



Office of the Chief Inspector

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

Name of designated centre:	Tory Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005104
Fieldwork ID:	MON-0022607

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
10 July 2019	09:30hrs to 18:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with the three residents on their return to the house in the evening. The residents showed the inspector around their home and all of their personal belongings and told of how the house worked for them.

The residents said they had a lot of things to do each day which they really enjoyed, such as their various jobs and workshops, going shopping with staff and to the matches and concerts they enjoyed. They said they got on very well living together, as they were all friends, and helped each other in the house. They said the staff were always available to them. They said they were happy and safe living there and they would change nothing about their home and life in the centre.

The inspector saw information received from family members and this was very positive about the care provided and how happy their relatives were living in the house. The inspector observed that the residents were well cared for, were welcomed back to their homes by the staff with tea and a hot meal prepared and were very comfortable in their environment and with each other.

Capacity and capability

The inspector found that this continued to be a well managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

The management structure had been revised since the previous inspection. A new, suitably qualified and experienced person in charge had been appointed to the centre. A new service manager was also appointed and all reported to the regional services manager. The post holders were already employed in the organisation so this ensured continuity of care while allowing more direct and effective oversight. The person in charge was responsible for three designated centres at this time. She was supported by social care leaders in each of the centres. Therefore, there was no concern that this arrangement had any negative impact on the residents care.

There were good reporting systems evident between all sections. There were also auditing systems evident reviewing the residents needs, medicines management, accidents and incidents and health and safety. Incidents were not a feature of this service but where they did occur there was evidence that the provider responded in a timely and effective manner. There were unannounced visits undertaken on behalf of the provider with reports and remedial action plans available. Any actions identified had been addressed by the person in charge.

The annual report for 2018 was available and while this was detailed some improvements could be made to make it a transparent and strategic review and planning for the service. Nonetheless, the inspector was satisfied that the systems for oversight and monitoring were satisfactory for this service and helped to protect

the residents.

However, the primary non-compliance found on this inspection was in relation to the installation of fire containment systems in the house which was an action required following the previous inspection. This has not been fully completed due to lack of funding despite the providers requests for this. This resource failing is outlined in the quality and safety section of this report.

The overall level of compliance found on this inspection, which resulted in a good and safe quality of life for the residents demonstrated the effectiveness of the governance arrangements otherwise.

The numbers and skill-mix of staff were appropriate to the needs of the residents. Staff worked alone, with suitable systems in place for seeking support if needed. Staff told the inspectors these systems were effective and the managers were responsive to them. Nursing oversight was provided by the organisation and this was sufficient for the residents. The staff group was supported by a core group of internal relief staff. Improved systems for communication between the staff, service managers and day-service had been implemented which were effective in ensuring that the residents' care needs were known and consistently supported.

From a review of a sample of personal files, the inspector saw that recruitment procedures were safe and satisfactory with the required documents and checks being completed. Staff supervision support systems were carried out also and the regular meetings and reviews for the residents provided additional supervision systems for the staff. There was a formal system for the recruitment and oversight of volunteers who provided beneficial additional supports to the residents.

From a review of the staff training records, mandatory training for staff was up-to-date, including first aid which is necessary for this staff group. All staff and the managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be comfortable and interacting easily with the staff in their home. There was an improvement evident in the detail and clarity of the documentation available pertaining to the residents.

The application for the renewal of the registration was correct with all of the documents and information required been submitted. Documentary evidence of insurance was provided as part of the application. The statement of purpose had been reviewed and was found to be in accordance with the requirements. The care delivered was congruent with this statement.

