



## Office of the Chief Inspector

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

Name of designated centre:	Comeragh Residential Services Waterford County
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	12 March 2019
Centre ID:	OSV-0005091
Fieldwork ID:	MON-0025607

## About the designated centre

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

Comeragh Residential Services Waterford County consists of two residential units, one dormer bungalow located in the countryside and a two-storey house located in an urban area. The centre provides residential care for a maximum of eight adult female residents, with intellectual disabilities. All units of the centre are open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

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

Current registration end date:	31/03/2020
Number of residents on the date of inspection:	6

## 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
12 March 2019	08:15hrs to 16:30hrs	Conor Dennehy	Lead

## Views of people who use the service

Two of the residents who lived in the designated centre were met by the inspector during this inspection. The inspector was also able to observe these residents in their interactions with a staff member. Due to the timing of the inspection it was not possible to meet the remaining five residents who were either attending their day services or residing with family members during the inspection.

The two residents that the inspector met with used a mixture of verbal and non-verbal communication. One resident spoken with indicated that they liked living in the centre and liked their bedroom. This resident also indicated an awareness of how to make a complaint if required.

Interactions between these two residents and the staff member on duty were also observed. Both residents appeared comfortable and relaxed with the staff member. It was also seen that the staff member engaged appropriately with the residents which contributed to a warm and sociable atmosphere.

## Capacity and capability

The provider had ensured that residents were appropriately supported while they were living in this designated centre. This was reflected by an overall good level of compliance during this inspection. It was noted though that some improvement was required in relation to the continuity of staff and the provision of refresher training for some staff members.

A suitably skilled, experienced and qualified person in charge was in place for this centre. At the time of this inspection the person in charge was responsible for a total of four designated centres and the remit of the person in charge had been identified as an area for improvement in recent inspections of some of these centres. Based on the overall findings of this inspection, the person in charge's remit was not negatively impacting on the running of the current centre. It was noted though that this was related to a lower level of need for residents living in this centre compared to the person in charge's other designated centres.

To provide for oversight of this centre, the provider had ensured that two unannounced visits to the centre had been carried out during 2018. Such visits are required by the regulations and are an important management system in reviewing the quality and safety of care and support that is provided to residents. Where such visits identified areas for improvement, a corresponding action plan was put in place in response. Under the regulations such visits should be carried out at six month

intervals but no evidence was provided that any unannounced visit was carried out between May 2017 and May 2018.

It was seen though that the provider had ensured that annual reviews of the designated centre, another regulatory requirement and management system for reviewing the quality and safety of care and support provided to residents, were being carried out in a timely manner. The most recent completed annual review for the centre was noted to detail the outcome of consultation with residents and their families. It was also seen that areas highlighted for improvement by such management systems were being acted upon. For example, the provider was the process of providing residents, in one unit of the centre, with a premises that was more suited to their needs.

The provider has also ensured that, overall, appropriate staffing arrangements had been put in place for this designated centre to reflect residents' needs. It was observed though that the consistency of staff in one unit of the centre required some improvement. A consistency of staff is important to ensure that professional relationships and a continuity of care are maintained. It also noted that some staff were overdue refresher training in areas such as fire safety and medicines. However, training in a wide range of areas was provided while the staff member met during this inspection demonstrated a strong understanding of residents' needs and how to support them.

It was also seen that the provider was actively facilitating residents to raise complaints if required. Information on how make complaints was on display in both units of the centre while the complaints process was also discussed at regular resident meetings. One resident spoken to indicated an awareness of how to make a complaint. Systems were also in place for the recording of any complaints raised and the actions taken to respond to these.

#### Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge had been appointed for this centre. While the person in charge was responsible for a total of four designated centres, based on the overall findings of this inspection, the person in charge's remit was not negatively impacting on the running of the current centre. This was related to a lower level of need for residents living in this designated centre compared to the person in charge's other centres.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were in place in both units of the centre but it

was observed that, despite the provider's best efforts, the continuity of staff in one unit of the centre required improvement. Planned and actual rosters worked were maintained. Staff files were not reviewed during this inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Arrangements were in place for staff members to receive supervision. While a wide range of training was provided to staff members, records reviewed indicated that some staff were overdue refresher training in areas such as fire safety and medicines.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had carried out two unannounced visits to the designated centre in 2018 to review the quality and safety of care provided. No evidence was provided that such a visit by the provider had been carried out between May 2017 and May 2018. Annual reviews were carried out which included consultation with residents and their families. The provider was also carrying out regular audits in areas such as medicines and health and safety.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Complaints were discussed at regular resident meetings and information on how to make complaints was on display throughout the designated centre. A clear process was in place for responding to complaints. As part of this records of any complaints made were maintained which detailed the nature of the complaints and any actions taken in response.

