Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	28 June 2021
Centre ID:	OSV-0005094
Fieldwork ID:	MON-0033449

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 seven 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. This centre provides support for residents with high support needs. The number of days and number of hours each resident attends day service varies according to the individual needs and preferences of each of the five residents presently living in the designated centre. The house is staffed on a full time basis, which allows for flexibility around whether or not a resident goes to day service on any given day. Transport to and from this service 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. The premises is a two storey residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located on the outskirts of a village and a short commute from all services and amenities. The staff team is comprised of nurses and social care staff under the guidance of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 28 June 2021	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with all five residents and five staff members on the day of inspection. Social distancing was respected and direct engagement took place for periods of time less than 15 minutes. Face masks were worn indoors and hand hygiene was attended to. Documents and information required in advance of the inspection were available to the inspector in a designated office.

Some residents were retired or semi retired and this was reflected in the activities that they took part in on a daily basis. Some of the residents communicated directly with the inspector. Some residents indicated that they were very happy and well cared for by staff. Where resident's were unable to communicate directly they used gestures. The inspector observed respectful and warm communication between staff and residents.

Residents were preparing for their day when the inspector arrived. One resident had already left for their planned day service. One resident was in the company of a staff member who was allocated from day services to provide direct one to one support. The resident told the inspector that this allowed them plan activities of choice at a pace that they determined. This resident had an interest in both painting and in graphic novels. They were being supported that day to go to a specialist shop to purchase materials. This resident attended a nearby city to partake in a group called "healing arts". Artwork that the resident had produced for sale was on display in their bedroom. This residents notes indicated that they had been transferred into the designated centre for the purposes of receiving additional nursing care and support. An incident involving the residents transfer to hospital outlined that nursing supports at the time of the incident were less than optimal. This resident said that they like having their own bedroom and en-suite and they were well supported by staff, however, the house could be noisy at times.

Another resident was in bed at the start of the inspection. This resident spoke briefly with the inspector and informed the inspector that they liked their privacy. This resident stated that they preferred if the inspector would not review their notes. This request was acknowledged and complied with. The resident thanked the inspector. Later, after the resident had been supported to have breakfast and dress, the inspector met with the resident in the front garden, in the company of another resident and a staff member. This group were being supported to discuss the newspaper and current affairs. The inspector could hear the conversation and laughter as they approached. The resident stated that they enjoyed living in the designated centre, felt safe and enjoyed the company of staff. They said that they found the restrictions due to the pandemic hard. They showed the inspector a garden set that their sibling had made which allowed them easy access in their wheelchair.

Another resident, who was a wheelchair user, acknowledged the inspectors presence. This resident used few words to communicate, but staff were seen to

understand this residents gestures. Staff engaged the resident in table top activities and they were positioned in the dining room with a view of kitchen activities.

One resident had a bedroom on the first floor of the house. This resident offered to show the inspector their bedroom. This bedroom had a large television area and the resident said they really enjoyed watching their new television. The resident had access to satellite television that they were adapting to with staff support. This resident had photographs of their family on display as well as photographs of activities and outings they had taken part in. This resident liked sports and was an accomplished and successful Olympian, with many medals on display. This resident said that they attended day services in the afternoon and that they had to attend the service opposite one of their fellow residents.

Over the course of the morning, the inspector observed one to one staff supports afforded to all residents in the house. The atmosphere was relaxed and easy going. Staff were attentive and respectful to residents. Activities were meaningful and unhurried.

One resident who had attended day services in the morning, returned in the afternoon. This coincided with two residents who were ambulant, leaving the designated centre with staff supports. This was part of the registered providers actions to reduce residents direct interactions and to safeguard residents. Residents who used wheelchairs retired to their bedrooms for a rest from their wheelchairs. The returning resident used few words to communicate but did use LAMH as well as vocalising loudly at times. This resident was physically independent and had free access to all areas. While staff demonstrated a good understanding of the residents needs, the resident was seen on occasions not to accept direction. This resident liked to move furnishing and items on the notice boards. Records reflected that when this did not happen, the resident became extremely anxious and aggressive. Behaviour was directed primarily at staff or objects of furniture. Staff remained at a safe and respectful distance from the resident when engaging with them. The atmosphere is the house was however noticeably different.

