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Cairdeas Services Kilkenny, OSV-0005054, 23 May 2018

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

Name of designated centre:	Cairdeas Services Kilkenny
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	23 May 2018
Centre ID:	OSV-0005054
Fieldwork ID:	MON-0021942

About the designated centre

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

The statement of purpose details that the centre provider long-term care to 8 adult male and female residents. These residents have a severe intellectual disability, require nursing interventions and have additional care needs. The centre comprises two bungalows located some distance from each other in rural towns. They have good access to local services and amenities and the premises are suitable in lay out and facilities to meet the current and changing needs of the residents. There are a number of day services attached to the centre, which offer a variety of programmes suitable for the residents.

The following information outlines some additional data on this centre.

Current registration end date:	09/09/2021
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or 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
23 May 2018	09:30hrs to 19:00hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met four of the residents and spoke with one resident during this inspection. Other residents allowed the inspector to observe some of their routine and communicated in their own manner. It was apparent that they were very familiar with the staff and comfortable in their presence.

Residents told the inspector that they enjoyed living with their friends in the centre and had fun with the staff who knew what they liked and did not like. They helped them to do lots of things and go places and if they needed anything staff got it sorted for them or got someone to sort it. Staff completed questionnaires with residents and these were positive.

Capacity and capability

All actions relating to governance identified at the previous inspection had been addressed.

The person in charge, who was suitably qualified and experienced, had been given sufficient protected time to carry out the function in both units effectively and roles and responsibilities were clearly defined. This contributed to the centre being well managed with good oversight and practices to ensure the safe and effective delivery of care to the residents.

There were good reporting and communication systems evident, which ensured the residents care needs were promptly identified and responded to via the internal multidisciplinary clinicians and the service manager.

There were systems for quality improvement, health and safety reviews and effective and timely reviews of all accidents and incidents took place. Audits of all such events including medicines errors, behaviour incidents and accidents were undertaken and monitored. It was noted that medicines errors had decreased significantly.

These audit systems were used effectively to promote ongoing improvements, change and development. A number of unannounced visits and additional spot checks by the person in charge or service manager took place which were detailed and areas for improvement were identified. Actions required from such visits were

seen to be completed or progressed satisfactorily.

An annual report had also been prepared which was in suitable format for the residents. This did require some improvements in detail to provide an analysis of the information available and a transparent review of the quality and safety of care. The views of both residents and families were ascertained and reflected positively on the service. Overall the inspector was satisfied that the systems used were effective and resulted in changes for residents. For example, changes had been made to the environment, activities and risk assessments.

The statement of purpose and all of the required documentation for the renewal of the registration had been forwarded in a timely manner. The service was operated in accordance with this statement which supported residents wellbeing and welfare.

The skill mix and staffing levels were appropriate to the assessed needs for residents who required nursing oversight in one unit and full time nursing care in another. The inspector saw that the provider was responsive to residents changing needs. Where additional staff or nursing care had been required due to significant illness this was planned for and provided. This ensured the residents had the care and support needed.

Following the last inspection the provider had also altered the staff hours in one unit to allow residents better access to activities and more time for personal care needs.

Staff and managers were seen to be very familiar with the residents' needs and preferences and fully engaged with them. There was a commitment to ongoing staff training evident and all mandatory training was completed with schedules for 2018 available. In addition to this non-nursing staff had a range of qualifications with FETAC level five as the minimum entry requirements. This ensured staff had the skills and knowledge to meet the needs of the residents under the direction of the person in charge.

Recruitment practices ensured residents were protected at all times. for example due to staff shortages a number of agency staff were used however, the required information was procured prior to the staff commencing and consistent personnel were used which supported continuity of care for the residents.

Records also showed that there was pertinent and formal staff supervision undertaken by the person in charge although this could be undertaken more frequently. However, there was good oversight and team meetings were held regularly to ensure staff were familiar with the residents changing needs.

From a review of the incident reports, it was evident that the person in charge was forwarding the required notifications to HIQA and that actions taken in relation to these were appropriate, proportionate and responsive.