All of the required policies were in place but a number of them required to be updated. These included behaviour support. There was a complaints procedure available and good access to the social work services should this be necessary.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of the registration was correct with all of the

documents and information required been submitted.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was suitably qualified and experienced and demonstrated the capacity to carry out the role effectively.
Judgment: Compliant
Regulation 15: Staffing
The numbers and skill-mix of staff were appropriate to the needs of the residents. Recruitment procedures were safe and satisfactory with the required documents and checks being completed.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were suitably qualified for their roles and mandatory training for staff was up-to-date.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents contained all of the required information.
Judgment: Compliant
Regulation 21: Records
All of the records required pertaining to the residents were maintained in an

appropriate manner.
Judgment: Compliant
Regulation 22: Insurance
Documentary evidence of up to date insurance was provided as part of the application.
Judgment: Compliant
Regulation 23: Governance and management
The inspection found that this was a well managed centre with good structures, levels of accountability and reporting structures. However, the provider had not fully completed the required fire safety containment systems in the upstairs of the building.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
Each resident had a signed agreement outlining the care and support to be provided and all costs involved.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose had been reviewed and was found to be in accordance with the requirements. The care delivered was congruent with this statement.
Judgment: Compliant
Regulation 30: Volunteers

There was a formal system for the recruitment and oversight of volunteers who provided beneficial additional supports to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had complied with the regulatory requirement in submitting the required notifications to the Chief inspector

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There are suitable arrangements in place for the absence of the person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The arrangements for the absence of the person in charge have been notified to the Chief Inspector and are suitable.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure available and good access to the social work services should this be necessary. There were no formal complaints being managed at the time of this inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the required policies were in place but a number of them required to be updated. These included behaviour support.

Judgment: Substantially compliant

Quality and safety

The residents' care and support needs continued to be managed in a manner which prioritised their quality of life and individual preferences and safety. Their social care needs were actively promoted and encouraged. They planned and attended numerous external activities such as regular sporting events, concerts, holidays away, and fully participated in the local community. They had numerous mementos and photos of their attendance at various events to show the inspector. They attended meaningful day-services tailored to their preferences, including horticulture, one person worked at a local market. As their preferences or needs changed, these arrangements were altered. For example, one resident was finding some of the work too tiring, so after consultation, this was altered to a less strenuous workshop, where he did art, and had relaxation and massage. In addition, the timetable was changed so that the residents could take a rest, or half-days as they wished, in deference to their changing ages. There was an emphasis on supporting the residents with life-skills including using public transport, money management, self-care and looking after their own home, which the inspector saw that they took great pride and ownership in.

The residents were encouraged to understand their own healthcare needs. They had access to pertinent allied services such as physiotherapy, speech and language and dieticians. Staff were seen to help the residents implement any recommendations made by these specialists, including doing physiotherapy exercises to help them maintain the best health. A number of the residents were participating in community weight loss programmes with very good results. They were very pleased with this. Their healthcare needs were well supported with regular GP review and age and gender appropriate screening. Staff were supporting the residents to communicate using some pictorial images and residents who required specific aids, for example, for hearing, were supported and encouraged with this.

The residents had regular detailed multidisciplinary reviews, with their participation, and these were used effectively to review their care and support needs and make plans. The residents were registered to vote, if they wished to do so. Each week an informal "chat" was held which they planned the week ahead, agreed meal times and routines with each other. It was apparent to, and the residents told the inspector, that they were always consulted regarding their own choices for their home life, their day-services and activities.

There were some improvements still required in overall fire safety systems. The provider had installed the crucial fire safety containment systems downstairs which

included one resident bedroom. This protected the evacuation route downstairs. However, the upstairs was not contained in this manner. The provider was fully aware of this and had sought the funding for to complete this but had been unable to procure this. This does however pose a risk to the residents.

Otherwise, the fire safety management systems were good with all available equipment serviced regularly and in house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans as required. Where necessary, the residents had additional sensors to alert them to the fire alarm. In two instances, during the regular fire drills, these sensors had not worked successfully and this was noted and the sensors were replaced.

Risk management systems were effective, centre-specific, considered and proportionate to the residents. There was a detailed and current risk register and risk assessment and management plans for each of the individual residents identified needs including falls, choking or seizures. Any changes in residents needs were promptly responded to, for example, additional hand-rails and a wet room were installed. Some residents had personal alarms in the event of a fall or needing staff urgently.

In addition, the residents' need for independence was supported by good risk management systems. For example, some residents travelled alone on public transport. Following an incident, additional safeguards were implemented but the resident could still travel safely independently.

