



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

Issued by the Chief Inspector

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| Name of designated centre: | Tory Residential Services Kilmeaden |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Waterford |
| Type of inspection: | Announced |
| Date of inspection: | 21 May 2025 |
| Centre ID: | OSV-0005104 |
| Fieldwork ID: | MON-0038460 |

About the designated centre

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

The service provides long-term residential care to up to three adults, with low-support needs who attend various education or training and recreational services within the organisation. Residents are supported by social care workers and a core group of relief staff. The premises is a two-story house in a housing estate located in a community setting, in a rural town with good access to amenities and services. Each resident has their own bedroom and there are well maintained private and shared living spaces available to meet the number and needs of residents. There are suitable shower and bathroom facilities. There is a vehicle available to support residents to access their local community.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|-----------------------|----------------------|-------------|------|
| Wednesday 21 May 2025 | 09:50hrs to 15:50hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, it was evident that residents were in receipt of a good quality of care and support in this centre. This inspection was unannounced and carried out by one inspector of social services over the course of one day, to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection had positive findings, with each of the regulations reviewed found compliant.

The designated centre comprises a four bedroom bungalow located on the outskirts of a large town in Co. Waterford. There are three resident bedrooms one of which has an ensuite bathroom and one which has a walk in wardrobe. There is staff office/sleepover room, a kitchen come dining room, a utility room and a sitting room. At the front of the house, there is a garden with parking facilities. At the back of the house there is a patio area with seating, a garden shed, an area of grass and two raised flower beds. There is a vehicle available to support residents to attend day services and activities in their local community.

In Tory Residential Services Kilmeaden care is provided for up to three adults with an intellectual disability. There were two residents living in the centre at the time of the inspection and the inspector had the opportunity to meet and speak them on the morning of the inspection. They also had an opportunity to meet with a number of people about the quality and safety of care and support in the centre including one staff, the person in charge, and the provider's compliance manager. Documentation was also reviewed about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

On arrival the inspector met both residents and one of them gave them a tour of their home and garden. The house was nicely decorated and appeared homely and comfortable. There were a number of pieces of art work and photographs of residents enjoying activities on the walls. Following the tour the resident then brought the inspector to the kitchen to chat to them, the staff on duty, their housemate and the person in charge. Both residents spoke about their plans to go out with staff for the day to visit a friends grave. Residents told the inspector they were happy living in the centre and that they felt safe. They also spoke about choosing which activities they wished to take part in, where they were from, where they went to day services and about how they liked to spend their time.

One resident spent some time in the garden during the inspection and asked the inspector to join them. They spoke about how much work they had done in the garden and how much they enjoyed it. They went on to water the raised beds and pots out the front of the house and rearrange some of the ornaments in the garden. They showed the inspector the garden shed where they store their equipment for gardening. Later they showed the inspector pictures of them and their peers they

used to live with painting the shed and working in the garden. There were pictures of seeds and plants they had sewn. This included a sunflower they had sewn and they laughed when showing it to the inspector because it was taller than them. There were also pictures of them baking, doing arts and crafts projects and taking part in the upkeep of their home.

One resident spoke about a recent significant birthday they had celebrated. They had decided to have a BBQ and showed the inspector pictures of their big cake. They spoke about who was at the party and how much they enjoyed it. They also spoke about taking part in an upcoming local marathon. They then spoke about their talents and sports they enjoyed taking part in and about some of their achievements over the years, including their medals from the Special Olympics.

Residents spoke about their neighbours and showed the inspector an invite to an upcoming "street feast" in their housing estate. They were looking forward to this event and planning to bring a dish. Both residents were attending day services locally and spoke about what they like to do when they are there including, horticulture, tennis, golf, art, walking and cycling, Muay Thai, making and bagging kindling, upcycling furniture and baking. One resident was using public transport independently to go to day services.

There were a number of easy-to-read documents available for residents should they require them. One residents sat with the inspector and showed them a social story about a medical procedure they had. There was also information on display on areas such as the complaints process, human rights, fire safety, indicators of abuse, pictures of the designated officers and information on how to access advocacy services and the confidential recipient.

Residents' communication support needs were detailed in their personal plans. Throughout the inspection, staff were observed to be aware of their communication preferences. Warm, kind, and caring interactions were observed between residents and staff. Residents were observed sharing stories with staff and taking about the important people in their lives.

