



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	26 January 2023
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0030159

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of 9 adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The centre comprises of two houses. They are located a short distance apart. At the time of the inspection one resident was supported in one house, and five residents lived in the second house. A number of residents attend off-site day services Monday to Friday.

Transport to and from this day services is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. Both premises are two storey houses. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). Both houses are located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Other than when residents are at day services, there is at least one staff on duty in each house, at all times. At night there is a sleep over staff in each house. Additional staff support hours are provided as the need arises.

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 26 January 2023	08:20hrs to 16:30hrs	Lisa Redmond	Lead
Thursday 26 January 2023	09:30hrs to 16:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

From what residents told us and inspectors observed, it was clear that residents were happy in their home, and that overall they received a good level of support from staff members and management in the centre. Inspectors met with all five residents living in the designated centre, on the day of the inspection.

This designated centre comprised of two houses, located on the outskirts of Waterford city. One resident received an individualised service in their home, however this resident was due to transition to a new designated centre after this inspection had taken place. This resident's home required internal and external works, and it was planned that these would be carried out when the resident moved to their new home, before any other resident moved into the centre.

At the time of the inspection, four residents were living in the second house in this designated centre. Residents living in this house used verbal communication, physical prompts and gestures to communicate their views on what it was like to live in their home. Residents sat with inspectors and had a tea or coffee as they chatted about their experiences living in their home. Residents told the inspectors about recent holidays and hotel breaks they had enjoyed. Residents also spoke about their families, and how they regularly met with family and friends outside of the centre. Residents did mention that at times, there were some disagreements between themselves. Residents had made complaints in relation to specific incidences. Residents spoke about the complaints process, and meetings with the social worker to discuss their complaints. Overall, residents were happy that their complaints had been dealt with, and they knew that they could use the complaints process again in the future if they were unhappy about aspects of service provision.

Despite mentioning these disagreements, residents did tell inspectors that they were friends with those they lived with, and that they felt happy and safe in their home. One resident had recently transitioned to another designated centre, for a period of assessment due to a recent change in their support requirements. At the time of this inspection, it was not evident if this resident would return to the designated centre. It was noted by inspectors however, that should this resident return to the centre, staffing in the centre would require review to ensure it continued to meet the changing support needs of all residents living in the centre.

Another resident was observed as being provided with an individualised service with a 2:1 staffing support ratio in place to support their individual needs. This resident engaged in behaviours of concern at times and did not always choose to communicate verbally but was observed to be active, comfortable and well cared for when meeting with the inspector on this inspection. The staff team knew the resident very well and were observed supporting the resident in line with the care plans in place.

The inspectors also received five questionnaires completed by residents about the

care and support that they received in their home. Overall, residents were happy with the supports provided in their home, including that they felt listened to and that they are included in decisions about their care provision. The findings of these were discussed with the person in charge on the day of the inspection. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This inspection was completed following an application to renew the registration of the designated centre. Overall, it was evident that residents enjoyed a good level of service in this centre and were well cared for and supported. Residents presented as happy with the support they received from staff members caring and supporting them.

An annual review had been completed in the designated centre for 2021. At the time of the inspection, the 2022 annual review was being compiled. In line with regulatory requirements, six monthly unannounced visit reports had also been completed in the centre. These reports were comprehensive in nature, and included a clear plan of action and areas for improvements in the centre. It was also identified that these reports accurately reflected the challenges faced in providing supports to residents as discussed with inspectors at the beginning of the inspection. They also included consultation with staff and residents.

Staff members had raised concerns regarding the staffing levels in one of the centre's houses, when five residents had lived there. This had also been referenced in the designated centre's most recent annual review. At the time of the inspection, only four residents lived in this house, and it was uncertain if a fifth resident would return to this house. Therefore, the inspectors reviewed the centre's staffing levels in line with the current number and support needs of residents.

Inspectors advised management in the centre that staffing levels would require further review should the number of residents increase from four to five in this house, to ensure that staffing levels continued to meet the needs of all residents living in the centre. Management in the centre referenced some potential plans including increased staffing should a fifth resident live in the centre, however as a period of assessment was underway, this was uncertain and a definitive plan could not be established.

