



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	04 April 2022
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0027739

## About the designated centre

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

The service is described as offering long-term residential care to up to six male adults, with low to medium support needs and intellectual disability. There are various workshops and therapeutic services available within the organisation which the residents attend. Access to therapeutic and allied services is provided from within the service. The premises comprises of one two story and one bungalow located within a short distance of each other. The centre is located within community housing estates with good access to all amenities and services. The houses have ample space, personal bedrooms and are very well maintained and filled with the resident's personal possessions. There are suitable pathways and gardens which are used by the residents. There is very good access to the local community and neighbours. Residents in one house are supported by staff members on a 24/7 basis, while the resident in the second house is supported by staff members for a number of hours each day.

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

Number of residents on the date of inspection:	4
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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
Monday 4 April 2022	12:00hrs to 18:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this inspection, the inspector met with the four residents that lived in the designated centre. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall this was a very positive inspection that found very good levels of care and support being provided to residents. Residents presented as happy in their home and they spoke positively with the inspector about their home, their daily lives and the staff that supported them.

This centre comprised of two houses which were located in an urban area. Both houses were observed to be clean, with a number of home improvements having taken place since the centre's previous inspection. One resident did not share their home with any other resident. A second individual had requested to move in with this resident, and staff were making plans to support this transition with both residents. Three residents were supported in the second house. A fourth resident was due to transition into this house after this inspection had taken place. Residents and staff had met this individual before it was agreed that they would move into this house. In consultation with the residents, staff members and the management team, it was deemed this resident would be suitable to move into this house. The fourth resident had happily accepted the offer, and their proposed new bedroom had been painted in colours of their choosing, ready for them to move to their new home.

One resident told the inspector that they were happy with the location of their home as they could easily access public transport to engage in their local community and meet friends independently. Another resident enjoyed walking, and the location of their home promoted their independence in accessing their local community, their workplace and local amenities. On return from a visit to their local Café, the resident and staff noted that the resident was well known in their community, and had met many people they knew while out to get a coffee.

While some residents verbally communicated their views on the support they received in their home, some residents were unable to verbally express their views to the inspector. The inspectors met with these residents, observing physical gestures and cues, and residents' interactions with staff members and their physical environment. Residents were observed to be relaxed, comfortable and content as they went about their day.

The inspector also received four questionnaires completed by residents, their families and staff members about the quality of care and support that residents received in their home. These questionnaires were highly complimentary of the staff team, the facilities provided for the residents to relax in their home, activities and

the promotion of residents' rights. Families stated that they felt 'blessed' with the quality of service their family member received, that they have a 'home that is treasured', with staff members that 'go beyond the call of duty'.

Overall this was found to be a well managed centre providing very good care and support to the four residents living there.

## Capacity and capability

Overall, this designated centre was found to be well managed. Effective governance arrangements ensured that residents received a service that was safe and effectively monitored and promoted their rights.

Residents were supported in their home by a consistent staff team which included a social care leader, social care workers and care assistants. Staff spoken with were aware of the needs of residents, and it was evident that they provided person-centred care to each resident. All staff members reported to the person in charge, who was competent and suitably qualified to carry out the role. This person was accessible to residents and the staff team, in the event that an issue arose.

Staff supervisions were completed with all staff working in the designated centre. Regular staff team meetings were also held to discuss residents' care needs, learning from reviews and information sharing. For example, discussions had been held at staff meetings about the plans for new residents to move into the designated centre. Staff members had been involved in the plans to admit these new residents. It was evident that upon assessments and discussions that staff members were confident that they would be able to continue to provide a high quality service of care and support to each resident.

Overall, it was evident that management systems in place ensured that residents were provided a safe service. This had a positive impact on the quality of care and support that residents received in their home.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the designated centre's registration had been submitted in a timely manner. This information was reviewed by the inspector before the inspection had taken place.

It was evident that this information accurately reflected the services provided to residents in their home.

Judgment: Compliant

### Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held the role for a total of three designated centres.

The person in charge had worked in the organisation for a number of years, and as a result they knew residents and members of the staff team well. Residents were observed to be familiar with the person in charge, and they were clearly comfortable in their presence. It was evident that they maintained a high level of oversight in the centre, which had a positive impact on the quality of care and support provided to residents in their home.

