### Health Information and Quality Authority

#### Regulation Directorate

**Compliance Monitoring Inspection report**  
**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tory Residential Services Kilmeaden</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003267</td>
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<tr>
<td>Centre county:</td>
<td>Waterford</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services South East</td>
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<tr>
<td>Provider Nominee:</td>
<td>Johanna Cooney</td>
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<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

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<td>06 September 2016 18:30</td>
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<tr>
<td>07 September 2016 09:30</td>
<td>07 September 2016 12:45</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Brothers Of Charity Services Ireland. This centre had one inspection previously in January 2015 which identified some areas in need of improvement, most notably in relation to the installation of fire management systems, personal planning, the management of risk and staff training. These actions were followed up on during this inspection, and appropriate steps taken to address these.
How we gathered our evidence:
The inspector met with three residents, one staff member, the person in charge, two persons involved in the management and reviewed family and representative questionnaires. Documentation was also reviewed as part of the inspection including personal plans, risk assessments, policies and procedures, minutes of meetings and adverse events and complaints records.

Description of the service:
The designated centre is a two storey detached house in a small village in County Waterford. As described in the provider's written Statement of Purpose, this centre caters for three residents within the moderate disability range aged 45 - 55 years.

Overall judgment:
Overall, the inspector determined that the provider had adequately addressed the previous action plan and brought about improvements in the service and facilities on offer. Residents told the inspector that they were very happy living in the centre and with the support from the staff team and the organisation as a whole. The premises and gardens were maintained to a high standard with ample space for personal and communal use by residents. The inspector found that residents' rights were promoted and they were encouraged to have choice and control over their own lives. There were appropriate management systems in place to monitor the quality and safety of the service and to gather the opinion of residents, their families and representatives. Of the 18 outcomes inspection, 17 outcomes were found to be fully compliant, with one outcome substantially compliant. This was in relation to fire doors which had been ordered, but not yet installed in the designated centre.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were consulted with about the day to day decisions of the centre and their lives. There were weekly house meetings to decide upon the coming weeks activities and menus and to discuss any issues. Residents and their families or representatives took an active role in the direction of their lives through the person centred planning meetings, and the inspector saw evidence that any changes or information about the centre was given to residents in a written format and easy read guide where necessary.

Residents told the inspector that they felt that their privacy, dignity and rights were respected while living in the centre. Each resident showed the inspector their own bedrooms, which had ample space for personal belongings. Residents were assessed in relation to money skills and were supported if required to manage their finances in a safe and transparent manner.

Residents were supported to self advocate and if necessary access external advocacy services to support them. There was evidence of staff and management assisting residents with rights issues around the writing of wills and testaments and family matters. The inspector found evidence that residents were on the voting register and had the choice to vote if they so wished.

There was a policy in place regarding the management of complaints along with a user friendly procedure where residents each held an "I'm not happy" card with their details on them. Should a resident wish to raise a complaint or concern they could easy drop their card into the complaint box and an appropriate person would assist them in dealing
with their complaint. Residents spoke positively about using this process and felt that anything they raised was respected and followed up on. There was a log maintained of all complaints and actions taken to ensure satisfaction of all parties.

**Judgment:**
Compliant

### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there was a policy in place along with information in residents' integrated plans on communication needs including hearing support. The inspector found that staff and management knew how to communicate effectively with residents and encouraged positive interactions. Residents had access to radio and television and local events in the community.

**Judgment:**
Compliant

### Outcome 03: Family and personal relationships and links with the community
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that families and friends were actively encouraged to be involved in the lives of residents. Residents spoke with the inspector about their relationships and the supports in place to keep them connected with people that were important to them. For example, through annual review meetings, supporting with transport for visits and ensuring residents knew the phone numbers of the important people in their lives.
Residents enjoyed visits home with family and friends at weekend and spoke of the community events and facilities that they enjoyed accessing with the support of staff. For example, sporting events, concerts, shows and the library. Records were maintained of family and community engagement in residents' personal plans.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that there was a transparent criteria for admission into the designated centre as outlined in the Statement of purpose and the policy with regards to admissions. The centre catered for three residents with moderate intellectual disabilities and had no vacancies at the time of inspection.

Each resident had a written agreement entitled "service undertaking" which clearly outlined what services and supports were on offer in the designated centre and these included any costings. The inspector found that financial accounts were in line with what was outlined in the written agreements.

**Judgment:**
Compliant

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**Outcome 05: Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*
### Theme: Effective Services

#### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The inspector noted improvements in relation to the assessment and planning documentation of residents’ personal, social and health care needs since the previous inspection. Any action from the previous action plan had been suitably addressed.

