



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

Name of designated centre:	Tory Residential Services Tramore
Name of provider:	Tory Residential Services Tramore
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	31 October 2018
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0025281

About the designated centre

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

Tory Residential Services Tramore consists of a two detached bungalows, located in the environs of an urban area. The centre provides residential care for a maximum of nine residents with mild to moderate intellectual disability. The centre is open overnight 365 days of the year and is also open on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, bathroom facilities and garden areas. Staff support is provided by a social care leaders and social care workers with support available from a services manager and a residential team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
31 October 2018	11:45hrs to 19:10hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met seven of the residents who lived in the centre at the time of this inspection and had an opportunity to talk with five of them. Some residents were also able to be observed by the inspector in their interactions with staff members.

Residents spoken with indicated that they liked living in the centre and were happy with the levels of support that were available from staff members. One resident expressed satisfaction at being able to do the things they wanted to do independently while another indicated that they were very happy with their home.

The residents also spoke about the choice they had in their lives and outlined the various activities that they were engaged in or were planning to participate in. These included dance, music, meals out, overnight stays away and foreign holidays.

Some resident and staff interactions were also observed by the inspector. It was noted that residents appeared comfortable in staff members' presence and were seen engaging together in a positive, respectful manner.

Capacity and capability

The provider sought to promote residents' quality of life as evidenced by a good compliance level across most of the regulations inspected against. As such the provider had been successful in putting in place structures to adequately support residents and had systems in place to monitor the service provided but some improvement was required regarding the centre's statement of purpose and the annual review of the quality and safety of care and support.

The inspector reviewed the centre's statement of purpose which is an important governance document in setting out the service that is to be provided. Overall the inspector was satisfied that it accurately outlined the supports that were provided to residents and contained most of the required information. It was noted though that the statement of purpose incorrectly stated the maximum capacity of the centre as indicated on their certificate of registration.

The statement of purpose did indicate that staffing would be put in place to compliment residents' needs. On inspection it was seen that the provider had ensured that a consistent staff team had been put in place so that professional relationships were not disrupted while also supporting continuity of care. Residents present during inspection appeared comfortable in the presence of staff members on duty. The inspector also observed staff members engaging with residents in a positive and respectful manner.

Staff members spoken to during this inspection were able to accurately describe the

specific needs of residents and the supports required to provide for these. It was noted that staff were provided with training in areas such as fire safety, medicines and safeguarding while provision had also been made for staff to receive specific training to support residents' particular healthcare needs. This provided assurance that the provider was committed to ensuring staff were suitably trained to provide a person centred service.

Overall, the inspector was satisfied that appropriate staffing arrangements were in place to support residents although this needed to be kept under review to reflect possible changing needs. It was also noted that while staff team meetings and supervision arrangements were in place, some staff members indicated that they were overdue an annual supervision and support meeting.

However, the provider did have systems in place to monitor the service offered to residents. The designated centre was last inspected in July 2016 and since then the provider had carried out unannounced visits as required by the regulations at six monthly intervals. Where necessary a corresponding action plan was put in place to respond any issues identified by such visits which are important in reviewing the quality and safety of care and support that is provided to residents.

Other management systems in place included audits in areas such as medicines and health and safety while the provider had also carried out annual reviews for 2016 and 2017. It was seen that efforts had been made by the provider to present the annual review in an accessible format for residents. While reviewing the annual review for 2017 it was noted that while the provider consulted with residents and their representatives in various ways, the outcome of such consultation was not reflected in this annual review.

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents while a continuity of staff had also been provided for. Planned and actual rosters were maintained showing the staff who worked in the centre and the hours they worked. Staff files were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was provided in areas such as fire safety, medicines and safeguarding. Staff team meetings were taking place and supervision arrangements were in place but some staff members indicated that they were overdue an annual supervision and support meeting.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was presented for the inspector to review which contained all of the required information for residents such as their dates of admission to the centre. It was noted though that one current resident was not listed in the directory.

Judgment: Substantially compliant

Regulation 23: Governance and management

A structure was in place in the centre which was known to staff members. Audits in areas such as health and safety and medicines were also being carried out. The provider had been conducting unannounced visits for the centre to review the quality and safety of care and support provided as required. An annual review for 2017 had been carried out but it did not fully reflect consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place but it was seen that the capacity of the centre as stated in the statement of purpose did not match the maximum capacity which the centre was registered for.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that residents were provided with a good quality of life while being encouraged to exercise choice in how they spent their days. As part of this residents were appropriately supported in an environment which was suited to their current needs at the time of inspection. It was noted though that some improvement was required in relation to fire containment and the maintenance of residents' individualised personal plans.

Throughout the inspection, evidence was seen that residents were treated respectfully and were supported to participate in meaningful activities. For example, residents spoke to the inspector of activities they enjoyed which included music, meals out and trips away. The designated centre had access to vehicles to enable activities while active efforts were made to facilitate residents' choice when engaging in activities as a group. It was also noted that residents were adequately supported to develop and maintain contact with family members.

Residents were consulted in relation to the running of the centre through weekly resident meetings. In such meetings residents were given a say on issues such as activities and meals while also being given information on topics such as complaints and health and safety. It was also noted that one resident had been actively consulted in relation to measures to improve that resident's independence.