Notifications previously made to the Health Information and Quality Authority indicated that other residents had been the subject of psychological and physical abuse. There was no evidence that the compatibility of residents to reside together had been considered by the registered provider. Residents with a mild intellectual disability and high physical needs and vulnerability were accommodated with a resident who was physically dominant, mobile and had a severe intellectual disability.

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 to each resident living in the centre.

Capacity and capability

On the day of inspection, the inspector noted some improvements since the previous inspection in March of 2020. Overall however, the service continued to lack adequate staff resources to meet the identified needs of all residents and governance was stretched awaiting the appointment of a new person in charge. While the registered provider intended to secure replacement nursing staff, the direct provision of nursing care was impacted to residents who had significant nursing needs, by two posts remaining unfilled. This also directly impacted on the supports available to all residents. The registered provider demonstrated a limited response to adverse incidents and while an extensive multidisciplinary input sought to address the behaviour of one resident, the minimal staff resource of one lone staff member allocated to the service at night time could not implement the plans devised to ensure the safety of all residents and staff.

The person in charge was employed in a full-time position. The previous inspection identified the significant brief that the person in charge had and how the role extended into the indirect management of an additional five designated centres as well as occupying the role of services manager. The person in charge had extensive experience and was suitably qualified for the role of person in charge. After two unsuccessful employment campaigns, the registered provider was now in a position to introduce a new person in charge employed as a clinical nurse manager from 12th July 2021. It was proposed that this person would have direct responsibility for the designated centre and that the role would not extend beyond the designated centre.

The statement of purpose was reviewed on the day of inspection. The statement of purpose gave an accurate description of the services provided to residents. The statement of purpose was amended on the day of inspection to include all regulatory required information. The current statement of purpose described the challenges in recruiting nursing staff and the overall provision of reduced nursing support to residents. The previous registration of the designated centre had been granted where there was direct nursing support over the 24 hour day. While a nurse educator or service manager was stated to provide nursing support in the event of having no nurse on duty, incidents reported within the designated centre indicated that this system was not always effective and fell short of meeting the assessed healthcare needs of residents. This issue is judged under regulation 23 - Governance and Management.

The staff on duty were experienced, suitably qualified and were familiar with the assessed needs of residents. When a staff nurse was on duty, they assumed the role of the team leader, providing direct supervision to staff. The team leader reported directly to the person in charge who was employed off site. Nursing recruitment was ongoing and it was the registered providers intent to target graduate nurses in September 2021 to maintain future rosters. On the day of inspection, the staff roster was short two nursing staff which meant that at night time a nurse was only on duty on alternative weeks. A care assistant was rostered on night duty in the absence of a nurse.

The overall governance and management structure for the designated centre had been determined to be blurred on the previous inspection. Despite staff being quite clear on their roles and responsibilities, staff were unaware that the alteration of the designated centre and the provision of an additional bedroom on the ground floor, since the previous inspection, had been a direct breach of the conditions of registration of the designated centre. This bedroom had been used for a period of six months for a resident who no longer resided in the designated centre. This bedroom was no longer in use and had since been developed into an office. The registered provider did not inform the Health Information and Quality Authority (HIQA) of this change of use and alteration. The room seen on the day of inspection was small, narrow and the window height did not allow an occupant to see outside.

The registered provider had conducted an annual review of the quality and safety of the service as well as two six monthly audits. These reports identified the need for additional nursing posts, the gaps in required training for staff and the prioritisation of updating support plans for all residents. The registered providers long term plan was to secure a bungalow type premises that would better meet the assessed needs of residents. These written reports did not specify the plans in place to address concerns in relation to the behaviours of a resident that impacted on all other four residents, despite the registered providers previous commitment to undertake a compatibility assessment. This undertaking was in response to adverse incidents previously reported to HIQA. Effective staffing arrangements were not in place at night time to ensure staff could exercise professional responsibility for the safety of the services they were delivering. The behaviour plans in place for a resident could not be implemented by a lone worker. While the number of reportable adverse incidents to HIQA in relation to a resident had reduced, 30 incidents of threatening, aggressive and assaultive behaviour towards staff and property had been reported in a 12 month period, on the registered providers internal reporting system.

The registered provider had a plan in place for the training and development of staff. Due to recent restrictions in relation to training during the pandemic, not all staff had received refresher training in mandatory training areas. Of the ten staff allocated to the designated centre - 40% required fire and safety training as well as managing behaviours that challenge. 30% of staff required refresher training in safeguarding residents. The registered provider had however focused very much on infection prevention training, as well as on training for identified healthcare conditions and the identified needs of residents.