Residents and their representatives' opinions on the quality of care and support in the centre were sought by the provider in a number of ways. These included family and resident questionnaires and the complaints and compliments process. The inspector reviewed questionnaires recently completed by both residents with support from their social worker, and one completed by a family member in 2024. The feedback was overwhelmingly positive about the house, access to activities, residents' rights, the complaints process, staff supports, and food and mealtimes. Feedback in the providers annual review 2024 from a resident had led to a number of actions which demonstrated that resident feedback was listened to and acted on. For example, one resident indicated their preference to move back to a house they had lived in previously. This was explored and in the interim a vacancy arose in another designated centre operated by the provider and they requested to move there. They were supported to move in line with their wishes and preferences.

The inspector also reviewed one questionnaires which had been sent out prior to the

inspection taking place. This had been completed by a residents' representative. It included comments such as "staff are all lovely", and "staff are very kind" and there are "a lot of activities outside of the centre".

In summary, residents were being supported to engage in a variety of activities at home and in their local community. They were in receipt of a service which promoted and upheld their rights.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This inspection found full compliance with the regulations reviewed. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements.

The person in charge received supervision and support from a service manager. Staff were supported to carry out their roles and responsibilities through probation and supervision completed by the person in charge. There was also an on-call system for out-of-hours support. In addition, they had opportunities to attend training, and opportunities to discuss issues and share learning at team meetings. The centre was fully staffed in line with the statement of purpose.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre and found that they had submitted all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge in advance of the inspection and found that they had the required qualifications and experience to meet the requirements of this regulation. They were also identified as person in charge of two further designated centres operated by the provider close to

this one. During the inspection, the inspector found that they were present in this centre regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that residents knew them well. Through discussions with residents and a review of documentation, it was clear that they were communicating with each resident on a regular basis to capture their experience of care and support in the centre. They were motivated to ensure that they in receipt of a good quality and safe service, and where residents identify areas for improvements, they were following up and supporting them to bring about the required changes.

Judgment: Compliant

Regulation 15: Staffing

The provider had recruitment policies and procedures. A review of a sample of three staff files was completed and they contained the information required under Schedule 2.

The centre was fully staffed in line with the statement of purpose. One staff was on planned leave at the time of the inspection and this was not found to be impacting continuity of care and support for residents. Based on a review of a sample of four months of rosters, permanent staff were completing additional hours and two relief staff were covering planned and unplanned leave in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the full training records of three staff and the staff training matrix for the centre, the inspector found that staff had completed training identified as mandatory by the registered provider in areas such as fire safety, safeguarding, manual handling, first aid and the safe administration of medicines. In addition, the majority of staff had completed a range of training modules relating to human rights and 100% of staff had completed training on supporting decision making in health and social care and the guiding principles of the Assisted Decision Making (Capacity) Act 2015.

The inspector viewed a sample of supervision records for three staff members which had been carried out annually in line with the provider's policy. These records showed that discussions were held around residents' goals and achievements, staff training and development, staff roles and responsibilities, staff resilience and wellbeing and the quality of their work. There was evidence that where concerns

were raised by staff, they were followed up on by the local management team.

Staff meetings were occurring regularly. The inspector viewed minutes from the previous two staff meetings and found that these covered updates relating to residents, safeguarding, incidents and shared learning, health and safety and fire safety. As staff were lone working in the centre, there were weekly communication sheets in place and from a sample of 10 of these were reviewed. Topics covered included safeguarding, staff roles and responsibilities, upcoming events, appointments, residents' rights, activities and maintenance and repairs.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and was maintaining a directory of residents in the designated centre. This directory was found to contain the information required in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. The person in charge supported and provided supervision to the staff team. The person in charge reported to and received supervision and support from the service manager who identified as a person participating in the management of the designated centre (PPIM). There was also an on-call service available to residents and staff out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included; unannounced provider visits every six months, area specific audits, and an annual review. The inspector reviewed the last two six-monthly reviews, the latest annual review, and four area-specific monthly audits. Through a review of this documentation and discussions with the person in charge, the

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| <p>inspector found that for the most part the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection. The provider was recognising that improvements were required in relation to their oversight and tracking of actions from audits and reviews and the inspector was informed that they were in the final stages of rolling out a new system at the time of the inspection.</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 3: Statement of purpose</p> |
| <p>The statement of purpose was submitted with the application to renew the registration of the designated centre and reviewed by the inspector in advance of the inspection. It was found to contain the required information and had been updated in line with the time frame identified in the regulations. It was also available and reviewed in the centre during the inspection.</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 31: Notification of incidents</p> |
| <p>The inspector reviewed a sample of incident reports, a sample of both residents daily notes and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 34: Complaints procedure</p> |
| <p>The complaints process was accessible to all and displayed in a prominent area. There were "I'm not happy" forms available and a slot for residents to put them into in one of the communal areas. The inspector reviewed the complaints folder and the one complaints recorded in 2024. The complaint was followed up on in line with the provider's policy. There was a nominated person to deal with complaints and their picture was on display.</p> |
| <p>Judgment: Compliant</p> |

Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and supported to make decisions about their care and support. They lived in a warm, clean and comfortable home.