Judgment: Compliant

### Regulation 15: Staffing

Staff spoken with were observed providing person-centred care to residents, promoting their independence and providing appropriate levels of support when required. Staff working in the centre were lone-workers, therefore a consistent staff team was important, and it was evidenced by the staff roster that this was consistently provided to residents in their home.

The inspector reviewed a sample of staff files. These files contained all of the information required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff members participated in a wide variety of training to support them in their role. This included mandatory training in fire safety, management of behaviour that is challenging, medicines management and the safeguarding of vulnerable adults.

In response to the COVID-19 pandemic, staff members had also completed training in hand hygiene, infection prevention and control and the use of personal protective equipment. This ensured that staff members could support residents safely throughout the pandemic.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established a directory of residents in the designated centre. The directory included the information required under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. This information was submitted to the Health Information and Quality Authority (HIQA) as part of the designated centre's application to renew registration.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff members reported directly to the person in charge. The person in charge reported to the services manager who was also appointed as a person participating in management in this designated centre. This individual reported to the regional services manager, who then reported to the director of services. The director of services then reported to the chief executive officer and the organisation's board of management.

A schedule of audits and reviews were completed in the centre to monitor and oversee the centre's adherence to service policies, procedures and the regulations. This included a quarterly review of medicines errors, accidents/incidents and episodes of challenging behaviour. In line with regulatory requirements, comprehensive six monthly unannounced visits and an annual review of service provision was completed. An action plan was identified following these reviews, which ensured continuous quality improvement in the designated centre.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There were plans for two residents to move into this designated centre. Staff members spoken with were assured that they could continue to meet the needs of all residents, when these two residents would move into the centre. One resident had visited the centre, met the residents they would live with and had chosen to have their new bedroom painted to reflect their individual style.

It was evident that both residents were involved in the decisions relating their move. Staff members were aware that one of these residents might change their mind and decide not to move house, and arrangements were in place to support the resident to make this choice also.

Judgment: Compliant

## Regulation 3: Statement of purpose

A statement of purpose outlining the care and support to be provided to residents was available in the designated centre. This contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner. There was a low level of incidents/accidents that required notification to the chief inspector in this designated centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were aware that they could speak with staff members and the person in charge if they were unhappy, and would like to make a complaint. There were no active or open complaints in this designated centre at the time of the inspection.

The registered provider had a complaints policy, which outlined how complaints

would be dealt with. The complaints procedure included an appeals process. A complaints officer had been appointed to deal with complaints, as outlined in the organisation's complaints policy.

Judgment: Compliant

## Quality and safety

Residents received a good quality of care and support in their home. It was evident that staff members had a good level of knowledge of the measures required to support residents to meet their needs and to manage risk in the centre. Supports were observed being provided by staff members in a kind and respectful manner.

Improvements were required with respect to the management of potential sources of infection. One resident had displayed symptoms of COVID-19 infection/influenza for a number of days in the weeks before this inspection had taken place. It was documented that the resident had not been supported to self-isolate until they were 48 hours symptom free, and had left the centre to go for lunch with a staff member on a date that they were displaying symptoms of potential infection. Management in the centre advised the inspector that residents did not self-isolate when they displayed symptoms consistent with COVID-19 infection, if they received a not-detected COVID-19 antigen result. This was not in line with current Public Health guidance, or the providers own COVID-19 outbreak management plan. This resident was not supported to seek advice from their general practitioner (G.P) until seven days after the onset of symptoms, where they were then advised to self-isolate.

Since the previous HIQA inspection, fire containment works had been carried out to ensure the effective containment of fire and smoke, in the event of a fire in the centre. There was evidence of effective fire safety systems, including the use of strobe lighting on activation of the fire alarm in the bedroom of a resident with a hearing impairment. The registered provider was assured that all residents could safely evacuate the centre, in the event of an emergency.

Overall, the designated centre demonstrated high level of compliance with the regulations. This had a positive impact on the quality of care and support that residents received in their home.

