



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2021
Centre ID:	OSV-0005104
Fieldwork ID:	MON-0033416

## About the designated centre

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

The service is described as offering long-term residential care to three adults, with low-support needs who attend various education or training and recreational services within the organisation. The social care staff work alone, are supported by the management team and a core group of relief staff.

The premises are a two-story house in a housing estate located in a community setting, in a rural town with good access to all amenities and services. All residents have their own bedrooms and there is good and very comfortable, well maintained shared living space, and suitable shower and bathroom facilities and gardens. Residents have very good control of their own personal possessions and each resident personalised the house and their own bedrooms with televisions, stereos and mementos such as photos and medals.

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

Number of residents on the date of inspection:	3
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 8 July 2021	09:00hrs to 17:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality of life. Residents told the inspector that they were happy in their home and that they participated in activities that they enjoyed.

On the day of the inspection, the inspector met with all three residents that lived in the centre. On arrival, one resident greeted the inspector and welcomed them to their home. In line with COVID-19 guidance, the inspector provided their temperature reading to the resident and the staff who greeted them. The inspector also provided their identification to the resident to identify themselves as the Health Information and Quality Authority (HIQA) inspector.

The designated centre was located in a housing estate in a village on the outskirts of Waterford city. Pubs, restaurants, shops and a pharmacy were all located in walking distance of the centre. The front of the premises contained an area to park the designated centre's vehicle, and a front garden with a grass area. Freshly sowed flowers were observed, and one resident showed the inspector potted plants that they had sown. This resident used to attend a horticulture program, however this had been stopped due to the COVID-19 pandemic. Gardening in their home had been a keen interest for this resident, and it was evident that they took great pride in the garden. Later, the inspector saw photographs taken of all three residents sowing the flowers in their garden.

This resident gave the inspector a tour of their home. At the back of the house there was a private, enclosed garden area with seating. This garden was well maintained and the resident showed the inspector the garden shed that the residents were currently painting. Colourful garden ornaments were on display, enhancing the area where residents could relax and enjoy the good weather.

In the kitchen, the inspector met the other two residents who lived in the centre. Both residents were observed completing physiotherapy exercises with staff support. Residents and the staff member on duty told the inspector that they planned to visit a local garden centre for a drink. Residents appeared excited about the visit, with one resident telling the inspector that they would be having a preferred fizzy drink, while another resident planned to get a coffee.

One resident waited outside until the other residents were ready to head off on their journey to the garden centre. The resident showed the inspector the vehicle that they used. The vehicle had previously been shared with the day service, however it was available to residents daily during the COVID-19 pandemic. The vehicle was taxed and insured, with a valid NCT (National Car Test) certificate.

Residents were observed getting ready for their trip to the garden centre in an unhurried manner. As one resident took a little bit longer to get ready, residents patiently waited for them. The residents had lived together for a number of years

and they supported one another. For example, it was noticed that when one resident did not hear what a staff member had said, another resident kindly repeated it to them. When one resident was ready to go to the garden centre, another resident gave them a surgical face mask and opened the car door for them to get in. Residents were observed putting on and wearing surgical face masks during the inspection.

One resident showed the inspector their bedroom. It was decorated with lots of personal items, including photographs of loved ones. These prompted conversation and the resident spoke about their family and friends, and concerts they attended. The resident smiled and laughed as they told the inspector about a concert they had attended with the residents that they lived with. The photograph of the residents and the musician were on display in their bedroom. There were a variety of C.D's in the resident's bedroom, and they spoke about their love of music. Medals were displayed, and the resident told the inspector about their love of golf and their favourite golf course.

The designated centre's telephone was also available for residents' use. The phone had been adapted to include three buttons with a picture of the person in charge, the person participating in management and the designated centre's mobile phone on each button. On pressing the relevant picture, the phone would ring the relevant telephone numbers in the event that residents needed additional support.

Residents had access to the Internet in their home, which they accessed using the designated centre's computer. An online service had been set up by the organisation to provide music, interactive games and an opportunity to socialise with their friends in other designated centres, during the pandemic. It was noted that residents had enjoyed participating in this activity.

Before the COVID-19 restrictions had reduced, residents had participated in weaving, with the support of a staff member. As residents had enjoyed engaging in this activity, staff were considering purchasing a loom for residents to use. Residents also participated in arts and crafts, flower pressing and walks in their local area. A pitch and putt frame had also been made for residents to use, so that they could practice their golfing skills inside, on a rainy day.