Management in the centre agreed to update inspectors on all proposed plans/changes to this centre (i.e. proposed centre capacity, layout, premises, staffing, management changes) following the inspection in their compliance plan response, in order for the centres registration to be progressed accurately.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that they had made a full application to renew the registration of the designated centre, in a timely manner. This involved the submission of specific documents and the payment of a fee.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a team of social care workers and care assistants. Where one resident was receiving an individualised service in their home, they were supported by two staff members at all times.

At the time of this inspection, the four residents living in the second house were supported by one staff member. When five residents had been supported in this house by one staff member, a number of staff members had raised their concerns that this staffing ratio was not sufficient. Inspectors reviewed the centre's staffing levels as they were on the day of the inspection and found them to be satisfactory. Inspectors advised management on the day of the inspection, that should a fifth resident live in the second house, staffing levels would require review to ensure they continued to meet the assessed needs of all residents living in the designated centre.

A staff rota was in place in the centre. This clearly outlined the staff on duty and their hours of work.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members received mandatory training to support them in their role. This included training in fire safety, management of challenging behaviour, infection prevention and control and the safeguarding of vulnerable adults. However, a number of staff members were awaiting refresher training to ensure they kept up-to-date with training requirements.

Staff members had been supported to receive supervision with their line manager. Where staff members had raised issues or concerns, these were clearly escalated by the person in charge to their line manager. At the time of the inspection, the subject

of these concerns was in review by senior management.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This included a contract of insurance against injury to residents. This was submitted prior to this inspection, as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

Regular auditing and review ensured that management maintained effective oversight of the designated centre. Residents' complaints and feedback on service provision were included in these audits and reviews. When staff members raised issues or concerns, these were escalated to senior management by the person in charge. At the time of the inspection, management were undergoing a process of review to ensure that the centre would meet the changing needs of residents, resourcing and staffing requirements. As this was an ongoing process, a definitive plan could not be provided to inspectors at the time of the inspection. However, it was agreed that following a period of assessment and review, an update would be provided to inspectors, to support progression of the centre's application to renew registration.

There were clear lines of authority and accountability in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available to residents in their home. This documents set out the specific care and support provided to residents. This document was reviewed as part of the application to renew the designated centre's registration. It was noted that it contained all of the required information outlined in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors reviewed incident and accident reports, and residents' daily care notes. It was noted that there were four occasions whereby an allegation of suspected/confirmed abuse had been made by a resident and was not notified to the Chief Inspector in line with regulatory requirements.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints policy had been devised to outline the complaints process in the centre. An accessible complaints process was also available to residents. It was evident that residents were aware of the complaints process, and that they had been supported to make complaints.

Judgment: Compliant

Quality and safety

Residents told inspectors that they were happy with the supports provided to them in their home. Overall inspectors found a good quality of care provided in the centre. However, some improvements were required to ensure that all safeguarding allegations were being managed and reported in line with best practice, national guidance and organisational policy.

An inspector met with the resident who received an individualised service in their home. A high level of staff support was provided to this resident, in line with their assessed needs. This resident had access to their own individual transport, and it was evident that staff members supported them to engage in activities in their local community on a daily basis. It was clear that the resident was also supported to maintain links with their family through regular visits. This resident had very specific and complex behavioural support needs and was observed as being provided with a 3:1 male staff ratio on the day of inspection.

Residents met with throughout the inspection spoke about many activities that they had participated in that they enjoyed. This included recent Christmas shopping and a pamper day where residents had their hair and make-up done before attending a

Christmas party. Residents had also visited a Christmas festival in their local area. It was evident that residents engaged in a wide variety of activities and community engagement.

Inspectors noted that improvements were required regarding the consistent reporting and management of safeguarding allegations. For example, inspectors found that a number of incidents that were recorded in resident's daily care notes had not been reported on the organisation's incident reporting system nor screened as safeguarding allegations in line with guidance and policy.