Judgment: Compliant

## Quality and safety

The inspector was satisfied that residents were being appropriately supported at the time of this inspection. As part of this residents were actively being encouraged to make the best use of their capabilities. It was noted though that some improvement was required in areas such as fire safety and the maintenance of residents' individualised personal plans.

Both units which made up this designated centre were observed to be presented in a clean, well-maintained and homely manner on the day of inspection. It was also noted that both were well furnished, bright and personalised. At the outset of inspection though the inspector was informed that the provider was in the process of providing residents, in one unit of the centre, with an alternative premises that was more suited to their needs. In the other unit of the centre, it was seen that the premises there did not fully provide for accessibility for residents who required the use of a wheelchair should they wish to exit the premises unaided.

It was observed though that fire safety systems were in place in both units. These includes fire alarms, emergency lighting and fire extinguishers. Such equipment was being serviced at the required intervals by external contractors while internal staff checks were also being completed. The provider had made provision for some fire containment in both units, which are important in containing the spread of fire and smoke. It was observed though that such fire containment measures were not present throughout both units.

The procedures for evacuating in the event of a fire were on display throughout the centre while residents also had personal evacuation plans in place, which outlined any necessary supports to assist residents in evacuating. Fire drills were being carried out at regular intervals and records reviewed indicated that most staff had received relevant fire safety training. It was noted though that some staff, who had been lone working in the centre, had not undergone such training which is important to ensure that staff have adequate knowledge in areas such as fire prevention and the use of fire fighting equipment.

Training records also indicated that some staff had yet to receive training in de-escalation and intervention but, as with fire safety training, the majority of staff had received such training. De-escalation and intervention training is useful in supporting residents to engage in positive behaviour and to provide further support in this area, residents had detailed behaviour support plans in place which had been developed by relevant allied health professionals. The staff member spoken with during the inspection demonstrated a good understanding of such plans and the strategies to be followed as outlined in the plans. Such findings provided assurances that the provider was committed to supporting residents engage in positive behaviour.

Behaviour support plans were included as part of residents' overall individual personal plans which are important in setting out the health, personal and social needs of residents while also outlining the supports required to provide for these. The inspector viewed a sample of individual personal plans and found that they had been informed by relevant assessments, were subject to multidisciplinary review and had the input of residents and their families. It was noted though some areas of the plans reviewed required improvement. For example, in one plan it was not



demonstrated that the plan had been reviewed since June 2018 following the progress of some goals while the general maintenance of plans needed improvement to ensure that current information was easily retrievable. Inconsistencies in the format and presentation of plans were also observed.

Having reviewed a sample of personal plans along with other forms of evidence gathered during this inspection, overall the inspector was satisfied that arrangements were in place to meet the needs of residents. As part of this it was seen that residents were actively encouraged to make the best use of their capabilities. For example, it was seen that residents were supported to engage in education while, in one unit of the centre, residents were seen to be actively encouraged by a staff member to engage in household activities. It was noted though that residents had been not assessed to determine if they could administer their own medicines.

However, residents were consulted in relation to the running of the centre through regular resident meetings in both units. During such meetings residents were given a say on issues such as activities and meals in the centre while also being given information in areas such as how to make complaints if needed. The two residents met by the inspector were seen to be treated respectfully by the staff member present who was also observed to take appropriate steps to ensure the privacy of residents where required.

These two residents were observed to be comfortable and relaxed in the presence of the staff member during the inspection. Relevant training had been provided to all staff members while the staff member on duty demonstrated a good understanding of any safeguarding issues present and how to respond to such issues if required. A specific action to reduce the risk of a potential safeguarding issue was also seen to be followed during inspection. Such findings provided assurances that residents were appropriately safeguarded while living in the centre.

