



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	12 October 2023 and 13 October 2023
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0041071

## About the designated centre

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

Comeragh Residential Services Kilmacow is a designated centre operated by Brothers of Charity Services Ireland CLG. It provides a high support residential service for up to seven adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny located close to local amenities such as post office and shop. The designated centre is a large bungalow which consists of seven individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge, a sensory room and a laundry room. Staff support is provided by nurses, social care workers and care assistants. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:	7
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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 12 October 2023	08:15hrs to 16:30hrs	Sarah Mockler	Lead
Friday 13 October 2023	08:50hrs to 11:30hrs	Sarah Mockler	Lead
Thursday 12 October 2023	08:15hrs to 16:30hrs	Conor Brady	Support
Friday 13 October 2023	08:50hrs to 11:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This inspection was completed by two inspectors, over two days, to follow up on areas for improvement as identified on previous inspections. Registration of this centre was renewed in April 2023 with an additional condition applied that required the centre come into compliance with named regulations by 10 October 2023. This inspection took place a few days subsequent to this date to determine progress towards compliance.

The findings of the inspection indicated that a number of improvements had been made in the centre which resulted in positive outcomes being achieved for a number of residents. Although there remained significant issues with staff training and compatibility of some residents within the centre, for the most part the provider demonstrated that they were putting in plans to address this.

As per previous inspection findings, the resident group living in this centre were assessed as not being compatible to live together. For example, residents with dementia, autism and other mental health presentations were clearly and frequently triggering each others behaviours resulting in incidents or outbursts. This led to a general approach/culture of keeping residents away from each other. This raised a number of challenges for the residents living in the centre and the staff team in terms of the day-to-day care and support being provided. Although this issue remained, the provider had put in some measures to address this and had a long term plan to transition a resident from the centre. This is discussed in the relevant section of the report.

Inspectors had the opportunity to meet with six of the seven residents who lived in this centre. One resident was in hospital for the duration of the inspection. Inspectors observed the care provided and met with the staff and management on duty. Discussions with staff, observations, and documentation review were utilised across the inspection days to gather a sense of what it was like to live in the centre.

Inspectors noted that continued improvement was in place around access and participation in social activities. The standard of staff and resident interactions were meaningful and person centered. Residents were observed to be out of their rooms and coming into the communal areas to spend time with staff. On the day of inspection some residents left the centre to go to prearranged activities and a music therapy session occurred in the afternoon. Each resident that choose to attend the music therapy session spent individual time with the therapist. Each resident had a timetable in place which detailed the activities they liked to complete. Staff gave examples of recent activities that residents liked to avail off, which included trips to cafe's, visits to seaside towns, taking journeys on trains, walks in the community, family visits, and bowling.

On arrival at the centre, the inspectors noted potted plants and an autumn wreath at the front door. They were welcomed in by the staff on duty and completed sign in

procedures. It was early in the morning and the majority of residents were getting up with assistance from staff. The home was quiet and calm. One resident was up and about and briefly chatted to the inspectors. They had just had their morning cup of tea and with staff support told the inspector about some activities they enjoyed. Later in the morning residents were observed to come up to the communal areas and be supported with their morning routines. Staff were seen to sit at the dining table with residents while they were having their breakfast. Residents were observed to relax in the sitting room or be supported on a one-to-one basis in line with their relevant assessed needs. In the afternoon residents were heard to take part in music therapy. Some played musical instruments or sang. One resident expressed how they had enjoyed the session and had a music CD in their hand to show the staff team what music they had been listening too.

On the second day of inspection the residents were observed to get up and about with staff support. Staff were kind and patient in their interactions with the residents and were very familiar with their routines and preferences. One resident left for their day service and the other residents had different activities planned for the day.

The designated centre is a detached bungalow which comprises seven individual resident bedrooms, a kitchen, a dining room, a sitting room, a parlour room and a laundry room. In response to the areas for improvement identified in January 2023, the provider had committed to assigning an empty bedroom as a sensory room in order to afford additional communal spaces for the residents. This sensory room space was completed on the day of inspection. It was noted in documentation on how much some residents enjoyed this space. The music therapist also completed their sessions in this room and described it as a good space for the residents. Overall the designated centre was well presented, and nicely decorated. It was overall a bright and welcoming space.

Residents were supported by a staff team which comprised of nursing staff, social care workers and care staff. Residents were assessed to require a high level of support and the staffing numbers in place reflected this. However, there the reliance on agency staff had reduced over the last three months which provided a more stable level of continuity of care.