Overall, residents presented as content and happy with the supports they received. Residents were very much aware of the complaints process in place, and discussions occasions where they had used this process.

Regulation 13: General welfare and development

A number of residents were supported to attend day services each day, while one resident received an individualised service each day in their home. Residents spoke about activities they attended including clubs, sports, meals out and hotel breaks. At the time of the inspection, residents were developing their goals and making plans to further access their local community in line with their interests and wishes.

Judgment: Compliant

Regulation 17: Premises

While the home where four residents lived was noted to be in a good state of repair, the home where one resident lived required significant works both internally and externally. The resident was due to move to a new home after this inspection had taken place, therefore management advised inspectors that these works would be carried out after this had taken place. It was evident that such works would be required before any other resident moved into the designated centre.

The second house was maintained to a good standard. It was observed to be clean, warm and decorated with residents' personal belongings. Each resident had their own private bedroom. Residents told the inspectors that they liked their home.

Judgment: Substantially compliant

Regulation 20: Information for residents

A resident's guide had been developed by the registered provider, in line with the regulations. The guide contained information about the services residents would receive in their home. This included information about the arrangements for visits, the complaints process and the terms relating to residency.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was available in the designated centre, outlining specific risks and the control measures to reduce these risks. These included risks specific to individual residents such as choking due to the swallow care needs of two residents, resident compatibility and potential for absconding. Clear control measures were outlined to manage these risks in the centre.

A risk management policy was available to staff members. This outlined the information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Guidance was available to staff members to support them to ensure best practice in relation to infection prevention and control. At all times, staff members were observed adhering to best practice in relation to the use of personal protective equipment (PPE). In general, the designated centre's houses were noted to be clean and tidy.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting and fire alarm panels were present in each of the designated centre's two houses. There was also evidence of fire-resistant doors and emergency fire fighting equipment such as fire extinguishers in the event of an emergency.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where a resident required supports to manage behaviour that is challenging, the resident had a positive behaviour support plan which outlined the specific care and support needs that they required from staff members. This plan was subject to regular review, by an appropriate allied health professional.

Upon review, where restrictive practices were used to support a resident to manage behaviour that is challenging, this was noted to be the least restrictive measure to ensure resident safety.

Judgment: Compliant

Regulation 8: Protection

Inspectors identified four safeguarding allegations which, although they were deemed to have a lower level of impact on residents, had not been reported and screened, in line with statutory guidance on the safeguarding of vulnerable adults, and/or organisational policy. These allegations were discussed with the principal social worker and management in the centre at the time of the inspection. Although inspectors were assured that these residents were safe, it was evident that on these occasions, there was a lack of adherence with statutory guidance on the safeguarding of vulnerable adults, and organisational policy. All safeguarding matters needed to be reported and managed consistently in this centre.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0030159

Date of inspection: 26/01/2023

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 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"> • The service manager and PIC are liaising with the training department to schedule outstanding refresher mandatory training for staff who require same. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • Any incident of concern raised will be documented appropriately and reviewed at multi-D team meetings. • All concerns/allegations of abuse will be addressed through the organisations safeguarding policy and the required notifications will be submitted via the HIQA Portal within required timeframes • Safeguarding will continue to be a standing agenda at team meetings 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- Required premises works will be carried out following the transition of a resident to their new accommodation/Designated Centre.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- All allegations and concerns of abuse will be reported and screened in line with statutory guidance on safeguarding of vulnerable adults and organisational policy. There has been no change to the capacity, staffing levels (WTE allocation), layout, premises etc since the time of this inspection or submission of the renewal of registration application for this centre. One resident from this centre continues to temporarily reside in another designated centre for an ongoing period of assessment. This is being monitored by the MDT and long term accommodation planning is occurring. Another resident in a single occupancy house within this centre remains in that residence while their transition to their new house/designated centre is being planned by the MDT.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(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	01/09/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated	Not Compliant	Orange	13/03/2023

	centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	22/03/2023