



## Office of the Chief Inspector

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

Name of designated centre:	The Comhar Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 April 2019
Centre ID:	OSV-0001816
Fieldwork ID:	MON-0023312

## About the designated centre

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

The designated centre provides residential and respite accommodation for adults with an intellectual disability. The Comhar Centre can accommodate 5 residents and 2 respite placements and can provide services to both female and male residents who are over the age of 18 years. The centre itself is a purpose-built spacious single-storey bungalow located in a quiet residential estate in a large town in North Cork. The house contains a kitchen, sitting rooms, bedrooms, bathroom facilities and outdoor areas. Staff support is provided by social care workers/leaders and care assistants.

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

Number of residents on the date of inspection:	7
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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 - 2015 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
15 April 2019	09:30hrs to 17:00hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector spoke with one resident as the others were out on the day of inspection. The resident stated that she was very happy residing in the centre and spoke warmly about the staff. She said that the staff were kind and helpful to her and was really positive about the care and support she received. The inspector observed the resident having lunch with staff and they supported her in a caring and dignified manner.

The resident told the inspector that the staff were very caring and that they felt very safe. Examples were given to the inspector by the resident of how their independence was maintained and promoted by staff. The resident spoke about having their own key for the house which they did not have in their previous home. The inspector observed the resident in their home environment and they appeared to be happy and engaged well with staff. Inspectors noted throughout the inspection the respectful manner in which the staff interacted with the resident.

## Capacity and capability

Governance and management systems were in place in this centre, and there was clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present on a day-to-day basis and had good oversight of the operational management of the centre. In addition the provider completed unannounced visits and an annual review of the care and support provided to the residents, the inspector noted that these reports were comprehensive and recommendations to make improvements were been followed up in a timely manner.

Staff spoken with on the day of inspection had a good knowledge of the residents and were very respectful of residents in their interactions.

The inspector reviewed actual and planned rosters and these were in-line with the statement of purpose. There were adequate staff resources and skill mix to meet the residents' assessed needs and staff were appropriately trained and competent. Training was monitored by the person in charge and refresher training was scheduled as required.

The provider had ensured that the person in charge was in receipt of supervision

and the inspector viewed records of supervision held with social care staff also.

The registered provider had ensured systems were in place for the receipt and management of complaints and the inspector noted good evidence of tracking, follow up and oversight.

Written policies and procedures were in-line with Schedule 5 of the regulations and viewed by the inspector.

#### Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training.

Judgment: Compliant

#### Regulation 19: Directory of residents

An appropriate directory of residents was available within the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The annual review included consultation with staff, residents and relatives. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the actions arising out of these internal audits had been completed.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
A suitable Statement of Purpose was in place. An accessible edition of this was available to residents.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
There were no volunteers in the designated centre at the time of inspection.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
Records indicated that such notifications were submitted to the office of the chief inspector as required.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The registered provider had an effective complaints procedure for residents which was in an accessible format, this included an appeals procedure.
Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had a suite of policies available for staff, as listed in Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident in the achievement of goals however the goals outlined were very general and more functional in nature and required to be more person centred and specific.

The inspector observed that the quality and safety of the service provided to residents was of a high standard. The registered provider had ensured that the premises was laid out to meet the needs and objectives of the service and the number and needs of residents.

A communication assessment had been completed for residents to ensure that staff members could support them appropriately. However it was identified that one residents communication information was out of date and required review in order to meet the resident's communication needs.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan. A 'hospital passport' had been completed for all residents to provide important information to acute health care professionals in the event of the resident requiring hospital admission. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines. This included regular medication checks and audits. A medication assessment had been carried out to assess the capacity of residents to take responsibility for their own medication.

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. The inspector viewed an inventory of residents' belongings and financial records. Staff were diligent in logging all financial transactions and regular balance checks were completed.

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. An emergency plan was in place which provided guidance for staff in the event of an emergency. An emergency bag was held in an easily accessible location which contained items which may be required in the event the emergency plan needed to be enacted. There were arrangements in place for the investigation of and learning from adverse events such as medication errors.

### Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents communication information was out of date and required review in order to receive appropriate support. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

### Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in

activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The residents home was warm and homely and maintained to a high standard. There were personal items of the residents displayed throughout the house and the residents bedroom was very individualised.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

### Regulation 28: Fire precautions

The person in charge had a robust fire management system in place which included regular fire drills, fire doors, regular servicing of equipment and suitable personal evacuation plans for the residents should it be necessary.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. Although goals for the residents were outlined they were very general and more functional in nature and required to be more person centred and specific.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

## Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

## Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Comhar Centre OSV-0001816

Inspection ID: MON-0023312

Date of inspection: 15/04/2019

## 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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: the Provider Nominee will ensure that:</p> <p>A) The information within the identified resident's communication passport will be reviewed and updated to ensure appropriate support is received.</p> <p>Completed: 22/04/2019</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: the Provider nominee will ensure that:</p> <p>A) Resident's goals will be reviewed to ensure they are person centred and specific.</p> <p>To be completed on: 26/06/2019</p>	

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	22/04/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	26/06/2019

