspection and staff interacted with them in a warm and caring manner. A resident who initially met with the inspector moved freely about the centre and they showed the inspector a teddy which they liked to carry with them. The three other residents were having a sleep on and staff members were beginning to assist them to get ready for the day. Once all residents were up, they appeared relaxed and one resident chatted freely with the inspector and staff members. They had their own communication style and staff members' familiarity and knowledge of the residents' needs meant that residents could easily convey their needs, opinion and interests.

Residents all sat around the kitchen table to have breakfast and staff prepared a cooked breakfast which residents seemed to enjoy. Everybody at the table chatted and interacted in a casual manner and it appeared to the inspector that this was an everyday occurrence in the residents' home. One resident stayed on in bed a little bit later than others and a nurse who facilitated the inspection helped them with their breakfast. The resident required a modified diet and the nurse sat and assisted them in a warm manner. They sat down beside them and they chatted about the day and the things the resident liked to do. Again, this resident had individual communication needs but the nurse responded to verbal and non-verbal cues when interacting. The resident appeared to like their company and they smiled and listened to the nurse when they were asked how they were and if they would like any more breakfast.

The centre was warm, spacious and lit with natural light. There were a series of photographs of residents hung in a hallway which gave the centre a homely feel. Various large sofas, with soft furnishings, occupied two reception rooms which gave residents ample and a comfortable space in which to relax. Each resident had their own bedroom, two of which were ensuite and two separate bathrooms were available to the other residents. Residents also had free access to all communal areas of their home and there was sufficient space for residents to spend time by themselves if they so wished.

As mentioned above, there were very pleasant interactions on the morning of inspection. Residents were preparing to attend a nearby day service which had recently recommenced following a closure due to COVID-19. Staff reported that residents really enjoyed attending and two residents happily got ready to go following their breakfast. Resident's individual wishes not to attend were also

respected, with one resident appearing tired and they were supported to remain at home and rest, and the other resident's preference was not to attend most days. This resident went happily about their morning, following a sleep on and following breakfast they returned to their bedroom to rearrange building blocks, an activity which the nurse reported that they really enjoyed and was part of their daily routine.

Overall, the inspector found that residents enjoyed a good quality of life and that their welfare and well-being was actively promoted.

Capacity and capability

The inspector found that the governance and management arrangements ensured that residents' well-being and welfare was promoted. Some improvements were required in regards to fire safety and an urgent action was issued to the provider on the day of inspection; however, subsequent to the inspection, the provider submitted a robust time bound action plan to address these issues.

The provider had completed all required reviews and audits as required by the regulations and a range of internal audits were also occurring, which assisted in ensuring that care practices were maintained to a good standard. The centre's annual review was also completed and residents' experience of living in the centre was taken into consideration when completing this review.

The provider also had produced a preparedness and contingency plan in response to COVID-19 which was found to be robust in nature. The plan clearly outlined the the isolation plan for residents and how specific zones were highlighted to determine toileting facilities and clean areas within the centre. An individualised action plan was also devised for the centre which outlined where donning and doffing areas would be located and also the arrangements for meals and laundry. Additional cleaning regimes and sign and symptom checks were also in place which assisted in promoting residents' safety.

As mentioned earlier, the staff team who were supporting residents on the day of inspection were very pleasant and they interacted with residents in a very caring manner. A review of the rota indicated that residents were supported by a familiar staff team and additional training in regards to personal protective equipment (PPE), hand hygiene and infection prevention and control had been completed by all staff members which further promoted residents' safety. However, some improvements were required as formal team meeting were not occurring on a regular basis.

Overall, the oversight of this centre ensured that that the welfare of residents was promoted and that information which was gathered through internal review processes was used to drive improvements in the quality and safety of care which was provided.

