



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

Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services Tramore
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	05 July 2022
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0028463

About the designated centre

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

Tory Residential Services Tramore consists of two detached bungalows, located in the environs of an urban area. The centre provides residential care for a maximum of nine residents with an intellectual disability. The centre is open overnight 365 days of the year and is also open on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, bathrooms and garden areas. Staff support is provided by a social care leaders and social care workers with support available from a services manager and a residential team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Tuesday 5 July 2022	10:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with seven of the nine residents that lived in the designated centre. Residents lived in two houses which were located in a seaside town. Overall, residents expressed their happiness about the service provided to them in their homes, the staff that supported them and their involvement in their local community.

Residents showed the inspector around their homes. Each resident had their own private bedroom that was decorated to a high standard with personal items including photographs, games, books and memorabilia. One resident was a keen artist, and their artwork was displayed throughout their home. This resident spoke about art exhibitions they had displayed paintings at, and their hopes to do so again in the future.

Residents spoke about work they had completed in the gardens of their homes. The garden areas in both houses were filled with colourful plants, flowers and shrubs. Seating areas were provided in the gardens to ensure residents could relax and enjoy these spaces. Residents had made some of the furniture from up-cycling pallets, and these had been transformed into chairs and benches. Residents in one house had a vegetable patch, and it was clear residents enjoyed tending to their garden.

Residents engaged in a variety of activities including participation in darts tournaments, sports and volunteer work. Residents in one house worked as stewards at a local park run each week. Some residents enjoyed music, with one resident playing the organ for the inspector. There were also plans for a resident to begin lessons on the ukulele, which they had sourced with their keyworker.

Residents told the inspector that they were happy in their home. Residents felt safe, and told the inspector that staff members went 'above and beyond' to support them. On the day of the inspection, residents in one house had plans to go for lunch in a local Café. When one resident requested they go for a drive before they have their lunch out, this request was facilitated. The staff member asked residents if they would like to put their wallets into their pockets, or if they would prefer the staff member brought them. In doing so, the staff member used a human rights based approach, and it was evident throughout the inspection that staff members were clearly focused on providing supports in line with residents' wishes.

The inspector was provided with eight questionnaires completed by residents about what it was like to live in their homes. Residents were aware that they could speak to staff members and the person in charge if they were unhappy or would like to make a complaint. Residents noted that they could lock their bedrooms if they wanted to. Overall, residents were satisfied with all areas of their care and support. It was observed that residents had positive interactions with each other, and were

comfortable and happy to share their home with those they lived with.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, the registered provider submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. It was evident that this information reflected the care and support being provided in this designated centre.

Overall, this centre was well-managed, which ensured a high level of care and support was provided to residents in their home.

Effective management systems had been put in place to ensure oversight and the provision of high quality and safe care. The person in charge visited the centre on a regular basis. These visits occurred multiple times each week, at different times throughout the day. The person in charge also completed audits each quarter where they reviewed accidents, incidents and medicines errors. This ensured learning from adverse events, with recommendations being shared at staff team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted a complete application to renew the registration of the designated centre in a timely manner. This included submitting documentation in the correct format, and payment of the application fee.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge had been appointed in the designated centre. This individual held a relevant qualification in management, and had over three years' experience in a managerial role.

It was evident that residents knew the person in charge. Engagement between the residents and the person in charge were respectful, and it was clear that the person in charge was aware of their assessed needs and the supports they required.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the designated centre's rota. This clearly outlined the staff members on duty in the centre, the time they started their shift and when it ended. There were no staffing vacancies at the time of the inspection.

Ordinarily, staff working in the centre were lone-workers. They completed sleepover shifts, meaning that they slept in the centre each night, and could be woken by residents during the night if they required support. It was noted that additional staff could be requested to facilitate residents' holidays and activities.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members completed a variety of training to ensure they continued to meet the needs of residents. Training included fire safety, medicines management and administration, first aid and the safeguarding of vulnerable adults. In response to the COVID-19 pandemic, staff members participated in training in infection prevention and control and hand hygiene.

Judgment: Compliant

Regulation 21: Records

The inspector completed a review of a sample of staff members' files. The files included information and documents specified in Schedule 2 of the regulations including evidence of staff members' identification and appropriate vetting disclosures. However, evidence of one staff member's qualification was not available in their staff record.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. Evidence of this was submitted with the 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 reported directly to the person in charge. The person in charge reported to their line manager, who was also a person participating in management in the designated centre.

In line with regulatory requirements, annual reviews and six monthly unannounced visits were carried out by members of the management team. These were comprehensive in nature, and set out clear actions for improvement. Many of these actions were already completed at the time of this inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

One resident had moved into their new home in this designated centre some months before this inspection. Before moving in, they were supported to visit their home, and then met with the residents they would be living with. There was evidence that staff explained the services provided in the centre to the resident and their family representatives before they moved in. The resident had enjoyed personalising their bedroom by picking a new carpet and paint. A clear admission plan had been put in place to support their move. It was reported that this move had gone very well, and that the resident had settled into their new home.

Residents had a contract which outlined the supports they would receive in their home. Residents' contracts included details regarding the fees that they would be charged, however one resident's contract did not outline what was/was not covered within their fee. This was important as the residents were looking to upgrade their television package at the time of the inspection, which was not included in their fee payment.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations. This was submitted in advance of the inspection as part of the centre's application to renew registration.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared policies as outlined by the regulations. These were reviewed by the inspector. It was noted that a number of these policies in the designated centre had not been reviewed at intervals not exceeding three years. Although a number of these had been due review during the height of the COVID-19 pandemic, a number of policies in the centre pre-dated the COVID-19 pandemic, with some being due review in 2017 and 2018.