The inspector reviewed all residents personal plans entitled "integrated personal and health care plans" and found them to be comprehensive. Within the planning documentation, which covered all aspects of life were assessment tools to determine any support requirements under areas such as living skills, daily routines and intimate care. Each resident also had a yearly circle of support meeting to gather information about the residents wishes and aspirations for the year ahead. Should any additional needs or risks be identified through the suite of documentation then appropriate plans were written up. For example, a public transport support plan and oral health care plans.

The inspector reviewed residents’ weekly planners and spoke to residents and found that residents attend formal day services settings. Within their day placements residents had specific tasks and roles and also opportunities for active engagement in the community. Residents were supported by the staff in the designated centre to attend social outings of interest such as rehearsals for plays and sporting events. Residents had active and busy lives and told the inspector that they enjoyed their daily routines and the opportunities to be social and engage in fun activities with peers.

#### Judgment:
Compliant

### Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

#### Theme:
Effective Services

#### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The inspector found the design, layout and location of the centre was suitable for its stated purpose and the needs of residents.

The designated centre was a detached house located in a village in County Waterford, within walking distance of a local shop and amenities. The building was finished to a high standard and was well maintained. Each resident had their own bedroom with ample space for personal belongings. The provider had recently completed a new wet room in the downstairs of the house to accommodate a resident who had difficulties with the stairs. Residents showed the wet room to the inspector and expressed their satisfaction with the work carried out.

There was suitable communal space in the centre, and sufficient furniture to promote positive and inclusive mealtimes.

The inspector found the requirement of Schedule 6 was met.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans. There was a safety statement dated January 2016.

The inspector found that the provider had ensured a fire detection and alarm system had been put in place in the designated centre, and this was evidenced as being checked and serviced routinely by a relevant fire professional. There was solar powered emergency lighting in place. Fire extinguishers were located around the centre, and evidenced as serviced routinely by a relevant professional. Fire exits were unobstructed and well sign posted.

The inspector reviewed documentation and spoke with residents and staff and determined that regular fire and evacuation drills were conducted including three deep
sleep drills in the past 6 months. The inspector reviewed training records, and found that all staff had been provided with fire safety training. Residents told the inspector that they felt safe in the centre and they knew what to do in the event of an emergency. Resident could outline the assembly point and fire exits in their home.

The person in charge informed the inspector that fire doors had been ordered for the internal kitchen doors of the building and were expected to arrive within a six week period. This had been an action from the previous inspection. The inspector was shown documentation in relation to this order, however, they had not yet been installed.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident. The inspector noted 4 adverse events recorded for the year to date. These had all been formally recorded, reviewed and subsequently referred to other multidisciplinary team members if necessary.

The inspector found that there was a system in place to identify, assess and manage risk in the designated centre. There was a risk management policy written up as required by the Regulations. There was a risk register maintained which outlined all identified risks and the control measures in place to alleviate or reduce these. The inspector found that control measures were proportionate to risk, with residents’ right to take a risk being respected. Skills teaching and information was included in residents’ weekly meetings in relation to the management of risks.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Findings:**
The inspector found that there were measures in place to safeguard residents from harm in the designated centre.

There were organisational polices regarding the protection and safeguarding of vulnerable adults, provision of intimate care, behaviour support and the use of restrictive practices. Staff spoken to during the inspection could discuss what to do if they were concerned about a resident and explained that they had received training on
Peer to peer interactions had been notified to HIQA and managed in line with national policy. The inspector found that a practical approach had been taken to supporting peers to get along, with mediation support offered to deal with any safeguarding issues. The inspector found that staff were advocates for residents safety and had put additional supports in place for residents who were vulnerable. For example, training in life skills and self protection. There was a named designated officer who held the role of social worker and who managed any concerns or allegations of abuse or harm.

Residents did not display any behaviours that were concerning or challenging. Should this occur there was a policy to guide staff in line with best practice and appropriate supports could be accessed if required. For example, referral to a behavioural specialist. Staff had all been offered and attended training in supporting residents with behaviours of concern.

**Judgment:**
Compliant
### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
The inspector found that residents living in the centre had opportunities for new experiences and social participation in line with their own preferences and interests. Residents attended day services setting during the day and spoke to the inspector about the roles that they had. For example, working in a packaging environment or garden centre. The inspector found that residents were encouraged to be as independent as possible, and there was a focus on the protection and promotion of residents' rights.

Residents had access to their local communities such as sporting events, local facilities and amenities and friendships were promoted.

### Judgment:
Compliant

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

### Theme:
Health and Development

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
The inspector found that residents' health care needs were assessed and planned for in the designated centre. There was evidence of timely access to allied health care professionals such as general practitioner (GP), physiotherapy, occupational therapy, speech and language therapy (SALT). The provider employs a nurse educator to assist staff and residents in promoting best possible health. The role of nurse educator supports staff to ensure medical appointments are attended, assessments are completed and information is recorded.