Regulation 15: Staffing
The residents were supported by a familiar staff team. Staff members were up-to-date with their training needs and they had also undertaken additional training in response to COVID-19.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were up-to-date with their training needs and the provider had ensured that staff members had received additional training in response to COVID-19.
Judgment: Compliant
Regulation 23: Governance and management
The provider had completed all audits and reviews as required by the regulations and a robust action plan was submitted to the office of the chief inspector to address fire safety issues which were raised on this inspection. However, the provider failed to ensure that team meetings were occurring on a regular basis.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
A review of documentation indicated that all notifications had been submitted as required by the regulations.
Judgment: Compliant
Quality and safety
Overall, the inspector found that the quality of care provided to residents was

maintained to a good standard and that person centred care and support was offered on a daily basis. However, on the day of inspection, fire safety for one resident required significant improvement.

The provider had fire safety equipment and procedures in place which promoted fire safety in this centre. Fire doors were in place throughout and emergency lighting and a fire alarm system were installed and serviced as required. Staff were completing fire safety checks on a scheduled basis and the day-to-day management of fire safety was well maintained. Staff members who met with the inspector had a good knowledge of residents' evacuation needs and they had also participated in fire drills. A review of these drills indicated that three of the four residents could evacuate safely and they freely participated in fire drills. However, the remaining resident found participating in drills difficult and the staff team clearly described the impact that participating in a drill would have on them. It was clear that staff members were concerned for the resident's day-to-day well-being; however, the provider did not demonstrate that all residents could be evacuated in the event of a fire. Alternative arrangements had not been considered to simulate a fire drill with all four residents and also to encourage this resident's participation. As a result, an urgent action was issued to address this issue within an agreed time-line. The provider had taken this issue seriously and a robust response was submitted to the office of chief inspector as required, which included a time bound plan to address this fire safety concern.

Residents were supported to enjoy a good quality of life and the inspector observed warm and kind interactions between residents and staff throughout the inspection. Residents were also supported to engage in activities which they enjoyed and a review a daily notes showed that residents enjoyed being out and about shopping, and also going for lunch and coffee. Daily notes also showed that residents enjoyed playing board games, listening to music, writing letters to family members and also going to their local church to light some candles. The provider had a system in place to support residents to identify and achieve personal goals and short term goals such as baking, cooking, having beauty treatments and decorating their home for St. Patrick's day were achieved for one resident during national restrictions due to COVID-19. A resident had also recently attended their annual review where long term goals such as joining a choir and going on holidays were chosen by the resident. The nurse who facilitated the inspection stated that an action plan would be implemented to support the resident with their goals. The inspector also noted that the residents' annual review as also attended by relevant multi-disciplinary team members and a full review of the residents' assessment of need had occurred including safeguarding, communication and behavioural support.

A resident required support and interventions in regards to their behaviour. The staff team who met with the inspector had a good knowledge of this resident's support needs and they could clearly describe the times and situations in which the resident may require assistance. Three separate documents gave an account of this resident's behavioural needs and included a risk assessment, behavioural support plan and protocol for the administration of a chemical intervention. The inspector found that there were marked differences between these documents as each document gave a different account of the behaviours which may occur.

Furthermore, the resident's behavioural support plan was not aligned to the protocol for the administration of the chemical intervention and there was no clear indication as when the chemical intervention should be considered. Although, the documentation to support this resident's behaviours of concern required improvement, the inspector found that care practices were maintained to a good standard. For example, a review of documentation indicated that chemical interventions were only considered as a last resort and the resident was also supported when deciding to decline this medication, which indicated that their rights and welfare were to the forefront of care.

The centre appeared like a pleasant place in which to live and residents went happily about their own affairs on the morning of inspection. Staff interacted in a very pleasant manner and they chatted freely and routinely asked residents how they were and how they would like to spend their day. The inspector noted that two residents' wishes to remain at home and not attend a day service were respected and there was also adequate staffing resources to facilitate their requests. Residents also attended weekly house meetings where topics such as safeguarding, fire safety, complaints and meals. The inspector found that this arrangement assisted residents in getting involved in the running of their home and also promoted their individual safety. There were no safeguarding plans required in this centre and there was a homely atmosphere throughout the inspection. A review of documentation did indicate that a resident had a previous history of making false allegations however, the provider did not have procedures in place to ensure that these allegations would be monitored and referred to the centre's designated officer, if required.