A revised agreement for service had been issued to residents and their representative. Additional charges which were minimal were clearly defined in the new contract.

The inspector noted some matters in relation to documentation which required review. These included records of statements which may constitute complaints and support plans for small number of healthcare issues. However, having reviewed a number of other records including daily diaries, multidisciplinary meetings and advice and from speaking with staff the inspector was satisfied that the correct procedures were followed, issues were addressed and appropriate care given.

Registration Regulation 5: Application for registration or renewal of registration

All the required information was supplied for the application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and demonstrated competence in the role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff with the necessary experience to meet the needs of the the residents and recruitment practices were satisfactory.

Judgment: Compliant

Regulation 16: Training and staff development

There was a suitable skill mix of staff and ongoing and mandatory training was maintained.

Judgment: Compliant

Regulation 21: Records

Some records were not consistently maintained or detailed.

These included:

Support plans for medical conditions and treatment given.

Judgment: Substantially compliant

Regulation 22: Insurance

There was evidence of up to date and satisfactory insurance cover.

Judgment: Compliant

Regulation 23: Governance and management

The management structures and systems were sufficient and effective to ensure the safe delivery of care.

Resources were well utilised to the resident benefit.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission processes took account of the varied needs of the residents and contracts were agreed with the residents or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose details the services to be provided and to whom and care is delivered in accordance with this statement.

Judgment: Compliant

Regulation 30: Volunteers

Where volunteers are used to provide additional support to the residents they are appropriately vetted and the role is clearly defined.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied that the person in charge was forwarding all the required notices of incident occurring to HIQA

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There are suitable arrangements in place for the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed promptly at local level and it was apparent that staff responded to any expressions of dissatisfaction.

There was a formal monitored complaints process and there was also evidence of multidisciplinary involvement with more complex issues

multidisciplinary. However, not all statements had been recorded discreetly as

complaints.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All of the required policies were in place.

Judgment: Compliant

Quality and safety

It was apparent on this inspection that residents' quality of life and complex care needs were understood and responded to and the provider demonstrated that residents needs could be met in the centre.

Residents had good access to multidisciplinary assessments of their health care and social care needs, which were reviewed as the need changed with additional support implemented as a result.

Detailed support and personal plans were implemented and staff were very well aware of the resident's individual needs. Staff also helped the residents to undertake any interventions such as physiotherapy or exercise programmes to maintain their health and access to activities.

Their health was carefully monitored and the inspector saw that staff had reacted very promptly to a sudden and unexplained change in a resident's demeanour. Residents were also supported by staff in any periods of admission to acute care. Additional nursing support and external expertise such as wound care specialist had been sourced to ensure that all the necessary equipment and care was available to meet residents needs. Staff also received additional training in specialist interventions to ensure they could provide the care necessary. There was good access to pertinent clinicians including physiotherapy, speech and language, neurology and dentistry. Dietary needs and preferences were well known by staff and these were supported.

Multidisciplinary reviews were held as often as needed and these were seen to be comprehensive. Personal support meetings were also held which residents or their representatives attended as appropriate. New goals and experiences were decided on with the consultation and knowledge of the residents.

According to their own preferences residents had good access to the community and to external activities. To this end staff were very aware of the residents preferences and the type of environments which they were comfortable in or not. Residents went to concerts, choral music events, out for a drink, lunch and to the local shops, They had one to one activities such as walks crafts, sensory supports, massages, and tabletop activities.

While a number of residents attended day care services, some did not or went when they wished to. They did the activities they enjoyed during the day, or stayed in bed, had a rest, listened to their music or worked on growing their plants. Day services were tailored to meet individual needs, for example, some included literacy and others focused more on therapeutic support.

Residents who required additional support with communication were assisted with pictorial images. The support plans for communication were very detailed and staff were aware of them. They also had access to mobile phones and Skype. These systems were trialled to see if they would suit the residents.

