



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

Issued by the Chief Inspector

Name of designated centre:	The Comhar Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	29 June 2023
Centre ID:	OSV-0001816
Fieldwork ID:	MON-0031714

About the designated centre

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

The Comhar Centre is a detached purpose built one-storey building located in a town that provides support for a maximum of seven residents (six full-time residents and one respite resident). The centre can support residents of both genders, over the age of 18 with intellectual disabilities who may also have physical disabilities. Seven individual resident bedrooms are present in the centre along with two sitting rooms, a kitchen/dining room, bathrooms, a staff bedroom and an office. Support to residents is provided by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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 29 June 2023	10:00hrs to 17:00hrs	Lucia Power	Lead
Thursday 29 June 2023	10:00hrs to 17:00hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an announced inspection to inform the decision making with regard to the renewal of the centres registration. Residents had been made aware of the inspection and prior to the inspection "Nice to Meet You" documents had been sent to the centre with the names and pictures of the inspectors for residents to be familiar with who was coming to inspect the centre. All residents were present on day of inspection. The residents were welcoming to the inspectors and proud to tell the inspectors of the service provided and show the inspectors their home. Overall, the centre was found to be in good compliance with the regulations however there were some minor amendments to the statement of the purpose, fire evacuation processes and repairs in relation to fire containment. These will be discussed further in the following sections of the report.

On arrival to the centre, inspectors noted there were colourful flowers and hanging baskets at the entrance of the house which made the house look welcoming, homely and bright. The inspectors were welcomed into the centre by one of the proud residents and the person in charge. The resident used this opportunity to show inspectors the alternative method they used to enter and exit the main door without the use of a passcode.

The person in charge and one of the residents completed the walk around of the centre with inspectors. Inspectors were introduced to the other residents and the staff on duty. Inside, the centre was found to be homely and residents had personalised pieces in their bedrooms such as pictures of families and events they had attended. The centre was spacious with private bedrooms for residents, a sitting room, dining/ kitchen area and a utility room. There were minor repairs noted during the walk around, for example repainting was required around the hand sanitiser dispenser and there was general wear and tear in the kitchen. There was adequate storage throughout the centre but further storage was required for one resident as identified by the resident and person in charge. The action of additional storage for this resident was in progress at the time of inspection. Residents had detailed programme schedules up on the wall in the main hall detailing their schedule for the week, as well as signs up to identify individual tasks for each resident for each day of the week such as cleaning.

On completion of the walk around, inspectors sat with two residents who were doing puzzles in the sitting room of the centre. The residents spoke about their interests and goals such as their love for music and the time they had gone to a concert in Killarney to see one of their favourite music artists. One of the residents discussed how they felt independent in the centre with the support of staff. They spoke of going for coffee and shopping independently in the nearby town. The residents felt staff were kind and treated them fairly, respectfully and were approachable.

Later in the day, inspectors were able to have lunch with some of the residents. During the lunch, one resident discussed the storage in their bedroom, all discussed

the concert they had attended and all detailed their daily tasks they have assigned to them and the choice staff gave to residents on these tasks. The residents expressed their happiness living in the house and they also told the inspectors what life was like living with each other. Throughout the conversation it was observed how the residents support each other and know each other very well. While the inspectors were meeting the residents the staff supported from a distance and were very respectful of the residents space, affording them the opportunity to spend time with the inspectors so the residents had the opportunities to express themselves in a relaxed manner.

The inspectors also found throughout the inspection that staff were respectful to residents. The staff were aware of the residents care and support needs, took an approach with residents which promoted choice and decision making by the residents. Staff were informally discussing personal goals with residents keeping an open dialogue for residents to approach the staff with new goals if they thought of one.

As this was an announced inspection, resident questionnaires were issued to the centre. Six residents completed the questionnaire, overall feedback around staffing, care and support, activities, meals and complaints processes were positive. Residents liked independently doing their laundry and the promotion of choice in the centre. There were minor items identified such as having a bedroom and the house repainted. But overall residents were happy with the service they were receiving.

The next two sections of the report 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 delivered.

Capacity and capability

Overall, on inspection The Comhar Centre was found to be providing a good quality and safe service. The staff were person centred in their approach and were observed to facilitate choice in activities and promote independence to the residents. The staffing levels were suitable to the needs of the residents and a staff vacancy had appropriate cover arrangements in place. There were management systems in place to ensure there was oversight of the care and support of residents. The facilities and services were reflective of the statement of purpose.

There was a full time person in charge of the Comhar Centre who was suitably qualified, experienced and had good knowledgeable of the residents' health and social care needs. As well, the person in charge demonstrated throughout the day knowledge of the resident's goals and interests. The person in charge had ensured there was a rights based approach for residents and inspectors observed residents interacting positively with the person in charge. The person in charge was supported in their role by the person participating in management assigned to this designated

centre. A supervision meeting was held with the person participating in management every three months.

Staff were knowledgeable of the residents support needs in the centre and had received training appropriate to the needs of the residents in the centre. The staff had completed courses that promoted residents rights, choices and supporting decision making. The person in charge held six weekly supervision meetings. Staff stated they felt supported by the person in charge and demonstrated knowledge of the management systems and the process in escalating concerns. Staff were observed to interact with residents in a positive, friendly and familiar manner.