The inspector reviewed both residents' plans. These documents were found to positively describe their needs, likes, dislikes and preferences. Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure the vehicle was serviced and maintained.

Residents were also protected by the medicines management and safeguarding and protection policies, procedures and practices in the centre. Staff had completed training to ensure they were knowledgeable in relation to their roles and responsibilities.

Regulation 11: Visits

The inspector reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also spoke with residents and staff. Based on what they read and were told, residents were supported to maintain relationships with their family members. They were visiting and spending time with their family and friends on a regular basis.

One resident received a phone call from their family member during the inspection and then spoke with staff about their plans to spend the weekend with them. The other resident was phoning their family member daily and spending time in their family members homes regularly.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk about the premises with the person in charge and found that the premises was clean, warm and designed and laid out to specifically meet the needs of residents living there. The provider had systems to ensure that the premises was well-maintained.

There were a number of communal spaces where residents could choose to spend

their time such as the large kitchen come dining room and a sitting room. Both residents' bedrooms were spacious and decorated in line with their preferences. Residents had plenty of storage for their personal items and had their favourite photos and possessions on display.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations including information on the service and facilities, arrangements for residents being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had systems in place for the identification, assessment and management of risks in the centre, including a system of responding to emergencies.

The inspector viewed the provider's risk management policy, both residents' risk assessments, three general risk assessments and a record of incidents and accidents in 2024 and 2025. Combined, these demonstrated that risks were identified and appropriately risk rated. It was evident that the provider was endeavouring to balance residents' rights to make decisions against presenting risks for areas such as travelling independently, staying at home without staff support and accessing their community independently.

From a review of a sample of records relating to accidents and incidents in 2024 and 2025 the inspector found that these were reported in line with the provider's policy. It was also evident that the provider responded to them in a timely manner, where required.

The inspector reviewed records relating to the vehicle which demonstrated that it had been regularly serviced and that any required maintenance and works had been completed.

Judgment: Compliant

Regulation 28: Fire precautions

During the walk around of the house the inspector observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors with swing closers and hold open devices were in place, where required.

A review commissioned by the provider and completed by an external fire safety company had identified that, an additional fire door was required under the stairs, repairs were required to one fire door and a new attic hatch was required. Plans were in place to repair one fire door and the required fire door and attic hatch were ordered and due to be installed just after the inspection.

The inspector reviewed records for 2024 and 2025 to date to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. A sample of fire drill records for 2024 and 2025 were reviewed which demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. Learning from drills was leading to action. For example, during a recent drill a resident was in their ensuite and therefore could not see the strobe light in their bedroom to alert them to the fire alarm going off. Following this a strobe light was ordered and due to be installed in their ensuite bathroom. In the interim, staff were made aware of this and there was a plan to go to the residents bedroom to support them, if required.

Personal emergency evacuation plans for the two residents were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures, practices and systems relating to medicines management. Regular audits were being completed. Staff had completed training and competency assessments prior to administering medicines. The inspector reviewed the systems for ordering, storage, administration and stock control.

Medicinal products for two residents were reviewed in conjunction with their prescription, drug recording sheet and the latest stock control sheet. In addition, the labels, expiry dates and date of opening on products were reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that efforts were being made by the provider to embed a human rights-based approach to care and support in the centre. The majority of staff had completed training on the human rights principles of fairness, respect, equality, dignity and autonomy.

As outlined throughout the report, residents' rights to make decisions were respected. They were supported to make choices in their day to day lives and supported to understand risk and the steps they need to take to keep themselves safe. Residents were observed making decisions on their daily routines, and activities they wished to do, and one resident spoke about some of their goals.

During the inspection residents spoke about developing and maintaining their independence skills. For example, one resident described the supports staff had put in place to help them become confident travelling on public transport independently.

Residents' right to access information was promoted and upheld. As previously mentioned, easy-to-read information was available and on display about the complaints process and safeguarding procedures, including pictures of the complaints and designated officers.

Residents' indicated their preference not to have formal residents meetings and instead were having "chit chat" meetings on a regular basis to discuss their home and other aspects of their day-to-day lives.

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 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 9: Residents' rights | Compliant |