



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

Issued by the Chief Inspector

Name of designated centre:	Cloch Cora
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	18 February 2025
Centre ID:	OSV-0007959
Fieldwork ID:	MON-0046235

About the designated centre

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

Cloch Cora consists of a large purpose built single storey house located in a housing estate on the outskirts of a city. The centre provides full-time residential rehabilitation/residential services and support for up to five residents with an acquired brain injury, over the age of 18 years, of both genders. Support to residents is provided by the person in charge, a team leader and rehabilitation assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a living room, a kitchen-dining room, an activity room and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 18 February 2025	09:25hrs to 16:35hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told them and what the inspector observed, read and was told, this was a well-run centre where residents enjoyed a good quality of care and support. Some further improvements were required in relation to safeguarding residents' finances and this will be discussed under Regulation 8: Protection.

This inspection was unannounced and completed to review the arrangements the provider had to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with disabilities 2013 and the National Standards for Adult Safeguarding (2019). The inspection was completed by an inspector of social services over the course of one day.

Cloch Cora provides full-time residential neuro-rehabilitation/residential services for up to five adult residents with an acquired brain injury. There were four residents living in the centre on the day of the inspection. The centre comprises of one large purpose built single storey house on the outskirts of a city. There are five resident bedrooms all of which have their own bathroom. Shared spaces include a living room, a kitchen come dining room, an activities room and a utility room. There are also laundry facilities, two staff sleepover bedrooms and two offices. There is an accessible back garden with seating areas and a number of raised beds for planting fruit and vegetables. There are a number of vehicles available to support residents to access appointments, to visit the important people in their lives and to access their local community.

The art work and soft furnishings throughout the house contributed to how homely and comfortable the house appeared. The activity room had a large table where residents could take part in their favourite house-based activities. There were musical instruments, art and craft supplies, camera equipment, and a projector. There were a selection of books and board games available throughout the house.

The inspector of had an opportunity to meet and speak with three residents over the course of the day. The inspector did not have an opportunity to meet one resident as they were in bed when the inspector first visited and later they were out-and-about with their family member.

During the inspection, residents spoke with the inspector about how important their independence was to them and described how staff supported them and encouraged their independence. They also spoke about how they like to spend their time both in the house and in their local community. These included arts and crafts, photography, lake and sea fishing, playing musical instruments, and watching their favourite television programmes including football, hurling, soccer and rugby matches.

They also spoke about the important people in their life and how important it was for them to spend time with them. They spoke about visiting and being visited by

their family and friends. Two residents were out spending time with their family during the inspection. One resident spoke about how much they were looking forward to and upcoming holiday abroad with members of their family.

Throughout the inspection staff on duty were observed to be very familiar with residents' assessed needs and communication preferences. Residents appeared comfortable and content in their presence. The three residents who spoke with the inspector were very complimentary towards the staff supporting them. They described them as "good", "nice", and "very good", and one resident said "they really listen". Two residents spoke about what they would do if they had any worries or concerns, with one resident saying "things couldn't be better but I know where to go if I have a problem".

Staff were observed to ensure residents' privacy by knocking on their bedroom doors and waiting for a response prior to entering. While speaking with the inspector, staff took every opportunity to speak about residents' interests, preferences and talents.

There was a board available in the hallway with a large number of documents in an easy-to-read format on a variety of topics. These topics included information on rights, safeguarding pathways, how to access independent advocacy services and the confidential recipient, voting, and the Assisted Decision-Making (Capacity) Act 2015. There was also a picture roster on display.

The latest three residents' meetings were reviewed and agenda items were varied and included discussions around rights, safeguarding, upcoming events in the local area, compliments and complaints, and fire safety. There was a topic of the month with a rights focus. For example, the topic for January was respect and February was the right to a good service.

As part of the provider's annual review process, surveys were issued to residents and their representatives. Four surveys completed in late 2024 were reviewed and residents and their representatives shared positive feedback about the service. They were complimentary towards the house, rights, choices, staffing supports, food and mealtimes, visiting arrangements, access to activities and the complaints process.