There was a clearly defined management structure in place in the centre. The annual review and six monthly review had been conducted which resulted in identified actions. Residents and their representatives had been consulted with regarding the annual review. Inspectors reviewed the audits schedule which included audits in resident's finances, cleaning and incidents. The Provider demonstrated good practice in the area of audits by having an additional audit in dignity and respect, which looked at the locking of private bedrooms, assistance with intimate care and privacy oversight. There were prioritised actions documented from the audits conducted by the Provider. Reviewing the incidents audit, the incidents were broken into types. The highest level of incidents were in relation to behaviours that challenge which was in line with the notifications submitted by the registered provider to the Chief Inspector.

A statement of purpose had been developed, it had previously been submitted to the Chief Inspector and was available on the day of inspection in the centre for further review. On review, a minor amendment was required to the document following further clarity sought by the inspectors regarding the number of full-time and respite residents that can be accommodated in the centre. The Provider was afforded time to update and resubmit the statement of purpose. Post inspection, an updated statement of purpose document was submitted to the Chief Inspector for inclusion in the application to renew the registration of the centre that confirmed the number of full-time and respite residents.

Regulation 14: Persons in charge

The Registered Provider had ensured a suitably skilled, qualified and experienced person in charge was working full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The Registered Provider had ensured there was an appropriate skill mix of staff that

were suitably qualified and experienced to meet the residents individual health and social care needs.

The person in charge had ensured there was a planned and actual staff rota in line with the residents assessed needs and the centres statement of purpose.

The person in charge had ensured that one vacancy had been appropriately filled with relief staff, this provided continuity of care and support for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate mandatory training to ensure staff met the assessed needs of the residents. Staff had access to a training protocol where there was a clear line of protocol and accountability for staff. The person in charge held supervision meetings with staff every six weeks where items such as training, annual review, risk assessments, safeguarding and concerns were discussed. Staff had completed human rights training and in addition, had completed training in decision making and positive risk taking.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was available for review on inspection and had all required information.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured there was appropriate insurance arrangements in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the designated centre was clearly defined. The Provider had ensured management systems were in place to ensure the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. On review of the audits conducted there was a summary of prioritised actions, for examples residents had expressed wanting to do baking and horse riding.

The annual review and six monthly review was available for review by inspectors, the Provider had conducted unannounced visits of the centre. The Provider demonstrated good practice in the area of audits. There was an additional audit on the schedule which demonstrated good practice, this was a privacy audit in relation to dignity and respect. It was very evident on the day of inspection that the residents were consulted about their home and the supports provided.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that there was a contract for the provision of services. This had the information as required in the regulation for example the fees charged. There was one contract that was due to be amended due to a change in the service provision. The provider had committed to amend this. The change related to a resident who was moving from a respite type service to residential.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose in line with Schedule 1, a minor amendment was required to the document regarding the number of full time residents and respite residents that can reside in the centre. The updated statement of purpose was received post inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents required to be notified to the Chief Inspector had been submitted in a timely matter.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints process in place. On the day of inspection the complaints log was reviewed by an inspector and it noted and discussed that all complaints were being followed as per the providers process.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were available on inspection and had been reviewed by the registered provider within the last three years.

Judgment: Compliant

Quality and safety

The Comhar Centre overall was found to be a centre which promoted its residents independence, rights and choice while providing a safe service that gave a good standard of care and support to the residents. It was evident throughout the day that residents were consulted with on the the day to day running of the centre, for example residents had cleaning and laundry schedules on display, a programme schedule for the week and were openly communicated with the staff on their interests, needs and the schedule.

A sample of residents personal files were reviewed, this included information on their personal plans, communication recommendations and health care plans. All residents had individualised personal plans which had personal goals to the resident identified through formal and informal discussions with staff.

The annual review set out that the day service were now running from the house due to the closure of the day service on campus. On the day of inspection, inspectors observed a programme schedule on the wall and residents were leaving the house to attend activities such as the gym and going out to a cafe for lunch in

the local community.

The centre was a large bungalow building located on the outskirts of a town. It was homely and residents were welcoming and proud to show the inspectors their home. The premises was spacious and all residents had access to storage in their bedrooms as well as having other personal property on display. However, one resident had requested additional storage for their bedroom with the person in charge support, this had been well documented in the six monthly review. The resident and person in charge were in the process of getting additional storage at the time of inspection and the resident had spoken to the inspectors on the process of choosing the new storage.

Fire evacuations were being conducted but inspectors advised the registered provider on the importance of consistency when logging the attendance at fire drills as some reports detailed the residents who were present at the time of the evacuation and some reports did not. During a walk around, the inspectors noted that some fire doors had gaps between them and some seals were in need of replacement. The registered provider had the maintenance officer attend the centre to review the fire doors on the day of inspection. The maintenance officer repaired some of the doors while inspectors were present but other doors required additional equipment. Post inspection assurance was sent from the maintenance officer to the Chief Inspector pertaining to the fire doors with a completion date of 12th July for the remaining fire doors requiring repair.