There was no dated policy on the provision of information to residents available in the centre.

Judgment: Substantially compliant

Quality and safety

Residents received a good quality of care and support in their home. Staff members were aware of the needs of residents, including supporting their independence. Overall, residents were happy with the supports they received in their home.

Residents spoke about their experience during the COVID-19 pandemic. Many reflected on being bored, as this resident group was quite active in their local community. However, the registered provider had set up an online hub with music and activities for residents to continue to connect during this time. It was evident that residents were happy to be back at day services, and being able to have visits with family and friends.

Residents were involved in their local community whether through volunteer work, employment and/or engagement in activities. One resident had recently returned from a local hotel stay which they reported to have enjoyed. This had been a goal for this resident. Residents spoke about completing sponsored walks, playing in

sports tournaments and attending work and/or day services.

Individual risk assessments were provided for residents as required. For example, where one resident was at risk of falls, a number of controls had been put in place. This included a personal alarm, the provision of hand rails and a protocol outlining how staff should respond if the resident were to have a suspected head injury. An assessment had also been completed by an occupational therapist with recommendations for further improvement in this area. These actions were being discussed with the organisation's facilities manager. Some minor improvements were required to ensure up-to-date information and plans were available to staff members to support a resident when they access the community independently.

Regulation 10: Communication

Residents living in this centre communicated verbally. It was evident that residents were assisted to communicate their likes and wishes whether that be directly to staff members, or at residents' house meetings which were held weekly.

Residents had access to appropriate media including television, radio and the internet. It was also evident that residents were supported to keep in contact with friends and family through telephone calls and visits.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in their home. A number of residents preferred to meet friends and family in their local community, or to go home and visit them in their family homes. There was sufficient private and communal space for residents to receive visitors in their home, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

One resident had been supported by staff to find their family members and meet them. The resident now had regular telephone contact with their family, and enjoyed sending and receiving post to/from their family. This supported the resident's re-engagement, and it was evidently a very positive and meaningful experience for the resident.

In line with the assessed needs and interests of one resident, they received art therapy twice weekly. It was evident that residents were supported to explore their interests and likes.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of two houses a short drive apart in a local seaside town. Both houses were observed to be clean, and were decorated to a high standard. This included large back gardens that residents had planted plants, flowers and vegetables.

There was sufficient private and communal space in residents' homes. There was also items in line with residents' interests including a pool table. It was noted that two residents in particular really enjoyed playing pool together in their home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents told the inspector that staff members were 'great cooks'. In one house, residents spoke about how they enjoyed a takeaway each Saturday, and that they had a home-made roast dinner each Sunday. Residents chose their weekly menus at their house meetings each week. This weekly menu was on display in the kitchen. There were pictures and recipes which could be used to provide inspiration when deciding the weekly menu, if needed.

Wholesome and fresh nutritious food was available in residents' homes. This included fresh vegetables and fruit. Food items were stored in a hygienic manner. Residents also noted that they could access drinks such as cups of tea whenever they liked.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available in the centre. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This included details about the complaints process, the terms

relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy had been developed. This outlined the process for the identification, management and review of risk including a system for responding to emergencies. A first aid box was available for use in the event of an emergency. This equipment was in date, and included items that may be required in line with the assessed needs of residents.

Judgment: Compliant

Regulation 27: Protection against infection

A separate utility area was provided in one of the houses. There was appropriate facilities to launder residents' clothing, bedding and cleaning equipment. Colour coded cloths and mops were available to prevent cross-contamination when cleaning areas of the residents' home. Staff members were observed cleaning as they went, using the correct equipment for the cleaning task.

Waste was well managed, with an external company collecting waste on a regular basis. One resident was observed putting out the bins for collection, and checking with staff to ensure the correct bin was left outside.

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. Each year, a meeting was held with residents to identify any goals they would like to achieve in the following year. A plan was then made to support residents to meet these goals. These goals were aspirational, and residents spoke with the inspector about their goals including those they had achieved, and those they were working towards.

Judgment: Compliant

Regulation 8: Protection

Residents were provided with information to self-protect from suspected/confirmed abuse. This included the provision of easy-to-read information, and discussions with residents as required.

On review of one resident's safeguarding plan and associated risk management plan, it was noted that the records in the resident's file were not the most recent plans. A copy of the most up-to-date versions of each of these plans were provided by the person in charge once this was identified. However, it was acknowledged that there were some differentiations between these plans and those that had been in the resident's file. Therefore, the guidance staff members had been referring to had not been correct.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to live a life of their choosing in their homes. It was evident that residents were involved in decisions that were about them, that their opinions were listened to, and that their privacy and dignity was maintained. This had a positive impact on residents' experience in their home.

Staff members actively promoted the rights of residents. This involved residents making decisions about their daily plan, and staff members facilitating such choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tory Residential Services Tramore OSV-0005113

Inspection ID: MON-0028463

Date of inspection: 05/07/2022

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:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • A copy of the identified staff members qualification will be placed in their staff file once they return from leave 	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: While the information on charges outlining what is covered/not covered within their fee is provided to the resident and their family prior to the resident moving to the designated center, an additional copy will also be included on the residents file.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • The policy folder has been updated to ensure that a current copy of all policies are available in the Centre. 	

- The registered provider is currently in the process of updating policies as relevant.

Regulation 8: Protection

Substantially Compliant

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

- The current safeguarding plan and risk management plan are now present on the resident's file.

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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/08/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2022
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	31/10/2022

	referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	06/07/2022