



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2022
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0036922

## About the designated centre

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

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

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

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 21 July 2022	10:00hrs to 18:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

This inspection was short term announced. COVID-19 continued to pose a risk to residents and therefore precautionary measures were taken by the inspector and staff throughout the inspection day, in line with national guidance for residential care facilities. This included wearing face masks and carrying out regular hand hygiene.

The inspector was greeted by the person in charge on the morning of the inspection. There were seven residents living in the centre and the inspector had the opportunity to meet with all residents during the course of the inspection day. In general, residents appeared happy and comfortable. Some residents headed out in the morning on the service vehicle for different activities and some residents were retired and of an older age profile and chose to remain in the centre during the day. Some residents were observed relaxing in their living room watching television in the afternoon and others were observed listening to some music and chatting with staff.

The designated centre was a large bungalow which consisted of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Some outstanding maintenance works were noted during the centres most previous inspection and some of these areas had been addressed, including paintwork completed, new storage areas and new blinds on the windows in the centre. All residents had personalised their rooms to suit their preferences and pictures and personal items were noted around the rooms. Some maintenance works were still outstanding including worn, scratched flooring and rusting radiators and hand rails in bathrooms.

Residents presented with high support needs and there were busy periods during the day such as mornings, evenings and meal times when residents would need full support with personal care, toileting, transfers and feeding. The staff team comprised of nursing staff and care support workers. Positive and respectful interactions were noted between staff and residents during the inspection day. The centre was experiencing some staffing vacancies at times, and the service used agency staff to fill shifts when needed. Staff spoken with appeared knowledgeable regarding the residents needs and were familiar with the general day to day running of the designated centre.

There was a regular management presence in the centre and a clear management structure. Some audits and reviews had taken place in the centre since the most recent inspection and the provider was working towards addressing a number of issues highlighted in these audits. Satisfaction questionnaires had been issued to residents families as part of the providers own six monthly audit of the service provided. All questionnaires expressed satisfaction with the service provided and there were no complaints communicated through these questionnaires, with the provider.

It was observed that compatibility of residents continued to be an issue in the centre and this continued to affect resident choice and control in their daily lives. Meal times in the centre were staggered in the house for this reason. A number of incidents were noted whereby residents were impacted by a peer vocalising loudly. One resident complained of sleep disturbances and another resident was refusing to attend their day service as they would meet their peer there, who attended the same day service. One resident had submitted a complaint in recent months as they communicated that they could not enjoy their tea due to a peer residents shouting.

Overall, inspection findings suggested that while some improvements were noted in the centre since the previous inspection, a number of areas continued to require improvements in areas including fire safety, staffing, staff training, governance and management, positive behavioural support, residents rights, premises, infection control, and personal possessions.

The next two sections of the report will present the findings of this inspection in relation to the providers capacity and capability to run an effective service and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection and the purpose of the inspection was to follow up on a number of actions noted during the centres most previous inspection in March 2022. During this inspection, a number of non compliance's with the regulations reviewed were identified. The provider had experienced a cautionary meeting with HIQA following this inspection where it was highlighted to the provider that high levels of non compliance had been a trend in this designated centre over the past 4 inspections, particularly in the areas of fire safety and governance and management.

Overall while some improvements were noted in the centre on this inspection, a number of actions remained outstanding. The registered provider had addressed some issues in relation to the premises, infection prevention and control and medication management. The provider had recently appointed a new compliance officer which was a new role in the service. This individual had carried out a number of audits within the service and had appropriately self identified areas in need of improvements. Audits had used the regulations as tools for making judgements. The service had also experienced a review of fire safety systems with an architect in May 2022. A number of recommendations had been made following these audits and reviews and the centre was working towards the actions highlighted in these.

## Regulation 15: Staffing

The staff team comprised of nursing staff and care support workers. A staff rota was well maintained in the centre and this was an accurate description of staff on duty during the day and night. There were staffing vacancies in the centre on the day of inspection and at times, the centre was using unfamiliar agency staff to fill shifts. This did not always ensure continuity of care for residents. Furthermore, night time staffing levels did not ensure that residents could be safely evacuated in the event of a fire as highlighted under Regulation 28 Fire Precautions.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A number of staff were still outstanding on mandatory and refresher training. This was an issue which had been highlighted during the centres most previous inspection and the provider had failed to appropriately address this. Ten staff were due to complete either initial or refresher training in behavioural support. Three staff members had no manual handling training, one staff was outstanding in refresher safeguarding training and four staff members had no evidence of training in infection prevention and control.

