



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Comeragh Residential Services Waterford City |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Waterford |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 April 2022 |
| Centre ID: | OSV-0005085 |
| Fieldwork ID: | MON-0035021 |

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 6 |
|--|---|

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------|----------------------|--------------|------|
| Thursday 21 April 2022 | 10:40hrs to 18:40hrs | Lisa Redmond | Lead |

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with four of the six residents that lived in the designated centre. This centre comprised of two houses which were both located on the outskirts of the city, a short distance apart. 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.

This inspection was completed to follow up on areas of non-compliance that had been identified in an inspection of the designated centre, which was carried out by the Health Information and Quality Authority (HIQA) in October 2021. Overall, the inspector found that improvements had been made to ensure that residents received a good quality service, in line with their assessed needs.

Residents chatted with the inspector as they went about their day. One resident spoke about their love of horse-riding, and showed the inspector photographs on display in their home of them competing in dressage competitions. Another resident was looking forward to having their first competitive basketball match since the COVID-19 pandemic had begun. One resident could not express their views to the inspector about what it was like to live in their home, however it was evident that they appeared comfortable in the presence of staff members. Residents in one of the houses noted that the staff member on duty had worked in their home for a number of years, and they were evidently very comfortable with the staff member. Throughout the inspection, residents were observed to be laughing, smiling and joking as they interacted with staff members and each other.

A number of residents attended day services. However, these residents were on their Easter holidays on the day of the inspection. Residents were observed relaxing in their home as they enjoyed their day off, with one resident having a lie-in on the morning of the inspection. One resident went on a planned outing with family members during the inspection. The inspector spoke with one of the resident's family members who told the inspector that they were very happy with the service their family member received in their home.

One resident was at home with their family at the time of the inspection, therefore the inspector did not have the opportunity to speak with them. One resident was self-isolating as they had been displaying symptoms of COVID-19, and were awaiting the results of a COVID-19 test. The inspector offered to meet with the resident while wearing the appropriate level of personal protective equipment (PPE), however the resident declined this offer.

Residents appeared happy and comfortable in their home and they told the inspector that they were happy living there. 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

Overall, it was evident that improvements had been made in the designated centre which increased the levels of compliance with the regulations, since the inspection completed by HIQA in October 2021. Effective governance arrangements had been put in place to ensure effective oversight and management of the centre. While some actions were outstanding, these were due to be completed shortly after this inspection had taken place.

Residents were supported by a consistent team of social care workers and care assistants in their home. Staff spoken with were aware of the individual needs of residents, and it was evident that they provided person-centred care to each resident. All staff reported to the person in charge. Team meetings were held which documented discussions about challenges in the centre including staffing resources. There was also evidence of staff supervisions being completed.

Residents' activity plans were discussed at residents' house meetings each week. In response to these activities, there was a protocol in place so that staff members could request additional staffing to support residents to engage in these activities. It was reported that this arrangement was working well, and that it improved the allocation of staffing resources since the previous inspection. Residents spoken with were happy that they could access pre-planned activities in line with their wishes. However, it was identified that there were staffing vacancies in the centre that required recruitment to ensure the designated centre operated in line with the staffing equivalents outlined in the statement of purpose.

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 although they held the role for this designated centre alone, they were also involved in the management of day services in the organisation. This included the day services attended by a number of residents who lived in the designated centre.

It was observed through interactions with residents and the person in charge that residents knew them well and were comfortable in their presence. The current person in charge was fulfilling the role while the regular person in charge was absent.

Judgment: Compliant

Regulation 15: Staffing

A risk assessment into the staffing levels and the needs of the residents had been carried out. It had been identified that an additional permanent staff member was required to complete 12-15 hours of work in the centre each week. It was identified from a review of the roster that this support was provided when staffing resources were available. However, the centre was currently operating below the staffing numbers required in line with the statement of purpose as there was a staffing vacancy. Recruitment for this vacancy, and the additional post of 12-15 hours had not yet been advertised.

At the time of the inspection, staff members and the person in charge were covering the roster to ensure at least one staff member was on duty at all times so residents had not been overly impacted. However, progression of the recruitment process was required to ensure that residents were provided with the supports required on a consistent basis, and to ensure the centre was resourced in line with the statement of purpose.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements had been made in the oversight and monitoring of the designated centre since the previous HIQA inspection in October 2021. The person in charge regularly visited the centre unannounced to ensure staff duties were completed. A six monthly unannounced visit had been completed since the most recent inspection of the designated centre. A compliance officer was now employed to participate in the oversight and monitoring of quality improvement in the organisation. They were due to complete audits and reviews in this designated centre in the weeks after this inspection had taken place.

An annual review report was not yet available for 2021 as this was being drafted by the person in charge

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a contract which outlined the services they were to be provided with in their home. This included the fees they would be charged to live in their home.

There had been no further admissions to the designated centre since the inspection completed by HIQA in October 2021.