## Regulation 10: Communication

The staff member present during the inspection was observed to communicate appropriately with residents in a manner that was suited to the residents' individual communication abilities.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were actively encouraged to make the best use of their capabilities, whether it involved being supported to engage in education or being

actively encouraged to engage in household activities.
Judgment: Compliant
<b>Regulation 17: Premises</b>
Both units of the designated centre were presented in a clean, homely, well furnished and well maintained manner on the day of inspection. One unit of the centre did not fully provide for accessibility for residents who required the use of a wheelchair. Residents, who lived in the other unit of the designated centre, were in the process of being provided with an alternative premises that was better suited to their needs. This was related to residents who were at an increased risk of falls.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
Fire containment measures to effectively manage the spread of fire and smoke, required further review in both units of the designated centre. Some staff, who had been lone working in the centre, had not undergone fire safety training.
Judgment: Not compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
During the inspection it was observed that residents had not been assessed to determine if they could administer their own medicines.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and personal plan</b>
All residents had individual personal plans in place which had been developed with input from residents and their family. Such personal plans were also subject to multidisciplinary review as required. Arrangements for such plans to be reviewed at least annually were in place but it was noted that one plan did not provide evidence of review post June 2018 following progress towards some goals. The general maintenance of plans needed review to ensure that current information was

easily retrievable while inconsistencies in the format and presentation of plans was also observed. Overall though the inspector as satisfied that arrangements were in place to meet the needs of residents at the time of this inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to access a range of allied health professionals and undergo healthcare assessments and monitoring where needed. When residents did not participate in particular healthcare assessments, arrangements were made for this to be documented and highlighted to relevant medical professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where necessary residents were provided with behaviour support plans which had been developed by relevant allied health professionals. The staff member present on inspection demonstrated a good knowledge of such plans. Training was provided to the majority of staff in de-escalation and intervention although some staff members had yet to receive this training.

Judgment: Substantially compliant

### Regulation 8: Protection

The staff member spoken during this inspection was aware of how possible safeguarding issues in one unit of the centre were to be managed. A specific action to protect against a potential safeguarding issue was observed to be followed during inspection. Records indicated that relevant safeguarding training was provided to all staff.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted in relation to the running of the designated centre and

given information during regular resident meetings in both units of the centre. The two residents met on inspection were seen to be treated respectfully with their privacy also protected by the staff member present.

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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Comeragh Residential Services Waterford County OSV-0005091

Inspection ID: MON-0025607

Date of inspection: 12/03/2019

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Two regular locum staff will be assigned to this designated centre to provide cover for sick leave and holidays of the permanent staff</li> </ul>	
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"> <li>• Staff who require refresher training in fire safety are booked for this on June 6th 2019.</li> <li>• Staff who requires refresher training in the Safe Administration of Medication will be booked in for this when the training is next scheduled September 2019.</li> </ul>	
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"> <li>• Unannounced six monthly visits to the designated center will be undertaken in line with regulations to review quality and safety. The first one for 2019 will be completed by the end of May 2019</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The registered provider will seek to replace the existing house in this designated center with more suitable premises to allow for improved access for one resident.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Staff who require refresher training in fire safety are booked for this on June 6th 2019.</li> <li>• The health and safety officer on appointment will review the fire containment procedures in place in the designated center and recommendations on improvements will be addressed.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> <li>• The capacity of 3 residents living in the designated centre will be assessed to determine if they can safely self-administer their medication.</li> </ul>	
Regulation 5: Individual assessment	Substantially Compliant



and personal plan	
<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"> <li>• Residents have annual reviews of their personal plans. At this review, account will be taken to ensure that changing needs of individuals are reflected where appropriate.</li> <li>• Goals agreed for individuals will be more reflective of growth for the individual and will be reviewed at the annual review meeting.</li> </ul>	
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"> <li>• Staff identified as requiring one day MAPA training will be booked on this training by 30th September 2019</li> </ul>	

## 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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/05/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet	Substantially Compliant	Yellow	30/11/2019

	the aims and objectives of the service and the number and needs of residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/11/2019
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their	Substantially Compliant	Yellow	30/05/2019

	representatives and the chief inspector.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	30/06/2019
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2019

Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2019
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	30/06/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2019