There was one new resident in the process of transitioning to the centre, there was a transitional plan available which stated the resident had expressed their desire to move to this centre. There were actions from the transition meetings available and the incoming resident has had the opportunity to visit the centre to meet residents and staff, attend activities and has been involved in the personalising of their new bedroom such as picking the paint colour. It was noted from a review of the documentation that there was very good engagement and consultation with the new resident prior to the proposed admission to the centre. Residents in the centre were also aware of this change.

The provider had a risk register which covered all risks which were individual to the centre and were resident specific. There were measures and actions in place to control the risks identified eg. a resident had spoken of walking independently to the near by town, this had been identified on the risk register with actions taken by the provider such as the resident receiving travel training and an occupational therapist had assessed this goal, evidencing the positive risk taking training in practice.

All restrictive practices in the centre had been removed at the time of inspection, previously there was one resident who was restricted as they did not have the key code for the main entrance. An alternative method has been identified and installed for this resident so they are no longer restricted.

From a review of the documentation, discussion with residents and staff it was evident that staff promoted a rights based approach in this centre. It was noted from conversations with the residents that their goals were meaningful and

discussed as part of their daily lives. Independence and community activities were evident in this centre and it was observed throughout the day that residents lived and experienced a good life with the culture and supports from staff in this centre.

Regulation 10: Communication

The registered provider had ensured that all residents were supported and assisted to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had control over their clothing and were supported to manage their laundry in accordance with the residents needs and wishes. The person in charge had ensured that each resident had adequate space to store and maintain their clothes and personal property. The registered provider had taken action regarding the additional storage for one resident.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured residents were supported to access opportunities for education, life skills and to participate in activities in accordance with the residents interests, capacities and developmental needs. For example, one resident attended weekly classes in personal care and visual art.

Judgment: Compliant

Regulation 17: Premises

The premises had adequate space throughout and was homely. Overall the premises was clean with some minor work required to freshen parts of the centre eg scuff marks in the kitchen and repainting some of the walls.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured there was a guide prepared for residents in respect to the designated centre as set out in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that a resident transitioning to the centre was being appropriately supported in this transition. A transitional plan was available to review which evidenced the residents involvement in this transition.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had an individualised risk register in the centre which was regularly reviewed. The risk control measures were proportional to the risk identified and appropriate measures were identified. For example, the resident who walked independently to town had received the appropriate training and assessments to achieve this goal.

Judgment: Compliant

Regulation 28: Fire precautions

The Registered Provider had fire safety management systems in place and had ensured that fire evacuations were being conducted in line with their policy but consistency was required on the evacuation forms when detailing those present at the time of the drill. Staff were suitably trained in fire prevention and an up to date personal emergency egress plan was in place for residents.

The Registered Provider had not made adequate arrangements for the containment of fire in the centre as the fire doors had gaps and some seals required replacement. Post inspection, the provider submitted assurance regarding works to

be completed with a completion date of 12th July.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plans were made available for the inspectors to review on the inspection day. There was evidence that the personal plans were regularly reviewed and were subject to annual multi-disciplinary review. The plans were found to be comprehensive and personalised to each residents' health, social and personal needs. The personal plan was made available to residents in an accessible format.

Goals were found to be regularly reviewed both formally and informally between the residents and their key workers. The personal plans were in line with observations throughout the day, for example a resident had a goal of having their nails done which inspectors found to be completed with the next appointment already scheduled.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured residents receive appropriate health care for each resident. There were appropriate healthcare support plans available within residents personal plans. It was noted on the day of inspection that care plans were specific to the individual needs of residents and good follow up with allied health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had removed all restrictive practices in the centre and implemented alternative measures so there were no environmental restraints to residents in the centre. A keypad for the main door was in place that all residents had the the code for. However, one resident required an alternative method for opening the main door which was with their fob. Inspectors had observed the resident using their fob to open the door for inspectors and another resident using the code to enter the centre after they had attended activities such as the gym in the nearby town.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured there was an up to date safeguarding policy available to staff.

The person in charge had ensured staff were appropriately trained in the prevention, detection and response to abuse. Staff demonstrated they were knowledgeable of the process of reporting and escalating concern. The person in charge had ensured intimate care plans were in place for residents who require such assistance in line with their personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were consulted and participated in how the centre was run and the daily arrangements in the centre eg. there were weekly plans on the door of the utility advising each resident of their day to do the laundry which they did independently if they wished to do so.

Staff were respectful of residents choice and supported residents in decision making, for example staff were also observed promoting residents decision making such as choice of activities for the day and positive risk taking. Further information on the positive risk taking is located under Regulation 26.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	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 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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 The Comhar Centre OSV-0001816

Inspection ID: MON-0031714

Date of inspection: 29/06/2023

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider wishes to assure the Chief Inspector that the necessary works required for the Fire doors as identified during the inspection have been completed by our Maintenance department.</p> <p>Furthermore, to ensure compliance with Regulation 28, the Person in Charge will ensure that there will be consistency in the recording of those who attend fire drills.</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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/07/2023