In summary, three residents told the inspector that they were happy and felt safe in the centre. They each appeared comfortable in the centre and in the presence of staff. They were observed spending time engaging in activities they found meaningful in their house and to leave the centre to go out-and-about in their local community or to spend time with their family. They were being supported to make choices and decisions, and to be aware of the safeguarding and complaints procedures in the centre.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the local management team were implementing the provider's systems effectively to ensure they had good oversight of the service in respect to safeguarding. There were systems in place to reduce the risk of harm and to promote the residents' rights, health and well being. However, as discussed earlier some improvements were required around safeguarding residents' finances which will be discussed under Regulation 8: Protection.

There was a specific emphasis on the safeguarding of residents on this inspection and during the inspection, the inspector had an opportunity to speak with the person in charge, team leader, three staff and a person participating in the management of the designated centre. They each described the systems in place to ensure oversight of care and support for the resident and the steps they were taking to make sure they were treated with dignity and respect and empowered to make decisions about their day-to-day lives.

There was a staffing vacancy at the time of the inspection; however, this was not found to be impacting on the continuity of care and support for residents. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities in relation to safeguarding and protection included, probation, supervision, training, competency assessments and opportunities to discuss issues and share learning at team meetings.

Regulation 15: Staffing

The inspector found that the service was effectively planning, organising and managing the workforce. They had ensured that the number and skill-mix of staff was appropriate to meet the safeguarding needs of residents. There was one WTE vacancy at the time of the inspection but following a review of a sample of eight weeks of rosters, this was not found to be impacting on the continuity of care and support for residents as staff were working additional hours and a small number of regular relief staff were completing the remaining shifts.

The inspector reviewed a sample of three staff files and found they each contained the information required under Schedule 2, including Garda vetting and references.

Judgment: Compliant

Regulation 16: Training and staff development

Following a review of the staff training matrix the inspector found that staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. 100% of staff had completed training identified as mandatory in the provider's policies such as safeguarding and positive behaviour support. In addition, members of the staff team had completed other training such as, a human rights-based approach to health and social care. Following a recent staff engagement day, plans were in place for staff to complete training on the Assisted Decision Making (Capacity) Act 2015.

There was a supervision schedule in place to ensure staff were in receipt of regular formal supervision. The inspector reviewed a sample of probation and supervision for eight staff. Agenda items at these meetings included safeguarding, advocacy, keyworking, accidents and incidents, audit findings, complaints and staff training.

A sample of three staff meeting minutes from late 2024 and early 2025 were reviewed. These were occurring monthly and agenda were found to be resident focused and varied. Safeguarding and protection was on the standing agenda as was restrictive practices and learning as a result of incident review and trending.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was also responsible for another designated centre operated by the provider and were found to be present in this centre regularly. They reported to and received supervision and support from a national service manager. The person in charge was supported to carry out their day-to-day role by a team leader and there was an on-call manager available out-of-hours.

The provider had ensured that this centre was resourced to ensure the effective delivery of care and support for residents in line with the statement of purpose. They had identified personnel responsible for promoting and managing safeguarding in the service and their contact details were on display in the centre. Following a review of incidents in the centre, learning from these was used to ensure safeguarding measures were appropriate and effective.

Following a review of the provider's annual, six-monthly reviews, and the area specific quality improvement plan, the inspector found that there were good systems for oversight and monitoring. Safeguarding and protection, incidents and complaints were reviewed as part of the provider's audits and reviews.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were in receipt of a good quality and caring service where every effort was being made to keep them safe and protect them from abuse. They had opportunities to take part in activities they enjoy, and to spend time with their family. They were supported and encouraged to develop and maintain their independence and to make choices and decisions in their everyday life. The premises was found to be warm, clean and well-maintained during this unannounced inspection.

The inspector reviewed a sample of residents' assessments and plans and found that these documents positively described their needs, likes, dislikes and preferences. They were in receipt of support of health and social care needs in line with their assessed needs.

Staff had completed safeguarding training and those who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. The provider was working to support some residents to ensure they had full oversight of their finances and this will be discussed further under Regulation 8: Protection.

