



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Service Avondale
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	01 February 2024
Centre ID:	OSV-0006450
Fieldwork ID:	MON-0037781

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 four 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. 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. The premises is a bungalow type residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is 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 one staff on duty at all times. At night there is a sleep over staff in the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 1 February 2024	09:00hrs to 15:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, and its purpose was to monitor the centre's ongoing compliance with the regulations. Overall, the inspector observed a very well managed centre whereby the care and support to residents was found to be provided to a good standard with high levels of compliance observed in the regulations reviewed.

The centre itself was located in a housing estate in a busy area in Waterford city. On arrival to the centre, the inspector met with two residents on their way out to day services and different activities. The residents greeted the inspector and one resident had a brief chat. The resident communicated that they loved their house and they were happy with who they lived with. The resident gave the inspector consent to spend time in their home for the inspection. The two residents present in the centre on the day of the inspection, lived in the centre full-time. Another third resident availed of residential care on a part-time basis and was at home with their family on the day of inspection. There was one vacancy in the centre on the day of inspection.

There was a small and consistent familiar staff team working with the residents daily. Staff were laughing and joking with residents on the morning of the inspection as they headed out the door and were supporting them with remembering to bring their coats, lunches and personal items for the day ahead. Once residents had left for day services, a staff member facilitated a walk around the centre with the inspector. The premises was a bungalow located in the city of Co. Waterford. The premises was clean and very well maintained and was warm and homely. The house was a suitable size and layout for the number of residents and their individual needs. During a walk around the centre, the inspector observed pictures of the residents with friends and family and there were potted plants around the centre that were well maintained by staff and residents. An exercise mat was observed in a vacant bedroom and staff communicated that one resident was currently using this room to do yoga. The residents had decorated their own bedrooms to suit their preferences. The premises had a large rear facing garden and the inspector observed some raised beds where residents and staff had planted vegetables and flowers. The service had access to a vehicle and this was used daily by residents for different day services, activities and outings.

From conversations with staff and residents and a review of documentation, it was evident that the residents enjoyed a variety of regular activities and had access to a range of local amenities including shops, clubs and restaurants which they were supported to avail of by residential and day service staff. Residents' personal plans were regularly reviewed and personal goals were developed with them which they worked towards achieving. Findings on the day of inspection indicated that residents were treated with dignity and their choices were respected in their daily lives. Staffing numbers in place were appropriate to meet the needs of the residents during the day and night. There was a full-time person in charge in place who was

regularly present in the centre and a clear management structure to support the centre and staff team.

In general, based on the areas reviewed and from speaking with residents, the inspector found that the centre was a well-run service with appropriate supports in place to meet the residents assessed needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The majority of areas inspected were found fully compliant with the regulations, one area noted for improvement was staff training and this is discussed further under regulation 16.

Capacity and capability

The provider was demonstrating the capacity and capability to provide a safe service to the residents. This centre was found to be well managed and was delivering very good levels of care, support and oversight to the residents. The inspector found that this centre met the requirements of the regulations in many areas of service provision. Overall, residents were afforded a good quality service that had a positive impact on their quality of life.

A full-time, professionally experienced and qualified person in charge was in place who had oversight of one other designated centre in addition to the current centre. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The person in charge was present on the day of inspection and was found to be knowledgeable regarding the residents' individual needs. There was consistent oversight of the service being provided with audits and reviews regularly completed by management.

The centre had a clear whole staffing equivalent set out in their statement of purpose and this was found to be appropriate to meet the needs of the residents and was reflected in the centres staff rota. There was a suitably qualified, competent and consistent staff team in place. Staff spoken with felt supported to complete their role competently. Staff had completed mandatory training in areas including, fire safety, manual handling, medication management, infection control and safeguarding. However, some staff were outstanding in refresher training in these areas. The inspector also found that staff team meetings were held regularly. The review of a sample of minutes showed that the meetings were utilised to share information, enhancing staff members' knowledge and approach. One-to-one staff supervisions were also taking place with the person in charge.

Regulation 15: Staffing

There were appropriate staffing levels in place to meet the assessed needs of the residents. The centre had a small staff team and they were consistent and appeared very familiar with the residents and their individual needs. There was a clear actual and planned staff rota maintained and an internal relief panel was available to the centre for periods of staff absence.

Staff meetings were held regularly and these were attended by all staff and management. These were used as an opportunity to discuss any ongoing issues in the centre and to review any changing needs of the residents.

All staff had a list of allocated tasks to be completed on every shift. For example cleaning tasks, meal preparation or administration. These allocations were reviewed by the staff on duty daily and signed once completed. The person in charge reported a very dedicated and consistent staff team that worked together well in the centre to meet the needs of the residents and this was evident on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and refresher training. Training was completed in areas including fire safety, manual handling, safeguarding, medication management, infection control and Children First: *National Guidance for the Protection and Welfare of Children (2017)*. The person in charge was completing regular one-to-one supervisions with the staff team, in line with the provider's own policy which was once per year. The inspector reviewed staff training records and found that some staff were due refresher training in mandatory areas including safeguarding, fire safety, manual handling, and infection control. One staff member had completed an online element to fire safety training but had not yet completed the practical part of this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the inspector found that the centre was managed effectively by the provider and management team. There was clear management structure and a full-time

person in charge in place who shared their role with one other designated centre. The person in charge was regularly present in the centre and spoke with the staff daily regarding the centre and the residents.