Since visiting restrictions had eased, residents regularly visited their respective day services where they could have a drink and catch up with their friends. This was done in line with COVID-19 guidance. None of the residents living in the centre were attending day services at the time of the inspection. However, staff had been put in place each day to support them to engage in activities and community life.

The inspector spoke with the residents after their visit to the garden centre, as they quickly dropped home to get some money for their next activity. Residents told the inspector that they had booked to go and cycle on the Greenway which was located nearby. One resident had the route on their phone, so they could tell the staff member the route they needed to take. The inspector also met the residents on return from their cycle. Residents appeared tired but were smiling as they told the inspector about their day. It was then time for the inspector to leave. Residents said

goodbye to the inspector, and thanked them for their visit.

It was evident that residents were happy in their home, that they enjoyed each other's company, and that they engaged in a variety of recreational activities. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

It was evident that there were management systems in place to ensure that the service provided to residents was safe, consistent and appropriate to residents' needs. Effective oversight of the designated centre was maintained, and the governance arrangements in place were suitable to meet the needs of the residents and the designated centre. However, the designated centre's statement of purpose required some updating to ensure it reflected the skill-mix of staff working in the centre.

Residents living in the designated centre were supported by a team of social care workers. When vacancies arose and relief staff were required, care assistants from the organisation's relief panel supported the residents. There were four consistent relief staff available to support residents. This ensured that residents were always supported by someone that they knew, and that the staff member also knew the residents.

In response to the COVID-19 pandemic, residents were no longer receiving their day services during the week. Therefore, two COVID-19 support workers had also been employed in the centre. The designated centre's statement of purpose referred to the skill-mix of staff in the centre as social care workers. The designated centre's statement of purpose required updating to include the skill-mix of all staff working in the centre on a regular basis.

There were clear lines of authority and accountability in the centre, in line with the statement of purpose. All staff members reported directly to the person in charge. On the day of the inspection, the person in charge was not on duty. Therefore, the person participating in management (PPIM), who was the person in charge's line manager, supported the inspection. In absence of the person in charge, all staff members reported any issues directly to the PPIM. The residents knew this individual well, and appeared comfortable in their presence as they chatted to them during the inspection. The PPIM reported directly to the director of services. The director of services then reported to the board of directors and the chief executive.

It was evident that oversight was maintained through the completion of a variety of service reviews, which included the annual review and unannounced six monthly visits to the designated centre. The annual review included consultation with

residents and their representatives. A complaints procedure was also in place, and this was available to residents in an accessible format. This included an appeals process which is required by the regulations. At the time of the inspection, there were no open complaints in the centre.

### Regulation 15: Staffing

The number, qualifications and skill-mix of staff members was appropriate to the number and assessed needs of the residents. Residents knew the staff members that supported them, and were happy with the support that they provided.

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that the information and documents in relation to staff, as specified in Schedule 2 of the regulations, were maintained and available for the inspector to review.

Judgment: Compliant

### Regulation 23: Governance and management

Clear lines of authority and accountability were identified in the designated centre. It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had not ensured the statement of purpose contained all of the information specified under Schedule 1 of the regulations. It was noted that the skill-mix of staff on duty in the designated centre was not as outlined in the designated centre's statement of purpose.



Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was notified in writing of adverse incidents that occurred in the designated centre, in line with regulation 31. Where no incidents required notification, the registered provider notified the chief inspector of this on a six monthly basis.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure. This was available in an accessible format for residents.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Some improvements were required to the review of residents' comprehensive assessment of health needs to ensure they were reviewed annually. However, fire safety and containment measures had been completed since the previous inspection carried out by HIQA.

On arrival to the designated centre, the inspector was asked to check their temperature. Inside the front door, a visitors checklist was provided so that staff members could ensure that it was safe for individuals to visit the centre during the pandemic. Staff members wore surgical face masks throughout the inspection, and residents were observed wearing them when they chose to do so. In the laundry room, it was evident that there was a good stock of personal protective equipment (PPE) available for use.

This designated centre had been registered with an additional restrictive condition relating to fire precautions. This meant that the registered provider needed to implement fire safety and containment measures, to ensure the safety of residents in the event of a fire. It was noted on this inspection that fire-resistant doors had been installed. Therefore, it was evident that appropriate action had been taken in line with the restrictive condition. The inspector advised the registered provider that

they would progress an application to remove this condition, after the inspection had taken place.