As staff provided some support to two people living in an adjacent house independently, there were suitable assessments and arrangements in place to ensure the residents in the designated centre could be alone in the house for short periods safely. This included training in "Stranger Danger", trying out situations which might occur, access to an emergency phone where the managers photographs were detailed on the speed dial numbers.

These actions demonstrated the providers commitment to the safety and wellbeing but, continued independence of the residents, who were fully involved in these strategies.

There were effective systems in place to protect residents from abuse and the person in charge and the provider were seen to take appropriate action to address any issues which occurred and provide effective supports to the residents in consultation with them. Such incidents, or behaviours that challenge were not a feature of this service but there was evidence and residents confirmed that staff supported them to manage and understand their own challenges.

There were no restrictive practices implemented in the centre. Residents were assessed both for self-administration of medicines and money management. The inspector saw that resident's preference was for staff to support them with this and systems were safe and transparent. The medicines management systems were safe and resident's medicines were regularly reviewed.

Regulation 10: Communication

Staff were supporting the residents to communicate using some pictorial images and residents who required specific aids, for example, for hearing, were supported and encouraged with this. Staff and residents were observed to be communicating very easily and comfortably.

Judgment: Compliant

Regulation 12: Personal possessions

Residents have very good control of their own personal possessions, choose their own possessions, and each resident personalised the house and their own bedrooms with televisions, stereos and mementos such as photos and medals.

Judgment: Compliant

Regulation 13: General welfare and development

The residents attended meaningful day-services and recreation tailored to their preferences, including horticulture and one person worked at a local market. As their preferences or needs changed, these arrangements were altered.

Judgment: Compliant

Regulation 17: Premises

The premises are suitable for purpose and meets the needs of all of the residents. It is well maintained and comfortable.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents were supported to make healthy choices regarding their diets and were supported by staff to shop and prepare the food. Their changing dietary needs

were monitored.
Judgment: Compliant
Regulation 26: Risk management procedures
Risk management systems were effective, centre-specific, considered and proportionate to the residents needs.
Judgment: Compliant
Regulation 28: Fire precautions
There were some improvements still required in overall fire safety systems. The provider had installed the crucial fire safety containment systems downstairs which included one residents bedroom. This protected the evacuation route downstairs. However, the upstairs was not contained in this manner. The provider was aware of this and had sought the funding for to complete this but had been unable to procure this. This does however pose a risk to the residents.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The medicines management systems were safe and resident's medicines were regularly reviewed.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The residents had pertinent assessments and detailed personal support plans which were reviewed frequently with their participation. Their social care need and preferences were very well supported.
Judgment: Compliant

Regulation 6: Health care

The residents were encouraged to understand and manage their own health care needs. They had access to pertinent allied services such as physiotherapy, speech and language and dietitians and the healthcare needs were supported and monitored by the staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviours that challenge were not a feature of this service but there was evidence and residents confirmed that staff supported them to manage and understand their own challenges.

Judgment: Compliant

Regulation 8: Protection

There were effective systems in place to protect residents from abuse and the person in charge and the provider were seen to take appropriate action to address any issues which occurred and provide effective supports to the residents in consultation with them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right were protected by systems for consultation and their wishes and preferences were heard and respected for their daily lives and plans for their future.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tory Residential Services Kilmeaden OSV-0005104

Inspection ID: MON-0022607

Date of inspection: 10/07/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A quote has been requested for the supply and fitting for the six remaining fire doors to be installed upstairs.</p> <p>Due to funding constraints priority will be giving by the registered provider to fitting fire doors on two resident's bedroom and staff bedroom door and hot press door.</p> <p>The registered provider will continue to seek funding from the HSE for installation of fire doors.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Register provider is currently in the process of updating the policy mentioned and procedures.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A quote has been requested for the supply and fitting for the six remaining fire doors to be installed upstairs.</p> <p>Due to funding constraints priority will be giving by the registered provider to fitting fire doors on two resident's bedroom, staff bedroom door and hot press door.</p> <p>The registered provider will continue to seek funding from the HSE for installation of fire doors.</p>	

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	21/12/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	20/11/2019