The service provided was being regularly audited and reviewed by the person in charge, management team and quality manager. Persons in charge from other designated centres with the same provider visited the centre regularly to complete checks and audits. The person in charge also regularly reviewed areas including resident files, policies, staffing, and the premises. Any areas in need of improvements were being self identified and addressed appropriately. The service completed an annual review of the care and support provided to residents, this had been completed for 2022 and was in the process of being completed for 2023 on the day of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre maintained a log of all adverse accidents and incidents that occurred in the centre, following a review of this log, the inspector found that the provider had notified any incidents to the Chief inspector of Social Services within specified time frames, which were required to be notified under regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a clear complaints procedure in place which was made accessible to the residents. This process was prominently displayed in the centre along with details of advocacy services. There was a designated complaints officer to manage any complaints received. There were no open complaints in the centre on the day of inspection and the residents did not voice any complaints when the inspector spoke with them.

Residents were regularly consulted regarding their satisfaction with the service provided. Annual satisfaction questionnaires were issued to the residents and their families and these all reported high levels of satisfaction with the service and the staff.

Judgment: Compliant

Quality and safety

The inspector found that systems were in place to ensure that the quality and safety of the service provided was to a high standard. The centre presented as a comfortable home and care was provided in line with each resident's individual needs. A number of key areas were reviewed on the day of inspection including meeting residents and staff, a review of residents files, observing the premises, and reviewing documentation regarding fire safety and medication management.

From a review of residents' personal care plans, it was found that residents were receiving care that was person centred, tailored to meet their needs and focused on supporting them to achieve their individual goals. Where residents' needs were assessed as requiring support, a support plan was developed. It was evident that the information in the residents' care plans was correct, up to date and regularly reviewed. Residents' choices and preferences were being respected and considered in the daily delivery of care and support.

The premises was clean and very well maintained and was a suitable size and layout for the number of residents and their needs. Any premises issues were being self-identified by the management team and were being addressed in a timely manner. The premises had appropriate fire protection and fire fighting equipment in place, including containment systems, extinguishers and emergency lighting. Regular fire drills were being completed by staff and residents which simulated day and night time conditions and these were carried out in an efficient manner.

Overall it was found that the centre was suitable to meet the needs of the residents and was appropriately resourced to provide safe care and support. The residents enjoyed living together in their home supported by the staff team.

Regulation 12: Personal possessions

Residents' personal belongings were respected in the centre and residents were supported by staff to keep their personal belongings safe. Systems were in place to support residents to safely manage their money. Financial audits were completed regularly by staff, management and the providers financial department. The inspector completed a check of the balance of residents cash held in the centre on the day of inspection and found that this had been appropriately counted and recorded by staff. An action identified during the centres previous inspection regarding recording systems had been addressed appropriately by the provider.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and very well-maintained internally and externally. The house was warm and homely and had been personalised with the residents photos and belongings. The house was a suitable size and layout for the number of residents and their individual needs. There were four individual resident bedrooms, one of these was vacant on the day of inspection. The house also had communal spaces such as a kitchen and dining room, living room, and bathrooms. There was also an office and a fifth bedroom which was used for staff sleepovers.

Judgment: Compliant

Regulation 28: Fire precautions

There was adequate fire fighting equipment in place, including a fire alarm, fire doors, fire extinguishers, and emergency lighting. Equipment was being serviced as required. Staff completed as required checks on all fire equipment in the centre to ensure that the alarm was working, fire doors were closing, and emergency lights were working.

Fire drills were being conducted as required to ensure that residents and staff could evacuate the centre in a timely manner. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place and accessible versions of these were prominently displayed in the residents bedrooms.

Fire safety systems were regularly checked and audited by staff and management. Staff were completing daily fire safety checks and monthly checks on equipment including the fire doors, extinguishers, lighting and detection systems. Management were completing regular safety audits and these included a review of fire exits, ventilation systems, storage areas, waste disposal systems and hazardous materials.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe systems and practices were observed in the centre for medication management. Residents all had individual drug kardex's which were reviewed and signed by their general practitioner (GP). Locked presses were in place for the storage of all medication. The inspector completed a review of the medicines in the centre and found that all prescribed medications were in stock and these were labelled with the correct prescribed doses in line with the resident individual prescriptions. Regular stock checks were being completed by staff and management

and staff were suitably qualified to safely administer medication to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Residents had comprehensive personal plans in place which set out their care requirements and preferences. The person in charge had ensured that residents' health, personal and social care needs had been assessed. Residents had personal goals in place with SMART plans developed by staff to support residents to achieve these goals. One resident had recently enjoyed attending a concert, which had been one of their goals. Residents had annual circle of support meetings with their supporting staff and family members and this was used as an opportunity to review their plan of care and decided on their goals for the year ahead.

Residents had regular access to multi-disciplinary support and any recommendations made by the multi-disciplinary team were integrated into the residents plan of care. Individual plans for specific healthcare needs such as dementia were in place where required.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding issues noted in the centre on the day of inspection. The residents were living together compatibly and there were no active peer-to-peer safeguarding concerns. Systems were in place to safeguard residents finances as discussed further under regulation 12.

Staff were aware of steps to take, if a safeguarding concern arose and had completed training in the safeguarding and protection of vulnerable adults. There was a designated safeguarding officer appointed within the service to review and address any safeguarding concerns. One staff member was due refresher safeguarding training as noted under regulation 16.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were being respected in the centre and residents had choice and

control in their daily lives. The inspector found the centre promoted social inclusion and integration by supporting residents to access circles of support, social groups, and recreational activities within the local and wider communities. Regular meetings were held between residents and staff and these were used as an opportunity to discuss topics including safeguarding, advocacy and human rights. Some staff had completed training in applying a human rights-based approach in social care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Comeragh Residential Service Avondale OSV-0006450

Inspection ID: MON-0037781

Date of inspection: 01/02/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• The Service Manager and PIC are liaising with the training department to schedule outstanding mandatory training for staff.• All outstanding mandatory training will be completed by 31/07/2024.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2024