The person in charge had a schedule in place to complete one to one formal supervision sessions with the staff as per the providers own policy. The person in charge also regularly worked with staff and residents providing direct supervision and support in the centre.

Judgment: Not compliant

### Regulation 23: Governance and management

There was a full time person in charge who shared their role with one other designated centre. This person was supported by a clinical nurse manager in the centre. There was a regular management presence in the centre and there was an on-call system in place for staff to contact if required. The provider had recently appointed a compliance officer in the service and it was evident that a number of audits and reviews had taken place since the centres most previous inspection. These audits were appropriately identifying areas in need of improvements in the service. However, a number of actions identified in these audits continued to be outstanding and required addressing to ensure that residents were in receipt of a safe and effective service. This was evident in areas including fire safety, staffing, staff training, positive behavioural support, residents rights, premises, infection control, and personal possessions.

Judgment: Not compliant

## Quality and safety

Overall, it was found that while some improvements were noted since the centres most previous inspection, a number of actions continued to be required to promote higher levels of quality and safety. Improvements were required in areas including staffing, staff training, governance and management, premises, infection prevention and control, fire safety, management of residents finances and residents' rights. The provider had recently appointed a new compliance officer in the service who had completed a six monthly unannounced audit in the centre and had appropriately self identified areas in need of improvements in the centre. The provider was working towards addressing these identified areas on the day of inspection.

Some maintenance issues remained outstanding including worn flooring and rusting radiators and hand rails in bathrooms. A number of fire safety issues continued to be evident in the centre. The service had sought advice and consultation with a fire specialist since the most previous inspection. The specialist had completed an audit in the centre and had made a number of recommendations. Funding for this work had not yet been approved on the day of inspection and therefore it was still not evident that there were effective procedures in place for the safe evacuation of all persons in the event of a fire at night time.

## Regulation 12: Personal possessions

The providers own six monthly audit in the centre, had identified that improvements were required when supporting residents to safely manage their finances. A number of queries and discrepancies noted during this audit continued to be in review on the day of inspection. Audits and checks were not being regularly completed by staff or management in line the providers own policy or in line with residents money management care plans. One resident had unnecessarily spent €740 of their own money on taxi's between December 2021 and March 2022. The service had identified this and the resident was awaiting reimbursement from the provider.

Judgment: Not compliant

## Regulation 17: Premises

Some improvements were noted around the centre since the most previous inspection, however some maintenance issues remained outstanding. Areas of the

premises had recently been freshly painted and new blinds had been installed around the centre, along with new storage areas. Some scratched and worn flooring was still noted in a main area of the centre. This was scheduled to be replaced. Some rusting radiators and hand rails were also noted in some of the centres bathrooms which required review.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The centre had some systems in place for infection prevention and control. Some improvements were noted in this area since the centres most previous inspection. A new mop system had been implemented in the centre, and some areas of outstanding premises works had been addressed. However, some premises issues remained outstanding including rusting radiators and hand rails in a number of bathrooms as noted under regulation 17.

Following a review of cleaning schedules, the inspector noted that some of the residents medical equipment was not subject to a recorded cleaning schedule. This included a nebuliser and a catheter stand. This posed an infection control risk to these residents. Gaps were noted in cleaning records for residents wheelchairs where staff had not recorded when they had cleaned them. Furthermore, the service policy for infection prevention and control continued to required review, as this had not been reviewed by the provider within a three year time period.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The centre had sought advice and consultation with a fire specialist since the most previous inspection. The specialist had completed an audit in the centre and had made a number of recommendations, which included installing doors in the residents bedrooms for evacuation purposes. Funding for this work had not yet been approved on the day of inspection and therefore it was still not evident that there were effective procedures in place for the safe evacuation of all persons in the event of a fire at night time. Drill records did not evidence that all residents could be safely evacuated from the centre in the event of a fire at night time in an efficient manner.

Furthermore, a recent audit had highlighted a gap was present under one residents bedroom door which meant that the containment measure in place would not be effective for this bedroom in the event of a fire. A number of gaps were noted in the centres fire safety checklist, where staff had not signed when fire safety checks had

been completed.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of the residents medication administration records. This had been an area which had required review following the centres most recent inspection., as gaps had been noted where nursing staff had not signed when medication had been administered. The inspector found that, from the samples reviewed, medicines were being administered as prescribed and accurately recorded as administered by nursing staff in recent months.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents all had individual assessments and personal plans in place and experienced an annual circle of support meeting to review their plan of care. Residents had access to multi-disciplinary support when required and recommendations made by allied healthcare professionals were implemented into the residents personal plans.