In summary, residents all appeared overall comfortable in their home. There was an overall improvement in residents' lived experience as the service was not only providing a good level of care but also actively pursuing and arranging meaningful activities for the residents that lived in the centre. However, ongoing compatibility of residents within the centre was still an ongoing issue. In addition the systems in place for training staff were inadequate.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

This centre had been inspected on a number of occasions in 2022 and 2023. Previous inspections identified a number of areas of service provision that required improvement. The current inspection found that although the centre was not fully compliant in all areas, there was a clear trajectory of the centre moving towards compliance. Improvements had been made in relation to governance and management and staffing, which was positively impacting the quality of care being delivered to residents. Notwithstanding, improvements were still required to address on the ongoing incompatibility within the resident group. The provider had made some progress with this and there were plans to transition a resident in the coming weeks. In addition the systems in place to ensure staff received training in a timely fashion was ineffective. Due to the inspectors concerns around the training of staff and considering it was a long standing issue an urgent action plan was issued to the provider.

There was a clear management structure in place. The centre was managed by a full-time person in charge. They had been appointed to the role approximately three months prior to the inspection. They had the relevant qualifications and experience for this post. On the day of inspection they were found to be knowledgeable around each resident's specific assessed needs. They evidenced good local oversight. Regular team meetings and staff supervisions were taking place. The person in charge was supernumerary to the staff team and this arrangement strengthened the management structure within the centre.

Previous inspections had identified a need for improvement in the effective oversight and governance of this centre. The majority of residents' assessed needs indicated that they needed a quiet, low arousal environment. This was not always possible due to the specific needs of residents within the home. This had been identified by the provider as far back as 2018 and previous inspections identified limited effective actions had been put in place to address this. The current inspection did note some improvement in addressing this, such as roster reviews and transition plans. Although this still remained an ongoing concern the provider had plans in place to address some of these issues in the coming months. This is discussed further under Regulation 5.

## Regulation 14: Persons in charge

The centre was managed by a full-time person in charge. They had responsibility for this designated centre only and were supernumerary to the staff team. They had the relevant experience and qualifications to execute this role effectively. The person in charge facilitated both days of the inspection. They discussed in detail each residents' specific assessed need and were found to be knowledgeable around the ongoing areas of improvement needed in the centre.

Judgment: Compliant

### Regulation 15: Staffing

Staffing numbers and skill mix had greatly improved in this centre since the previous inspection. Inspectors found that three full-time positions had been successfully recruited and were at offer stage with a further one full time post also being recruited at the time of inspection. There were six staff on duty daily supported by the person in charge with an additional twilight shift also added to the roster. Rosters were reviewed and updated by the person in charge and mornings/evenings and weekends were prioritised as the busiest times in the centre.

Agency usage had halved in this centre in a three month period due to the concerted efforts made by the person in charge to drive change and consistency in this area.

All staff spoken with across all shifts on this inspection were very professional and knowledgeable in terms of their care and support of the residents. Staff presented as passionate and caring towards the residents in their care.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Inspectors found that staff were not being provided with the appropriate levels of training in key areas by the provider. This related to training in safeguarding, fire safety, safe administration of medication, dysphagia, catheter care, diabetes, first aid, manual handling and training related to infection prevention and control measures.

Inspectors found a high number of staff on the roster had not been provided with mandatory training.

This absence in appropriate training provision was found to be a recurring systems failure on the part of this provider.

An urgent action was issued to the provider as part of the inspection process which required the provider to provide assurances that all staff would have completed required training by a specific date. The manner in which the provider responded did provide assurances that the risk was adequately addressed.

Judgment: Not compliant

## Regulation 23: Governance and management

The current inspection identified that progress had been made to address some long standing issues with the centre. The local management structure had been strengthened by appointing a full-time person in charge solely to this centre. Staff resources were in the process of being improved with a number of vacancies in the centre being filled. Roster reviews had been completed and staff resourcing had improved resulting in better outcomes for some residents. These changes had recently occurred and further time was required to evaluate if the changes could be sustained and continued to improve the quality of service for the individuals that lived in the centre.

However, although the provider had put some measures in place to address the identified compatibility issues within the centre, on the day of inspection this significant issue remained. The provider had ongoing plans to transition a resident from the centre. The providers progress with this issue would be further monitored through ongoing regulatory processes.

Judgment: Substantially compliant

## Quality and safety

Overall, inspectors found that a number of actions had occurred to ensure the provision of good quality care and support to residents living in the centre. Improvements had occurred in the presentation of the premises, access to both in-house activities and community activities, and a number of residents gaining more choice and control across their daily lives. Although the core issue of the incompatibility of residents remained ongoing plans were in place to address this. The provider discussed in detail the ongoing barriers to completing some actions in relation to this which included the significant changing health needs of residents.

As previously described residents access to meaningful activities had increased in the centre and continued to an ongoing focus of the management and staff team. Residents were seen attend activities of their choice on the inspection day. The person in charge discussed in detail ongoing plans in this area. For example, the person in charge was exploring a specific activity around sports and recreation for the residents whereby they could avail fo suitable activities either in house or in the community on a weekly basis.