There were effective systems in place to protect residents from harm with social work services integral to the organisation and policy, which was in accordance with the national guidelines. The inspector found that there was a considered response to any incidents, which occurred between residents, which took account off the vulnerability of individuals, the circumstances and relationships in the centre. In this way, residents were supported to live together and understand their own behaviours. One resident had an external advocate for specific advice.

Behaviours that challenged were managed with good oversight and guidance from mental health and psychology services. They were responded to promptly and the interventions were monitored frequently to prevent deterioration and support the residents. The inspector saw that the staff understood the reasons for the behaviours and supported the resident in a calm and reasonable way.

The action from the previous inspection in relation to the use of restrictive practices had been resolved with evidence of oversight of such practices. The inspector saw that where they were used they were risk assessed as needed and reviewed and proportionate.

There was minimal use of medicines to manage behaviours and this was also monitored.

Guidance on intimate care demonstrated a commitment to protecting resident's dignity and integrity. Residents required support with their financial management and there were good oversight and monitoring systems implemented. The premises promoted residents privacy and all had individual bedrooms and bathrooms with many personal belongings and certificates of various achievement.

It was apparent that the resident's wishes and preferences were heard. While formal meetings were not suitable for all residents, individually key workers supported them to express their wishes and preferences about their daily routines, meals, and

all aspects of care.

Actions required in relation to risk and fire evacuation procedures had been satisfactorily resolved and all residents had revised evacuation plans which reflected their needs. Regular drills were held and all the necessary fire safety manage equipment was in place and serviced as required.

Risk management systems were effective and proportionate with clinical and environmental risks identified and management plans implemented to keep residents safe. There were detailed and pertinent risk assessment and management plans for each resident including falls, mobility, skin care, and diet and seizure activity.

Health and safety matters was also managed well and effective and timely arrangements had been made during the adverse weather events. Medicines management systems were safe and residents medicine were frequently reviewed.

Regulation 10: Communication

Residents are supported to communicate and there are good guidelines for staff to enable them to understand the residents means of communication.

Judgment: Compliant

Regulation 12: Personal possessions

Judgment: Compliant

Regulation 13: General welfare and development

Residents day service, training and supports were tailored to their individual needs arrangements were altered to suit the residents.

Judgment: Compliant

Regulation 17: Premises

The premises are suitable in size and lay out to meet the current and future needs of the residents

Judgment: Compliant

Regulation 18: Food and nutrition

Residents nutritional needs are assessed , monitored and supported by staff with access to the relevant experts to promote this.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was satisfactory information available in the event of the transfer of a resident and where a resident was admitted to acute care staff support was made available to ensure his or her needs were understood and supported.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective systems in place for the assessment and management of risk and issued were responded to appropriately .

Judgment: Compliant

Regulation 27: Protection against infection

Suitable practices were in place and seen to be used for the prevention and management of any infections.

Judgment: Compliant

Regulation 28: Fire precautions
Fire prevention and management systems were satisfactory and there were now suitable plans in place for the evacuation of residents should this be required.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Systems for the safe management of medicines were in place and any errors were noted and acted on.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents had pertinent multidisciplinary assessments and personal plans, these were frequently reviewed and undertaken in consultation with the resident and their representatives
Judgment: Compliant
Regulation 6: Health care
Residents had prompt and ongoing access to relevant healthcare clinicians and staff were vigilant in monitoring their healthcare needs
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were supported with access to specialist behaviour supports and guidance which staff were familiar with and which was frequently monitored and reviewed.

Judgment: Compliant

Regulation 8: Protection

Systems for recognising and responding to abusive or potentially abusive situations were in place and effective.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and their representatives as appropriate were consulted in regard to their care and their privacy and personal dignity was seen to be respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairdeas Services Kilkenny OSV-0005054

Inspection ID: MON-0021942

Date of inspection: 23/05/2018

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All records have been reviewed and a protocol has been introduced regarding specific medical conditions.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Any complaints received in the future will be recorded in the complaints recording log book and followed up with immediate urgency.</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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30 th June 2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	10/7/2018