

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tory Residential Services Tramore
<b>Centre ID:</b>	OSV-0004724
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	0

## 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 1 day(s).

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

From: 28 July 2016 08:30 To: 28 July 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to 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 March 2016 which found that residents received a high-quality service and had meaningful lives. The previous report outlined the need for the provider to address some actions in relation to fire safety and the installation of equipment. These actions were followed up on during this inspection, and appropriate steps taken to address these.

#### How we gathered evidence:

During the inspection the inspector spent time and spoke with four residents, three staff members, the person in charge, the residential team leader and the designated officer for safeguarding. Feedback was also provided to inspectors from questionnaires completed by seven residents and two family members. Key policies and documents were also viewed as part of the process including a sample of person-centred plans, assessments, contracts, and the fire and risk register.

#### Description of the service:

The designated centre is made up of two houses, one located in a quiet location on the outskirts of town, and the other based nearer to the centre and within walking distance of the local amenities. As outlined in the statement of purpose, this centre provides support to nine men, within the mild to moderate intellectual disability range. The centre is referred to as a low support centre.

#### Overall judgment of our findings:

This inspection was carried out to make a decision on the registration of the centre. Overall the inspector determined that residents received a high-quality service that was safe, person-centred and meeting individual needs. There was a stable staffing team, some of whom had worked for the organisation for a number of years. The inspector found the two houses to be homely, well-maintained and located suitably for each group's preferences. The person in charge was suitably skilled, experienced and qualified and managed the centre efficiently. Residents expressed their happiness at living in the centre and how they were supported. The inspector found a proportionate approach to risk management, with measures in place to safeguard residents along with promoting their right to take a risk and try new experiences.

Of the 18 outcomes assessed 17 were found to be compliant. The provider had taken steps to address the issues raised in the previous report, with additional fire equipment ordered but not yet installed.

These are further discussed along with the action plan at the end of this report.

**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' privacy, dignity and rights were promoted and respected in the designated centre, and that residents were consulted and engaged in decisions about their care and support.

There was a policy and procedure on the management of complaints along with an easy-to-read version. Residents all had their own "I'm not happy" card with their name and contact details on them. Should they wish to raise an issue they could put this card into the complaints box and a social worker would follow up with them. Residents that spoke with the inspector indicated that they could easily raise any issues or concerns and they would be listened to. On review of documentation the inspector found there to be transparent recording, responding and learning from any complaints made. The inspector found that some residents had been encouraged to contact their local councillors and An Garda Síochána to voice complaints about community issues such as littering and loitering.

The inspector determined that residents were encouraged to take control and make choices around their daily routines and lives in general. Residents were encouraged to be as independent as possible. On review of the nine questionnaires submitted by residents and families, all of them indicated that residents took part in decisions made about their lives, and that they were aware of their rights living in the centre.

Each resident had their own private bedroom decorated to their own tastes and interests. The inspector noted some residents chose to lock their rooms and that this was respected by staff. Information regarding residents was securely located to ensure

privacy. Residents told the inspector that they had enough safe space for their belongings, and if necessary could seek support from staff around their finances.

Interactions between staff and residents were positive and familiar. Residents who spoke with the inspector all indicated that they liked living in the centre, and felt well cared for and respected by staff members.

**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 residents were encouraged and supported to communicate at all times. Supportive interventions were available and provided if deemed necessary. For example, access to speech and language therapy. On review of personal plans the inspector found that they included any individual communication requirements.

There was a policy on communication in place and the centre had access to radio, television and internet.

**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 connections with family and personal relationships were promoted through the personal planning process, in line with residents' preferences and wishes. Family contact and consultation was promoted by staff working in the centre, with some residents having been supported to reconnect with family members that had lost touch. Residents spoke positively about the ways that they were encouraged to maintain relationships with their family and friends.

The inspector reviewed documentation and spoke with staff and found that there was access to a social work team to assist in maintaining relationships, with additional supports introduced if necessary.

**Judgment:**

Compliant

**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 were policies on the admissions, transfer and discharge of residents in place. The statement of purpose also outlined the general criteria for admission the centre and the provider had applied to register for nine beds.

The inspector reviewed documentation and found that residents had signed written agreements outlining the terms and conditions of the care and support on offer to them. Residents were aware of these agreements and what they included.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' personal, social and health-care needs were assessed and planned for in the designated centre. Each resident had an outcomes-focused assessment tool completed on a yearly basis, along with other assessments that may be necessary. For example, money management assessments and pathways to independence assessments. These assessments informed the individual personal plans which set out the supports required for any identified need or risk. Residents who spoke to the inspector outlined their involvement in the planning process and satisfaction with the supports on offer to assist them in achieving their personal goals.

The inspector found that residents were encouraged and supported to be social, and partake in their local communities suitable to their interests and abilities. For example, joining active retirement groups or befriending other members of the community.

The inspector found that where residents had to transition between services this was done so in a planned manner. Due to a resident's changing needs, he is currently being supported outside of the service. This transition had been supported by the organisation with additional staffing supports and visits in place to ensure continuity of care for the resident.

**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 that the design and layout of the building was suitable for its stated purpose and function.

The centre comprised two detached bungalows located a number of kilometers apart. The first bungalow catered for five residents and the second catered for four. The inspector found that the location of each unit was suitable to the needs and preferences of the residents living in them. Each resident had their own private bedroom, some of which had en-suite facilities. There was sufficient communal space available for residents.