## Regulation 13: General welfare and development

Residents were supported to engage in a variety of activities including fishing, horse-riding and music. Some residents had plans to go on an overnight break to a spa hotel in the days after this inspection. Residents were looking forward to this trip, particularly going to the spa where they had treatments booked, and finding a

bar with live music.

Residents attended day services or their place of employment throughout the day. Residents spoken with enjoyed going to work and day services. Where residents could access their community independently, they were supported to do this.

Judgment: Compliant

### Regulation 17: Premises

The designated centre comprised of two houses which were both located in urban areas. The location of these houses meant that residents were in close proximity to local bars, shops and restaurants. Public transport was also easily accessible, a short distance from each of the residents' homes.

Each resident had their own private bedroom which had been decorated to reflect their individual likes and interests. Both houses were clean and warm. The residents' homes had been decorated to make them homely, with pictures of residents and their family and friends on display throughout their home. There was sufficient communal and private areas for residents to relax in their home.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide had been developed, and was accessible to residents living in the designated centre. This included information about the services provided in their home, the complaints procedure and the terms in which they lived in their home.

Judgment: Compliant

### Regulation 26: Risk management procedures

The designated centre had a centre specific risk register and individualised risk assessments for residents. There were no high rated risks to residents' safety identified in the designated centre. Where there were risks, these were subject to a formal risk assessment. This ensured that there were clear control measures in place to reduce the risk.

A risk management policy had been developed. This policy included the information

required by the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector reviewed residents' daily notes during the inspection, which detailed the supports they received each day in their home. It was documented that for a number of days, one resident had displayed symptoms which would be consistent with symptoms of COVID-19 and/or influenza. During this period of time, the resident had been supported to leave the centre for lunch with a staff member. This was not in adherence with the designated centre's contingency plan on the management of COVID-19, which outlined that residents displaying such symptoms would be supported to self-isolate. This resident was not supported to seek advice from their general practitioner (G.P) until seven days after the onset of symptoms, where they were then advised to self-isolate.

Management in the designated centre told the inspector that the protocol in the centre was that residents who displayed symptoms consistent with COVID-19 infection were not supported to self-isolate if they received a not-detected antigen result. There was no documented evidence of this protocol in the centre. This was not in line with Public Health guidance (which stated that in this scenario the resident should self-isolate until symptom free for 48 hours despite vaccination status), or the registered provider's COVID-19 outbreak management plan in the designated centre.

Judgment: Not compliant

### Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. As a result of findings from the previous inspection completed by HIQA, a fire risk assessment had been completed by a fire competent person, with a number of recommendations to ensure the effective containment of fire/smoke in the centre, in the event of a fire. These recommendations had been actioned in the centre.

Staff members and residents had completed fire drills which to ensure all residents could be evacuated safely in the event of an emergency. This included at times when residents were at home alone in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs on an annual basis. Residents had access to a multi-disciplinary team of professionals in allied health and social care in line with their assessed needs.

It was evident that the designated centre was suitable to meet the needs of residents. Person-centred care and support was provided to residents, and residents communicated their satisfaction with the support they received in their home.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to their general practitioner (G.P) when required. Nursing supports were also provided by nurse educators working in the organisation. Records of health appointments attended to by residents were documented in their personal files.

When residents had an identified healthcare need, these were supported by a plan of care. It was noted that residents were also supported to be involved in national screening programmes relevant to them including bowel screening.

Judgment: Compliant

## Regulation 8: Protection

Measures had been put in place to protect residents from abuse. This included the provision of intimate care plans for each resident. All staff members had received training in the safeguarding of vulnerable adults.

There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation. There were no open safeguarding issues/concerns in the designated centre at the time of the inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were promoted and respected in their home. One resident received a letter in the post during the inspection. Staff members brought the resident their post where the resident opened it independently. When requested by the resident, staff members read details of the letter to the resident, explaining it to them. This promoted the resident's right to privacy with respect to personal communications.

Throughout the inspection, the inspector observed respectful and positive interactions between staff members and residents. Residents were clearly involved and consulted into the running of their home, their care and support and decisions relating to them.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0027739

Date of inspection: 04/04/2022

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Current Covid-19 guidance is available to all staff in the designated center and will be adhered to for all suspected and confirmed cases of Covid 19	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	03/05/2022