Records were maintained of all health appointments and their recommendations. Each residents' individual personal plans contained information of their medical needs and outlined any specific supports required. For example, a falls care plan and a swallow care plan. Family questionnaires agreed that residents health care needs were met.

The inspector spent time with residents during their evening meal and found that a positive, un-rushed experience was promoted. Residents told the inspector that they decided upon their meals at the weekly house meetings. Residents were encouraged to make healthy choices. Residents had access to SALT and dietician services if required.
**Outcome 12. Medication Management**  
Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector found that residents were protected by safe medicines management systems and practices which were guided by written policies and procedures. Actions as a result of the last inspection had been adequately addressed.

The inspector reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Medicine was stored securely, and was administered by care staff who had all received training in the safe administration of medicines.

There was a system in place for recording and reviewing any medication errors, along with audits carried out by the person in charge and the local pharmacist. Incidents of medication errors were low in the designated centre.

There were clear protocols in place to guide staff on when to administer p.r.n (as required) medicine which included the maximum dosage to be taken in a 24 hour period.

**Judgment:**  
Compliant

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**Outcome 13: Statement of Purpose**  
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**  
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there to be a written statement of purpose in place in the
designated centre which was a true reflection of the services offered and practices
observed on inspection.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an
ongoing basis. Effective management systems are in place that support and promote the
delivery of safe, quality care services. There is a clearly defined management structure
that identifies the lines of authority and accountability. The centre is managed by a
suitably qualified, skilled and experienced person with authority, accountability and
responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that there were effective management systems in place in the
designated centre to monitor and develop the experience of residents. For example, an
annual review had been carried out since the last inspection along with unannounced
visits and continuous auditing of areas such as safety and medicines management. The
inspector found clear action plans to address any issues identified through the audit and
review system.

The inspector spoke with the person in charge throughout the inspection, and reviewed
her information as part of the application to register and found that the person in charge
was suitably skilled, qualified and experienced for the role. The person in charge had
responsibility for managing three designated centres along with day services. This
arrangement worked well due to the support of a team leader role and the management
systems that were in place.

The lines of responsibility, accountability and reporting were very clear, and know to
residents, staff and families. Staff reported to the residential team leader or the person
in charge, who in turn reported to the regional services manager and onto the provider
nominee. There was clear communication between the person in charge, persons
participating in the management of the centre, and other key personnel such as the
multidisciplinary team. For example, regular senior management meetings,
multidisciplinary team meetings and staff meetings.

A formal system of documented staff supervision was now in place, as outlined in the action plan response following the previous inspection.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and provider nominee were fully aware of the requirements to notify HIQA of any such absence.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the centre was effectively resourced to deliver a service in line with the Statement of Purpose, and to ensure residents care and support needs were met. The inspector determined staffing resources to be adequate. There was a vehicle available to the designated centre in order to ensure residents' daily activities and
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there was a planned and actual staffing roster in place, and determined that the number and skill mix of staff was adequately meeting the assessed needs of residents. The centre had one staff on duty at a time, and at present this was working well.

The staff team also offered ad hoc drop in support to two people who lived independently two doors down from the designated centre. The inspector met one of the people living there as they often came into the centre for social visits. The inspector found that this additional duty on staff was not having a negative impact on the running of the centre.

Interactions between staff and resident was respectful and warm. Residents told the inspector that they felt listened to and that staff were helpful. Family and resident questionnaires outlined that they felt there was adequate number of staff on duty, and praised the staff for the support they give.

The inspector reviewed a sample of staffing files for permanent and relief staff working in the centre, and found them to be meeting the requirements of Schedule 2. Recruitment practices were found to be in line with the organisational policies and ensured safe recruitment of staff. There was an evidenced system of supervision in place on a one to one basis with all staff members by the person in charge. Staff meetings were held regularly and staff felt they could raise any issues or concerns.

The inspector spoke with staff and reviewed training records, and found that staff were offered training routinely to ensure they were adequately skilled to carry out their duties. For example, all staff had up to date training in safeguarding of residents, fire safety and manual handling.
**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that documentation in the designated centre and in relation to the care and support offered to residents was maintained. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place.

Written operational policies were in place and implemented as required by Schedule 5 of the Regulations. Staff were aware of the content of the Schedule 5 policies, and how to access them if needed.

The inspector reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence of up to state insurance reviewed on inspection.

**Judgment:**

Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Tory Residential Services Kilmeaden</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003267</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 September 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26 September 2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire doors while ordered had not yet been installed in the centre.

1. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Registered Provider has engaged a new supplier who will be calling to the designated centre to measure up and process the order for fire doors. These will be installed in line with current regulations.

**Proposed Timescale:** 31/10/2016