Residents enjoyed a good quality of life and they were supported to access their local community for socialising and activities which were in line with their preferences and needs. Although the provider was issued with an urgent action in regards to fire safety, all other areas of care were maintained to a good standard and improvements in fire safety for this resident would further build upon the many positive care practices which were found on this inspection.

Regulation 17: Premises

The centre was warm, bright and comfortably furnished. Communal areas displayed photographs of residents and their individual bedrooms were decorated to reflect their personal interests. The action from the last inspection was addressed and the provider had scheduled building works to address areas of damp within the premises.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system for identifying and responding to adverse events. All recorded events had been reviewed by the person in charge and action had been taken to address any areas for concern. The provider also had risk assessments in place for issues such as COVID-19. The provider also implemented additional fire risk assessments subsequent to the inspection to assist in addressing the safety concern which was raised on this inspection. Some minor improvements were required as all listed behaviours of concern had not been assessed in terms of risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The staff team were conducting regular sign and symptom checks for COVID-19 and an enhanced cleaning and hygiene regime was in place which enhanced the infection, prevention and control arrangements in this centre.

Judgment: Compliant

Regulation 28: Fire precautions

Subsequent to the inspection, the provider submitted an action plan to address the fire safety concerns which were raised.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans which were comprehensive in nature and outlined residents' needs and how they preferred to have these needs met. Residents also attended their annual review where they outlined which goals they would like to achieve in the coming year.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to healthcare professionals and they were also supported

to attend for preventative health screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

Documentation to support a residents with their behaviours of concern were not consistent and protocols for the administration of a chemical intervention were not aligned to the resident's behavioural support plan.

Judgment: Substantially compliant

Regulation 8: Protection

The provider did not have procedures in place to ensure that all allegations would be monitored and referred to the centre's designated officer if required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre appeared like a pleasant place to live and the inspector observed that residents were actively consulted throughout the inspection. Residents also attended weekly house meetings where they assisted in making decisions about 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairdeas OSV-0007244

Inspection ID: MON-0033639

Date of inspection: 12/08/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has ensured that team meetings are occurring on a regular basis. • All team meetings will be minuted, brought to the attention of all staff and a record maintained within the centre going forward. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Provider has ensured that all listed behaviours of concern have now been assessed in terms of risk. <p>Fire Safety Plan (Compliance Plan submitted to HIQA 17/08/2021):</p> <ul style="list-style-type: none"> • The registered provider will ensure adequate arrangements are in place for evacuating of all persons in the designated centre. Action Complete • The PIC will ensure that simulated fire drills will be carried out to ensure the safe evacuation of all residents in a timely manner. Action Complete and on-going • The PIC has organised specific bespoke fire training with Fire Protection Ireland to ensure that all staff can evacuate all residents as per the Personal Emergency Evacuation Plans. Action to be Completed 20/09/2021 • The PIC will ensure an urgent Multi Disciplinary Team meeting to discuss strategies for 1 resident who does not engage in fire drill evacuations. Action to be Completed 20/09/2021 • The PIC will ensure to engage with the local Fire Service to inform them on the residents profiles and the Individualised Personal Emergency Evacuation Plans. Action to be Completed 20/09/2021 • The PIC will provide a ski sheet/ski pad for 1 resident to ensure a quick and safe evacuation in the event of a fire in the designated centre. Action Complete 	

<ul style="list-style-type: none"> • The PIC will complete updated risk assessment in relation to Fire evacuation within the designated centre. Action Complete 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The Provider has ensured that documentation to support a resident with their behaviours of concern are consistent and protocols for the administration of a chemical intervention are now aligned to the resident's behavioural support plan. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Provider has ensured that procedures are in place to ensure that all allegations would be monitored and referred to the centre's designated officer if required.</p>	

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 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	19/08/2021
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.	Substantially Compliant	Yellow	20/09/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and	Substantially Compliant	Yellow	17/08/2021

	skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	13/08/2021