Judgment: Compliant

Regulation 34: Complaints procedure

The accessible complaints procedure for residents was still in review at the time of the inspection. This was an action from the inspection in October 2021. This review would ensure that the accessible procedure for residents included timelines for when residents should expect that their complaint will have been dealt with. The inspector was informed that this would be agreed and issued after the inspection had taken place.

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.

Judgment: Substantially 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 healthcare needs, protect them from potential COVID-19 infection and to manage risk in the centre. Supports were observed being provided by staff members in a kind and respectful manner.

Each resident had a personal plan which outlined the supports they required. Plans were developed with residents, and there was evidence of input from members of the multi-disciplinary team including psychology and behavioural specialists when required.

Both houses in the designated centre 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. Each resident had their own private bedroom which had been decorated to reflect their individual likes and interests. Some remedial works were required in one of the designated centre's houses, however there were plans in place to ensure this would be addressed.

Overall, it was evident that significant improvements had been made in this centre which ensured that residents received a good quality of care and support in their

home.

Regulation 13: General welfare and development

Residents were supported to engage in activities in line with their personal choices and wishes. Residents reported enjoying the activities on offer to them, and it was evident they had established friendships through their attendance at sporting events and competitions.

Residents attended day services, with some residents attending daily while others were supported to attend at alternative dates and times. Residents spoken with enjoyed going to day services, but equally enjoyed their holidays where they could relax and have a lie-in.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of two houses located in residential areas on the outskirts of the city. Improvements to the up-keep of one of the premises was evident since the inspection in October 2021, with painting having been completed. New furniture had been delivered in the days prior to the inspection and was awaiting assembly.

Premises works were required in the second house. This included painting and remedial repair works. In line with the current resident's assessed needs, and given that it was proposed that they would transition to a new home in the coming months, the registered provider had committed to completing these works after the resident had moved from their current home.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Each of the designated centre's houses had a kitchen for the preparation of meals. Staff members supported residents in the cooking of meals, and the smells and aromas of food being cooked was noted at mealtimes. One resident's interest and improved engagement in eating meals had a positive impact by supporting them to reach a healthy weight.

Food was observed to be stored appropriately, with a wide variety of fresh and

wholesome food available to residents. Residents were observed getting themselves tea, coffee and refreshments as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There were no high level risks to residents in this designated centre. Positive risk taking was observed, and where this was carried out, there was evidence of a clear risk assessment outlining the controls in place to ensure the safety of residents at all times.

When incidents occurred in the centre, these were documented on an incident form. It was noted that there was a low level of incidents/accidents occurring in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

A COVID-19 contingency plan was located in each of the centre's houses so that it could be accessed by staff members in the event of an outbreak. These plans were comprehensive in nature, and specific to the measures in place in each of the residents' homes.

At the time of this inspection, one resident was suspected of having a COVID-19 infection. This resident was being supported to self-isolate. There was evidence of a large stock of PPE and alcohol based hand sanitizer in the centre, including at the entrance/exit of zones being used by the resident with suspected COVID-19 infection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored in a locked press in the office of their home. Medicines prescription records included important information about residents' medicines. This included the medicines name, route and time of administration and the dosage. Information about residents' allergies were also clearly documented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs annually. There was evidence of multi-disciplinary input to ensure plans were put in place to meet the support needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (G.P) when required. 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. This included areas such as feeding, eating and drinking. The supports outlined in these plans were observed being provided on the day of this inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans had been developed for residents when required. There was evidence of multi-disciplinary support, including psychology support in the development of these plans.

There were a number of restrictive practices in the designated centre. It was documented that the rationale for these restrictions was resident safety. Restrictive practices were reviewed regularly to ensure they were appropriate in line with residents' assessed needs and the rationale for their use.

Judgment: Compliant

Regulation 8: Protection

Measures had been put in place to ensure residents were protected from abuse.

This included education for residents regarding self-protection, awareness of potential indicators of abuse and treating others with respect. Residents were aware that they could speak with staff members if an issue arose. Where an allegation of abuse was raised, there was evidence that investigations had taken place to ensure the safety of residents.

Intimate care plans had been developed for each resident. These plans clearly outlined if residents required support to meet their intimate care needs, and if they were independent in this area.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0035021

Date of inspection: 21/04/2022

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:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • An additional locum relief post has been recruited since the time of this inspection • Consistent locum relief staff are used to cover the current allocated additional hours for this centre. • There is a system in place to request additional hours if needed in addition to the existing staffing within this centre. | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • The accessible complaints procedure for residents which incorporates timelines for dealing with complaints is at the final stages of review and approval. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Identified premises works in the second residence are scheduled to occur following the | |

transition of the resident to their new home which is anticipated to occur by October 2022. Premises works will subsequently be carried out in the current residence when unoccupied.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 30/09/2022 |
| 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 | 31/10/2022 |
| Regulation 34(1)(a) | The registered provider shall provide an effective complaints procedure for | Substantially Compliant | Yellow | 30/06/2022 |

| | | | | |
|--|--|--|--|--|
| | residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability. | | | |
|--|--|--|--|--|