All resident had personal goals set out in their plan of care. However, some residents personal goals required review to ensure they were person centred and always promoting the residents individual aspirations. Progress or achievement of a goal set for one resident was not evident since 2021.

Compatibility of residents continued to be an issue in the centre. The service had identified that the centre was not suitable to meet the needs of one resident living in the centre. The individuals care in the centre was impacting peers at times as further discussed under regulation 9.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

A number of restrictive practices were in use in the centre secondary to identified risks. Residents had access to behavioural specialists to support residents to manage challenging behaviours, when required. A recent audit had noted that one restrictive practice was regularly used which had not been recognised by staff or management

in the centre as a restrictive practice. This had not been risk assessed or had not been detailed in the residents positive behavioural support plan or intimate care plan. Furthermore, ten staff were due to complete either initial or refresher training in behavioural support.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Compatibility of residents continued to be an issue in the centre and this affected the residents choice and control of their living environment in their daily lives. Meal times in the centre were staggered in the centre for this reason. A number of incidents were noted whereby residents were impacted by a peer vocalising loudly. One resident complained of sleep disturbances and another resident was refusing to attend their day service as they would meet their peer there, who attended the same day service. One resident had submitted a complaint in recent months as they communicated that they could not enjoy their tea due to a peer residents shouting.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0036922

Date of inspection: 21/07/2022

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The recruitment process to fill the current vacant positions is in progress, interviews are scheduled for September 28th 2022.</li> <li>• A review of the night time staffing levels will be undertaken in line with the implementation of recommendations from the fire specialists report (addressed under Regulation 28)</li> </ul>	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Required mandatory training will be scheduled in conjunction with the training department.</li> <li>• The completion of the required training will be monitored by the PIC.</li> </ul>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• An overall compliance plan/tracker has been implemented for the Centre and is subject to review by the local management team including the PIC, Service Manager and Regional Manager.</li> <li>• The PIC continues to action the required improvements as identified via Provider audits and HIQA inspections carried out for the centre.</li> </ul>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• A comprehensive audit has been carried out by the finance department on a sample of residents finances since the time of this inspection.</li> <li>• Reimbursements of personal monies spent on taxis is being facilitated by the accounts department for one resident.</li> <li>• Staff will be reminded to complete the required checks on residents money</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Worn flooring in the premises has been replaced.</li> <li>• Maintenance required in individuals bathrooms which includes handrails and radiator painting will be completed</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

- Maintenance required in individuals bathrooms which includes handrails and radiator painting will be completed
- The cleaning roster has been reviewed and all medical equipment is included in the cleaning list.
- Audits on infection control will be conducted with greater attention to detail to identify areas of improvement required to improve standards including the cleaning of wheelchairs.
- The policy has been referred to the National Clinical Team and is at the final stages of review, it is anticipated this policy will be signed off and distributed to services by 15/10/22.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Since the time of this inspection a full night time evacuation of the building has been completed
- The fire safety checks in place are completed and signed off as required by the staff team on duty which will be overseen on a scheduled basis by the PIC.
- Maintenance has been completed on the identified bedroom fire doors to ensure they are per fire regulations and standards.
- The Provider is making the necessary arrangements to implement recommendations arising from the report completed by the fire specialist, including the installation of exit doors in two resident's bedrooms for evacuation purposes. These works are estimated to be completed by 31/12/2022

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Individual assessments and personal plans are currently under review and will be more focused on individuals' goal planning

- Evidence will be documented on the reviews of goals that they are person centred and promote the residents individual aspirations

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Restrictive practices have been reviewed by the Human Rights Committee.
- Risk assessments have been completed for all restrictions that are in place.
- All restrictions in place are identified in individuals care plans.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The issue of compatibility in the Centre remains under ongoing review with the multi-disciplinary team to minimize impact that residents cause others in the residence.
- Safeguarding plans are implemented and reviewed at management and monitoring meetings to reduce the impact on the individual's peers.
- A system is in place to monitor and address all complaints from residents in relation to peer on peer impact.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	01/10/2022
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	31/12/2022
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	31/12/2022

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
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 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	30/12/2022
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	Substantially Compliant	Yellow	31/10/2022

	control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/12/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/10/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based	Substantially Compliant	Yellow	30/09/2022

	practice.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	28/02/2023