Since the previous inspection, the registered provider had addressed issues pertaining to recording complaints as separate issues and seeking the satisfaction of the complainant in relation to how the complaint was addressed. Residents had access to a complaints system called "I am not happy". One complaint in relation to a resident was the subject of an internal investigation where the findings were conveyed to the residents family. A second complaint regarding the circumstances of a residents transfer to an outside hospital was been dealt with by the person in charge. This complaint was the subject of ongoing investigation and representation to the outside hospital, by the registered provider.

Each resident had a written contract in place that was signed by the resident or their

family member. This contract was called a service undertaking. Changes to the original contract were supported by letters on file that had been sent to the resident and their family.

The registered provider maintained a current directory of residents in the designated centre. Minor errors were addressed by staff on the day.

The registered provider had applied for the renewal of registration of the designated centre. Required information had been submitted to HIQA on time and a compliance plan response to this inspection, was awaited from the registered provider, to inform the application decision. The regulatory required paperwork relating to the appointment of a new person in charge was awaited and this information was also required to inform the renewal of registration decision.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity, however their work covered five additional designated centres impacting on the overall governance of this designated centre. The appointment of a new person in charge was awaited in July 2021.

Judgment: Substantially compliant

Regulation 15: Staffing

The number of staff employed by the registered provider was not sufficient to address the assessed and identified needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had a system in place to train all staff, however staff required mandatory refresher training in relation to fire and safety training, managing behaviours that challenge and safeguarding vulnerable adults.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place an accurate directory of residents that contained regulatory required information.

Judgment: Compliant

Regulation 23: Governance and management

The overall management system that the registered provider had in place was not effective in monitoring the safety and the level of staff resources required to meet residents assessed needs. The registered provider had failed to inform HIQA of a breach of registration conditions.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract in place that was signed by the resident or their family member. Changes to the original contract were supported by letters on file that had been sent to the resident and their family.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose. This statement was revised on the day of inspection to clarify the fire evacuation and emergency procedures within the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been made to the Chief Inspector within three days of

occurrence, as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy in place that was accessible to residents and families.

Judgment: Compliant

Quality and safety

The evidence available on the day of inspection demonstrated that the registered provider focused on the care of residents, however staff supports were less than optimal. This was due to limited or reduced staff resources and staff allocation particularly to some, but not all residents. The learning from adverse incidents focused on redefining and refining support plans without consideration as to whether such plans could be implemented realistically and safely. General care and support was good and residents in the main stated they liked residing in the centre. Staff endeavoured to protect residents and promote residents welfare. Some areas of regulatory compliance had been addressed since the previous inspection but some had not. Additional areas of regulatory compliance were required on foot of the findings of this inspection.

All staff had undertaken additional training to prevent the spread of infection since the start of the pandemic. Sufficient personal protective equipment was available and staff were observed to have good practices in place. Staff were also observed to attend to hand hygiene frequently and residents were actively encouraged to do the same. Clinical waste was properly disposed of in foot pedal bins and all waste was then securely stored in a dedicated collection bin to the side of the premises. These areas had been addressed after an action was issued by another regulatory authority - the action notice was displayed on the office wall. The registered provider had a lead worker representative nominated in relation to COVID-19 and a staff contingency plan was in place. The person in charge had also recently completed a self assessment in relation to the preparedness of the service to respond to an outbreak of COVID-19.

All foods were prepared on site. There were sufficient supplies of fresh and frozen food available to residents. Staff were familiar with residents dietary needs, likes and preferences.

The registered provider had in place a risk register that identified some of the risks

within the designated centre. Specific risks required by regulation 26 had not been included in the risk register reviewed on the day of inspection. These were subsequently assessed and submitted to the inspector a number of days after the inspection. The registered provider had risk rated violence and aggression to be likely to occur within the service. The impact of such an event was deemed to be moderate. Actions to reduce this risk was for all staff to have relevant training and to implement the directions of psychologists and speech and language therapists. Staff were directed by these plans to provide direct supervision of all residents for the purposes of safeguarding residents living in the designated centre. The inspector was not assured that the staffing complement at night time could initiate or implement such plans successfully. The registered provider had ensured that the main vehicle for the designated centre had been repaired and spray painted since the previous inspection.