Each location had well-kept garden space for residents' use. Residents showed the inspector vegetables they had planted in the garden, along with the chicken coop and hut for the pet rabbit.

The inspector noted that the two bungalows were maintained to a high standard both internally and externally. Residents expressed satisfaction with their accommodation.

The inspector found the requirements of Schedule 6 were well 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.

The inspector found there to be an evidenced system of checking and servicing of the fire detection and alarm system along with the emergency lighting. Fire extinguishers

were in place in 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 deep sleep drills, with supports offered to ensure residents could evacuate safely in the event of an emergency. The inspector reviewed training records, and found that all staff had been provided with fire safety training. Residents told the inspector that they had completed fire safety training and knew what to do in the event of an emergency. There was also an easy-to-use telephone in both locations with photographic display speed dials.

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 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 14 adverse events recorded in the past six months. 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. There was a focus on skills teaching and making residents aware of natural consequences so that they could make an informed decision.

The inspector found that infection control risks had been assessed and well managed. For example, there was a plan in place regarding the cleaning and care of poultry and rabbits.

**Judgment:**  
Substantially Compliant

### **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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from harm and to promote residents' safety in the designated centre.

There were policies and procedures in place in relation to the protection of vulnerable adults, residents going missing and the provision of intimate care. Residents spoke with the inspector about using their "I'm not happy" card, which was an accessible way for a resident to show that they needed to talk about something that they were not happy with.

There was a named designated officer who held responsibility for dealing with any allegations or suspicions of abuse or harm. This person was well known to residents and staff. The inspector met with the designated officer who demonstrated the process to be followed when dealing with an allegation or suspicion. Any concerns or issues followed due process and were in line with national policy. Staff had a clear understanding of how to report any allegations or suspicions and had all received training in the safeguarding of residents.

Residents told the inspector about the "living together guidelines" which were there to assist and encourage residents to respect each other while sharing a home. Family and resident questionnaires outlined that residents felt safe living in the centre.

Residents were supported and listened to, and respectful interactions were observed throughout the inspection. There was a management and monitoring team in place to ensure residents safety was promoted should there be any concerns and plans to promote residents' safety drawn up and reviewed.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the record log of all accidents, incidents and near misses and found that any notifiable event had been recorded and submitted to HIQA within the required time frame. The person in charge was aware of the regulatory requirements under regulation 31.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**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 living in the centre had active lives in line with their own preferences and interests. Residents attended day services, paid employment, voluntary roles, community-based groups and some residents had attended college courses. 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). Residents also had access to alternative therapies if they so wished such as kinesiology and Reiki. Records were maintained of all health appointments and their recommendations. Each resident's individual personal plans contained information of their medical needs and outlined any specific supports required. For example, a diabetes health-care plan and a swallow care plan. Family questionnaires agreed that residents' health-care needs were met.

Although the inspector did not observe any meal times during the inspection, residents spoke of the choices they had around meals and their involvement in their preparation. Documentation showed residents had choice and control in what they would like to eat, and were informed of and encouraged to make healthy choices for a balanced diet. Nutritional goals were on display in the centre to encourage the promotion of healthy lifestyles. Food and fluid intake was recorded if necessary, along with access to dieticians or SALT services if required.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that policies, procedures in relation to the management of medicine were guiding safe practice.

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

There were clear protocols in place to guide staff on when to administer p.r.n (taken as the need arises) medicine which included the maximum dosage to be taken in a 24 hour period. Medication errors were low in the centre, with a clear system of recording and reviewing any error should they occur.

Overall the inspector determined that residents were protected by safe medicine management practices in the designated centre.

**Judgment:**  
Compliant

**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, 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 known 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.

**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. There were vehicles available to the designated centre in order to ensure residents' daily activities and routines were met, and to support relationships with families and friends. As mentioned under outcome 6, the requirements of the regulations were met by the provider.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**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. Each house had one staff member on duty at a time, and at present this was working well.

The staff team in one house also had to support a person attached to the organisation who lived independently with drop-in support. At times this put additional pressure on the staff in maintaining the routines of residents living in the centre. However, alternative arrangements were being put in place at the time of the inspection and at the time of report writing the staff team were no longer required to carry out this

additional support to the person outside of the designated centre.

At all times throughout the inspection process, the inspector observed staff interacting with residents in a professional, warm, caring and dignified manner. Residents spoke fondly of staff and said that they felt well cared for and supported. The inspector noted that a number of staff had worked in the organisation for a long period of time, and residents enjoyed speaking of earlier times and events with staff who knew them well.

The inspector reviewed a sample of staff 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 organisation's 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.

**Judgment:**

Compliant

**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 submitted as part of the application to register.

**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

Action Plan

Provider's response to inspection report<sup>1</sup>

Centre name:	Tory Residential Services Tramore
Centre ID:	OSV-0004724
Date of Inspection:	28 July 2016
Date of response:	27 September 2016

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:**

A fire door had not been installed in the kitchen as highlighted in the providers previous action plan response.

**1. Action Required:**

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

<sup>1</sup> 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 has been to the designated centre measured up and ordered fire doors. These will be installed in line with current regulations

**Proposed Timescale: 21/10/2016**