Regulation 10: Communication

Residents were supported to make decisions about their care and support and to reduce the risk of harm and to promote their rights, health and wellbeing. From a review of the four residents' plans they each had their communication needs assessed and those who required it, were supported by a speech and language therapist. They had a communication section in their care plan which described how staff should present information to them in a way that best suits their communication needs, styles and preferences.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the provider had considered safeguarding in ensuring the premises was designed and laid out to meet the number, needs and preferences of residents. Each resident had their own bedroom and bathroom and there were a number of private and communal spaces where they could choose to spend their time. As previously mentioned, surveys recently completed by residents and their

representatives were complimentary towards the house.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>The inspector reviewed a record of incidents and accidents in the centre, the risk register and a sample of 31 resident's individual risk assessments. In addition, they discussed presenting risks with member of the staffing team. The risk register and residents' individual risk assessments were found to be comprehensive, and regularly reviewed. Risk rating and control measures were found to be proportionate to the presenting risks.</p> <p>The person in charge was completing incident trending and this was leading to an update of the relevant documentation and learning as a result of these reviews was shared with the provider and staff team. Where safeguarding risks were identified the necessary measures were put in place to control these risks.</p>
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>Overall, following a review of the four residents' assessments and plans, the inspector found that the provider had measures in place to meet the safeguarding needs of residents. Residents' likes, dislikes and support needs were clearly recorded and regularly reviewed. They were supported to develop goals and to plan and take part in meaningful activities daily. Some residents' goals were focused on developing their life and independence skills, taking positive risks and building their experiences in order to identify new hobbies.</p> <p>Risks relating to safeguarding were assessed, documented and reviewed regularly. For example, one resident was assessed as vulnerable while accessing social media and had consented to meeting with staff regularly to review their usage. Details on how best to support the resident were detailed in their positive behaviour support plan and there was a risk assessment in place.</p>
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents who required it, had regular access to a behaviour specialist. The

inspector reviewed a sample of positive behaviour support plans which outlined proactive and reactive strategies, and included consideration on safeguarding and protection and skills building for residents.

Residents were supported to understand information on the use of restrictive practices in their home. There was one environmental restrictive practice in the centre (a door alarm) and the inspector reviewed records to show that this was regularly reviewed to ensure it was effective and the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with two residents who were aware of the safeguarding procedures in the centre. The three staff members, person in charge and team leader who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. Staff discussed the possible signs and symptoms they would look out for and described some scenarios relating to the types of abuse that could occur and the steps they would take to implement the provider's and national safeguarding policies and procedures. The inspector reviewed the four residents' plans and they each contained an intimate care plan which clearly identified their support needs and preferences.

The inspector reviewed the documentation relating to the one allegation of abuse which had occurred since the last inspection in September 2023 and found that staff had reported and followed up on it in line with the provider's and national policy.

Residents had money management assessments in place and these detailed their wishes and preferences in relation to the levels of support they required, if any, to manage their finances. For two residents who were assessed as requiring support, the arrangements in place for managing their finances meant that the provider did not have full oversight of their finances. The local management team informed the inspector that they were working with these residents and their representative to gain oversight of financial records to ensure their finances were safeguarded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was evident that residents' was receiving a person-centred service which was

striving to support them to exercise their rights to have choice and control over their life in a number of areas. For example, on a daily basis, residents was supported to make choices about their routines throughout the day, and these choices were upheld. There was a focus on balancing rights and risk.

One resident had been supported to seek input from the National Advocacy Service, and the details on how to access independent advocacy supports were on display. As previously mentioned there was easy-to-read information available on a number of areas such as advocacy, safeguarding, restrictive practices and human rights.

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cloch Cora OSV-0007959

Inspection ID: MON-0046235

Date of inspection: 18/02/2025

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 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: On the 24.02.25, LSM and Team Leader discussed with service user and his family about the recent inspection. The following was discussed and or expressed by service user and his family:</p> <ul style="list-style-type: none">• Currently service user's family supports service user in relation to payments i.e mortgage/hospital bills etc.• Service user is happy for staff to support him to review his statements monthly as part of his money management plan.• Service user is happy with his money management arrangements and has expressed that he does not have any concerns about his money and happy for family support.• A DMR has been discussed with service user's family in relation to potential support to make larger financial decisions.• Service user's family are supporting service user to ensure access to his bank statements. Bank statements have been received and will continue to form part of monthly reviews. No concerns have been identified whilst supporting service user to have oversight of finances. This was completed on the 04.03.25.	

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 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	04/03/2025