Little improvement was evident since the last inspection in relation to the condition of the premises that the residents were living in. This in part was due to the difficulty in securing contractors during the pandemic. The person in charge did make known the registered providers intent to secure more appropriate accommodation based on residents assessed needs. Externally, the premises was in need of decoration to its external wooden cladding. Some garden furniture was in poor condition and rubble and bricks were stored in the front garden area. Footpaths and flag stones were uneven, in need of repair or replacement. Some drain covers were broken or missing. Some residents were wheelchair users and the external environment did not promote accessibility. Residents spent their day in front of the house, the rear garden which was very large and private was uninviting and not wheelchair friendly. Internally, the general appearance of the designated centre was homely and reasonably well maintained. Painting was required to bedrooms and radiators. Velux windows were in very poor condition and required replacement. The fabric of one bedroom was subject to wear and damage due to a residents need to move and position furniture. All of these areas had previously been identified by the registered provider and managers in audits dating back to 2018. There were four different elevations throughout the downstairs floor levels leading to a stairs, the sitting room and bedrooms creating a potential trip hazard for vulnerable residents. Staff were maintaining the premises to a good standard of cleanliness and residents had been supported to personalise their bedrooms to make the environment homely. Residents had sufficient storage space for their personal property and possessions.

Most information available to residents was in an easy to read format. Notice boards had pictures and photographs to aid understanding. Residents were seen to use phones to communication with family. Contact was also maintained through social media platforms. Families were in receipt of updates through photographs and video calls. Some staff were trained in LAMH to assist resident communication.

The inspector reviewed all residents person centred plans. All plans were the subject of recent review. A multidisciplinary review took place annually and residents and family members were invited to take part in care planning with direct staff support. All residents had defined goals and achievement of these goals were recorded. Records did reflect residents taking part in meaningful activities pre pandemic,

during lock down and presently, as restrictions to accessing the community were easing. Residents had the direct support of a named staff member that was known to them. Residents attended a residents forum that was facilitated every Sunday. Residents could discuss planned activities and were supported to raise issues that were important to them. One resident had the direct support of a member of staff that had been relocated from day services and this resident spoke about having the freedom to take part in activities of choice, where and when they wanted.

Residents had positive behaviour support plans in place that staff adhered to and were knowledgeable of. Staff adhered to positive approaches to reduce behaviours that challenge and demonstrated the skills necessary to the early identification of issues through familiarity of residents. One residents records reflected a reduction in behaviours that challenge towards peers but incidents involving staff remained high. Efforts were evident that demonstrated that staff worked hard within the staff allocation to separate this resident from other residents, facilitate day service activity separate to other residents and provide a general degree of supervision to safeguard residents by day. As previously mentioned, with the allocation of staff confined to one staff member at night, it was not evident that staff could effectively implement these plans at night time.

One resident indicated to the inspector that some residents were frightened by one residents behaviour, but that they were not. This was evident to the inspector when a resident returned from day services. This resident demonstrated a physical dominance and mobility that other residents did not have and the dynamic and easy going atmosphere of residents sitting together in each others company dissipated. While the registered provider and staff endeavoured to protect all residents from abuse, the actions taken to prevent residents from harm did not afford residents the freedom and choice to exercise control over their daily life. This included the separation of residents and the scheduling of time and activities outside of the designated centre to reduce the likelihood of harmful interactions. One resident stated that a resident would sometimes enter their room without permission.

Each resident had a current healthcare plan in place and had access to a named general practitioner. Residents were in receipt of nursing care by day and by night on alternate weeks. Nursing supports were available outside of these hours through the registered providers on call system. One incident reviewed by the inspector related to a resident been removed by ambulance for a medical procedure in hospital. There was no staff support to attend with the resident as there was only one member of staff on duty. The resident could not be collected by staff the next day due to staff shortages and was discharged back to the designated centre in a taxi. The resident presented as traumatised and confused on return and was again redirected back to hospital. This did not indicate that the resident was supported sufficiently at the time of a health crisis. The registered provider did show records where a new contingency plan was drawn up to prevent a recurrence. The registered provider was also responding to a complaint made by the residents family and was advocating to the hospital in regard to how the resident was discharged. The previous inspection of this designated centre had evidenced good supports in place for residents attending hospital with the direct support of staff who remained

with them.

Restrictive practices were as previously reported to HIQA. Restrictive practices were risk assessed and were employed for the shortest duration possible.