Each resident had an individual personal plan in place which outlined the needs of residents and the supports to be provided to residents to meet these needs. Such plans are important to provide guidance to staff when providing care for residents. While reviewing a sample of these plans it was observed that some improvement was required in relation to their maintenance. For example, some parts of plans had not been reviewed in over 12 months, some duplicate information was contained within plans while some plans did not provide clear guidance on how to support some resident's assessed needs.

However, staff members present during this inspection demonstrated a good understanding of residents' needs and the supports to be provided to meet them. Residents also spoke positively of the support was provided by staff members if required. It was also noted that residents were supported to enjoy the best possible health. Residents had annual health assessments carried out and were supported to attend various allied health professionals. This provided assurances, that at the time of this inspection, arrangements were in place to ensure that the needs of residents were met.

In support of this, residents had behaviour support plans in place where necessary which were designed to promote positive behaviour amongst residents. Staff members spoken with demonstrated a good knowledge of such plans. It was also seen that there was limited restrictive practices in place, although for one such practice it was not demonstrated that it had been reviewed by the provider's own human rights committee in line with best practice.

The provider had policies and procedures in place to ensure that residents were protected from abuse. During the inspection residents were observed to be comfortable in the presence of staff members who demonstrated a good knowledge of any safeguarding plans in place and how incidents of a safeguarding nature would be responded to. Records also indicated that all staff had been provided with relevant safeguarding training as required.

To provide for the health and safety of residents, fire safety systems were in place throughout the designated centre including a fire alarm system, emergency lighting and fire extinguishers. Such equipment was being serviced at the regular intervals to

ensure that they were in working order. Fire drills were being carried out regularly at varying times of the day while fire safety training had been provided to all staff.

Since the previous inspection some additional fire doors had been installed in the centre. These are important in containing the spread of fire and smoke and ensuring a safe evacuation route in the event that a fire takes place. However, it was seen that fire doors were not present throughout both bungalows which made up this centre which limited the provision for fire containment. In addition, the inspector observed one fire door in the centre that was wedged open thereby preventing it to perform as required. This was highlighted to a member of staff who addressed it immediately.

Regulation 13: General welfare and development

Residents were encouraged and supported to engage in varied activities of their choice including meals out, overnight stays away, music and foreign holidays. The centre had access to vehicles to facilitate such activities. Residents were also supported to develop and maintain contact and relationships with family.

Judgment: Compliant

Regulation 28: Fire precautions

While additional fire doors had been installed in the centre since the previous inspection in July 2016, fire doors were not present throughout both bungalows of the designated centre. This limited the possibility of adequate fire containment also on the day of the inspection one fire door was observed being wedged open which negated its effectiveness.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan in place which outlined the needs of residents and the supports to be provided to residents to meet these needs. While reviewing a sample of these plans it was noted though that residents were involved in developing their plans and such plans also had multidisciplinary input. It was observed though that some improvement was required in relation to the maintenance of these plans. For example, some parts of plans had not been reviewed in over 12 months, some duplicate information was contained within plans while some plans did not provide clear guidance on how to support some resident's

assessed needs.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had annual health assessments carried out and were supported to attend a range of allied health professionals where required. records of such appointments were maintained and staff were knowledgeable on how to support residents to enjoy the best possible health.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents had behaviour support plans in place where necessary and staff present on inspection demonstrated a good understanding of these to promote positive behaviour. Limited restrictive practices were in use but it was not demonstrated that one such practice had been reviewed by the provider's human right committee in line with best practice.
Judgment: Substantially compliant
Regulation 8: Protection
During the inspection residents were observed to be comfortable in the presence of staff members. Records indicated that all staff had been provided with relevant safeguarding training and staff present on inspection demonstrated a good knowledge of any safeguarding plans in place and how incidents of a safeguarding nature would be responded to.
Judgment: Compliant
Regulation 9: Residents' rights
Residents were seen to be treated in a respectful manner and were consulted in relation to the running of the centre through weekly resident meetings. It was also noted that some interventions which were impacting on a resident's rights had been

removed after review and consultation with the resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tory Residential Services Tramore OSV-0005113

Inspection ID: MON-0025281

Date of inspection: 31/10/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> •An annual support meeting will be conducted with the remaining staff who require it for 2018. 	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> •The Directory of Residents will be amended to reflect residents currently living in the Designated Centre 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> •The annual review for 2018 will reflect consultation with residents and their representatives. 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> •The Statement of Purpose will be reviewed and amended, 	
Regulation 28: Fire precautions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> •Staff and residents will be reminded at relevant meetings not to use wedges under fire doors •An easy release door closer is been fitted to the hallway door. •The Provider has submitted a business case to HSE for funding for additional fire doors •In the interim, the provider will arrange for a competent person to assess the house for fire safety as it can be exited from three separate locations. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> •The plans highlighted will be reviewed to ensure <ul style="list-style-type: none"> oThey are clear, accurate and concise in describing how to support the resident oThey are current oThey are reviewed in a timely manner 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> •This restriction will have its annual review by the Human Rights Committee at their next meeting on 5.12.2018 	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2018
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	30/11/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/01/2019
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	21/12/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	31/12/2018

	prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/12/2018
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	05/12/2018