Emergency lighting and fire fighting equipment were available in the event that they were required. There was evidence that fire safety equipment was serviced regularly. Fire drills were conducted in the centre, and an easy-to-read fire protocol was displayed in a communal area.

An assessment of the personal and social care needs of each resident had been completed by the staff member that had been assigned as their keyworker. It was not evident on the day of the inspection that an assessment of the health needs of each resident had been completed on an annual basis. This was because two residents' annual health check had been cancelled by their general practitioner (G.P) as a result of the COVID-19 pandemic. After the inspection, the provider submitted documentation that outlined a health assessment was completed by nursing staff, following cancellation of their annual health check. This was completed as an interim measure until residents' annual health check was rescheduled.

One resident's health assessment had been signed as reviewed by staff members in November 2020. However, information such as their current body mass index and weight had not been updated following this review. Therefore, it was not evident that their health information had been updated to reflect this review.

Falls risk assessments had been completed for two residents living in the centre. Where one resident had been noted as a high risk of falls, an environmental assessment and physiotherapy review had been completed. However, there was no evidence of an assessment of the hazards relating to one resident's mobility, after they had been rated as a medium risk of falls. This hazard assessment was required as a control measure in line with the falls risk assessment documents. This was due to be submitted to the inspector for review after the inspection however, the document was not submitted.

There was evidence of access to a variety of allied health professionals for each resident. Multi-disciplinary team meetings were also held about residents on a regular basis. On review of the minutes of these meetings, it was noted that residents were not documented as being in attendance, or having declined to attend the meeting. Therefore, there was no evidence that residents were provided with an opportunity to attend these meetings, if they so wished.

The residents' guide outlines information as specified in the regulations including how to access HIQA inspection reports and the visiting arrangements in the designated centre. The inspector reviewed this document on the day of the inspection. It was identified that this guide did not contain the terms and conditions relating to residency in the centre. After the inspection, the person in charge advised the inspector that the guide contained this information, and they forwarded it to the inspector for review. It was noted that this was a different resident's guide than the one reviewed by the inspector on inspection. On review of the updated resident's guide, it was noted that this did not include the procedure relating to complaints in the designated centre.

### Regulation 13: General welfare and development

It was evident from what residents told the inspector that they were provided with opportunities to participate in activities in line with their interests. Residents were involved in their local community.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was clean, warm and suitably decorated.

Judgment: Compliant

### Regulation 20: Information for residents

A guide in respect of the designated centre had been provided for each resident. However this did not include the procedure relating to complaints in the designated centre.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Improvements were required to ensure appropriate hazard assessments were completed following an assessment of one resident's risk of falls.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had ensured that measures had been put in place to protect residents from potential sources of infection, including COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Fire doors and emergency lighting were available to support residents to safely evacuate in the event of a fire. All emergency exits were clear at the time of the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

One resident's health assessment had been signed as reviewed by staff members in November 2020. However, information such as their current body mass index and weight had not been updated following this review. Therefore, it was not evident that their health information had been updated to reflect this review.

Multi-disciplinary team meetings were held about residents on a regular basis. There was no evidence that residents were provided with an opportunity to attend these meetings, if they so wished.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. It was evident that residents' independence was promoted.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tory Residential Services Kilmeaden OSV-0005104

Inspection ID: MON-0033416

Date of inspection: 08/07/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The designated center’s Statement of Purpose was updated on 09.07.2021 and now contains the full skill mix of all staff working in the center on a regular basis.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The registered provider will update the document What Matters Most, a guide to Living & Working Together for People Supported to reflect the organisation’s Complaint’s Procedures for people who use our services.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Resident has a risk assessment for slipping in icy weather while walking to the bus stop	

and a risk assessment that he may be at risk of falling when going up the stairs in his home.

The registered provider will arrange to have an environmental assessment completed for the resident.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Full Annual Medicals will resume for residents with their General Practitioner in line with Public Health Guidelines as a result of Covid-19.

Residents can meet individually with members of the Multi-Disciplinary team as they wish or as required.

Residents do not want to attend a full Multi-Disciplinary meeting and this will be evidenced in their file.



## 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 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	31/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/07/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	11/10/2021

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	11/10/2021