The house had a fire alarm and detection system in place and all fire exits and fire escape routes were observed to be clear on the day of inspection. Emergency signs and exits were illuminated but there were no running man signs on the ground or first floor to direct residents. All systems and equipment had been examined and certified by a fire competent contractor in 2021. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place. Residents confirmed the actions they would take in the event of a fire and identified the fire evacuation meeting point to the inspector. Three fire doors were observed not to close fully and were addressed by the registered provider maintenance department on the day of inspection. The main staircase in the house had open steps and risers. The stairs was not enclosed in a fire-resistant construction that could adequately protect all floor levels from fires. The registered provider had secured funding to address this matter but works had yet to be undertaken. At the time of inspection, one resident resided upstairs and this resident was fully mobile. One other registered bedroom on the first floor was vacant on the day of inspection.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control over their

personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident was provided with appropriate care and support having regard to their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises were designed and laid out to meet the needs of residents, nor were some parts in a good state of repair externally and internally.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents had adequate supplies of food and drink that was properly prepared, nutritious and offered choice.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider ensured that each resident had access to information regarding the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider did not ensure that measures and actions were in place to control risks identified. Specific regulatory risks required by regulation had not been assessed by the registered provider.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had appropriate measures in place to safeguard residents from the risk of healthcare infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had effective fire and safety management systems in place, however, they had yet to take adequate precautions to address the stairs and stairwell fabric.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a personal care plan in place that was subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The registered provider had in place appropriate healthcare for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had the knowledge to respond to behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The registered provider was not protecting all residents from physical and psychological abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider did not ensure that all residents dignity and privacy were respected in relation to their living space and relationships.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Comeragh Residential Services Kilmeaden OSV-0005094

Inspection ID: MON-0033449

Date of inspection: 28/06/2021

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: • A CNM2 who will be the PIC for the designated center commenced in the role on July 14th • The relevant notification for change in person in charge in the designated center will be submitted to HIQA	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Funding has been approved for the recruitment of 2 nursing posts for this designated center. The recruitment process has commenced with the plan to have 24 hour nursing support in the designated center.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:
Staff identified as requiring updated training for safeguarding vulnerable adults, fire and MAPA training will be undertaken by staff.

1. The training for MAPA is being completed on line.

2. Safeguarding training is being completed on line.

3. Fire refresher training will be booked through the training department.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The recruitment process has commenced to recruit 2 to nurses with the [plan to have 24 nursing presence to meet the assessed needs of the residents.

2. The new person in charge who is a CNM2 will be based in the designated center in a full time team leader role

3. Any changes to the designated center which require notification to HIQA will be completed in a timely manner.

4. The unannounced 6 monthly audit will accurately reflect the deficits in service provision

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Work has been completed on the footpaths and drains covers were replaced to improve accessibility for wheelchairs.

• Rubble and bricks have been removed from the front of the building

• Advice will be sought from facilities manager to remedy the different elevations down stairs in the designated centre. Actions will be dictated by this advice

• The condition of the Velux windows will be assessed and repaired or replaced as necessary. • Painting required within the house and to the external façade will be carried out.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The risk register has been amended to include unexpected absence of any resident, accidental injury to resident's visitors or staff and the risk of self-harm. • The risk register will include risks identified in paragraph 16 schedule 5. • A review of the risk assessment will be completed in relation to one staff supporting the residents at night. This will be the basis for a review of staffing supports at night.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: • An assessment of the works required to address the stairs and stairwell fabric will be carried out • Any works required following this assessment will be undertaken. • The time frame for these works will be dependent on whether there will be a requirement for the resident sleeping upstairs to relocate while work is ongoing

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: • An in-depth review of one residents anxiety presentation and communication needs will be undertaken by the multi-disciplinary team. • The psychology team will provide ongoing support to the staff team to understand and implement behavior support strategies.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The psychology support team will develop easy read guidelines for the residents around living together to incorporate individuals privacy in relation to personal space	

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	13/08/2021
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.	Not Compliant	Orange	15/10/2021
Regulation 15(2)	The registered	Not Compliant	Orange	15/10/2021

	provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.			
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	01/10/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/11/2021
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	31/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	15/10/2021

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	14/07/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the	Substantially Compliant	Yellow	31/10/2021

	chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	15/10/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/10/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to	Not Compliant	Yellow	30/06/2021

	in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Yellow	30/06/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Not Compliant	Yellow	15/09/2021
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Not Compliant	Yellow	30/06/2021

	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	17/09/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	17/09/2021