## Regulation 13: General welfare and development

Inspectors found that residents overall general welfare and development had greatly improved in this centre. A huge emphasis had been put on the lived experience of residents and inspectors observed much higher levels of social stimulation, activities, choice, consultation and an overall more positive and vibrant atmosphere in this centre. For example, on arrival inspectors met residents who were up, dressed and well presented and heading out on activities. Residents had bespoke schedules developed with their hobbies and interests such as going for walks, shopping, lunch out, drives, music, reflexology and massage. A music therapist was met as part of this inspection who came into the centre weekly to do one-to-one work with a number of residents. One resident who was 93 told the inspector he loved this activity and was observed playing the harmonica in his music session. Overall the emphasis put on social stimulation and development was found to be having a very positive impact on the residents.

Judgment: Compliant

### Regulation 17: Premises

The residents lived in a large detached bungalow. Each resident had their own bedroom and en-suite bathroom. Residents had some personal items on display in their bedrooms. Works had been completed to ensure the centre was more homely in presentation. This included the purchasing of new furniture, painting, soft furnishings and adding new lighting. This resulted in a more homely feel to the centre. The centre presented as very clean and well organised across both days of the inspection.

An additional communal space had been added to the centre. A sensory room was now in place. This room was found to be appropriately furnished and well presented with sensory items in place. This was an improvement to the design and layout of the premises as there was an additional space residents could avail off if they so wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

Overall the systems in place to manage risks within the centre were well managed. There was an up-to-date policy in place. Risk assessments were updated on a regular basis and control measures described in these documents were found to be in place on the day of inspection. For example, there was a risk assessment in place in relation to the staffing deficits within the centre, this had been updated following the introduction of twilight staffing hours.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Overall inspectors found that residents had clear and comprehensive assessments in place. Residents care and support needs were well known, understood and well documented by staff on duty.

Inspectors found that of the seven residents living in this centre there remained compatibility concerns regarding two residents in particular. These related to how these residents impacted and were impacted by the people they lived with. Compatibility assessments reviewed noted this centre was not suitable for these residents and transitional plans were still being considered. These plans had not progressed since the previous inspection.

At the time of inspection however it was noted that one resident was particularly ill and therefore any transition plans were not being progressed. This resident was in hospital at the time of inspection. Inspectors found that the other resident assessed as requiring a more suitable placement was still waking up for large periods during the night making noise which was significantly impacting other residents living in the centre

Judgment: Not compliant

### Regulation 8: Protection

Residents were found to be safe and well protected in this centre. A clear policy was in place and staff demonstrated a good understanding of the key principles of safeguarding. Staff knew the warning signs of abuse and the reporting and recording mechanisms. Residents finances were reviewed and the person in charge had implemented a new recording system for reviewing and recording residents finances. Residents finances were found to be appropriately audited and safeguarded in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall improvements were found in the upholding of residents' rights within the centre. This was due to changes in rosters and addition of a more stable staff team that were familiar with residents needs. Although residents were impacting on each

other at times this has been addressed under Regulation 5. This was an area of ongoing focus for the provider.

On the day of inspection staff were professional, kind and caring in their interactions. Staff were observed to knock on residents bedroom doors before entering. Staff sat and engaged with residents at meal times and were seen to offer choices around drinks and meals. Residents choice around activities had significantly improved as had the overall lived experience of the residents. The improved layout and design of the centre meant that communal spaces were available to residents and they did not have to spend as much time in bedrooms if they required quieter areas.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0041071

Date of inspection: 12/10/2023 and 13/10/2023

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• The PIC/PPIM are continuing to work with the HR department to recruit for vacant posts. Despite significant efforts to address vacancies in this centre there continues to be a national staffing crisis which has impacted on our success to recruit staff.</li><li>• A workforce planning exercise is underway with the PPIM and team leader to ensure that we are able to effectively manage rosters and endeavor to reduce the reliance on agency.</li><li>• While the centre continues to rely on agency staff, efforts are being made to minimize the amount of agency staff on duty at any one time. We are working with the agency to endeavor to have consistent familiar staff.</li></ul>	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• The strategies outlined in our urgent action plan submitted on 18th October 2023, which was issued following the most recent inspection, continue to be implemented.</li><li>• The learning needs analysis will be submitted Monday 20th November, outlining training needs into 2024.</li></ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The provision of unfunded twilight cover is being continued in an effort to support individual needs and challenges that arise at night time.</li> <li>• There is an ongoing review of the care needs of one individual due to complex, deteriorating medical needs. The outcome of this review will support us to develop the provision of effective supports to meet their needs going forward.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• We are supporting the team to implement the comprehensive behavior support plan developed for one individual who suffers with sleep disturbance and we are working with MDT to ensure that her night time support plan will be effectively managed to mitigate the risk of disturbance to the other people living in the designated centre.</li> <li>• Environmental assessments are taking place in regard to whether any additional measures can be taken to reduce and minimize the impact of noise in the designated centre.</li> <li>• The senior management team are continuing to explore options around alternative supports and placements for one individual.</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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	23/12/2023
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.	Not Compliant	Red	18/10/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	29/02/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	29/02/2024