



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh High Support Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	19 October 2021
Centre ID:	OSV-0005082
Fieldwork ID:	MON-0026525

About the designated centre

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

Comeragh High Support Residential Services consists of one detached bungalow and a smaller semi-detached apartment located in an urban area. The centre provides full-time residential support for up to five male residents between the ages of 47 and 70 with intellectual disabilities. Some day services for these residents are also run from the designated centre. Each resident had their own bedroom. Other facilities in the detached bungalow include a kitchen, a sitting room, a dining room, a utility room and bathroom facilities while the apartment has a bathroom with a kitchen/living area also. The current staffing compliment is made up social care leaders, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 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
Tuesday 19 October 2021	10:00hrs to 17:00hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with all five residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

All five residents completed a questionnaire about the quality of care and support they received in their home. These questionnaires were given to the inspector on the day of the inspection. Overall residents were very happy with the supports that they received in their home, the activities they participated in and the staff that supported them.

Some improvements were required to fire containment measures and to ensure notifications were appropriately submitted to the Chief Inspector, in line with regulatory requirements.

There were two houses in this designated centre. Both houses were located in an urban area which was in close proximity to a variety of local amenities including shops and restaurants. Four residents lived in one house, while one resident was provided with an individualised service in the second house. Each resident had a private bedroom that was decorated to suit their personal choice. Two residents showed the inspector photographs of their family and friends that were displayed in their bedrooms. These photographs were clearly very meaningful to the residents.

Residents participated in a variety of activities. Two residents were observed colouring pictures and completing artwork during the inspection. A third resident chatted with the inspector and showed them cards that were meaningful to them. Residents enjoyed going for walks in the park, attending their relevant day supports on assigned days and meeting friends and family. It was noted that residents had been supported to receive visitors in their home in line with COVID-19 guidance. This included garden visits and taking trips to visit family at home.

Staff members were observed using manual signing systems to communicate with one resident. Staff members were able to understand the adapted signs that the resident used, and this facilitated conversation with the staff members and the inspector. The resident showed the inspector their weekly plan, and told the inspector that they had recently purchased a new coat. They also told the inspector that they had plans to go out for a cup of tea with staff members.

One resident chose to rest in bed on the morning of the inspection. This choice was respected and facilitated by staff members. The inspector met this resident in the afternoon, where they were relaxing and watching television. The resident told the inspector that they were happy in their home, and they were observed smiling as they spoke with the inspector. At all times, interactions between staff and residents

were observed to be respectful in nature. Residents appeared comfortable and relaxed in the presence of staff members.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall the inspector found that there was effective oversight of the designated centre. While some minor improvements were deemed to be required in certain areas residents were found to be well cared for and supported and provided with a good quality of life.

Residents living in the designated centre were supported by a team of care assistants, social care workers and a social care leader. Staff members reported directly to the person in charge who carried out this role for a total of two designated centres. This individual held the skills and qualifications to carry out this role. All staff working in the designated centre received formal supervision on an annual basis. Staff members observed on inspection presented as caring and knowledgeable.

Whilst the majority of training schedules were up to date, the provision of refresher training required improvement. For example, the management of behaviour that is challenging, medications administration and the safeguarding of vulnerable adults. Although the inspector acknowledged the challenges in seeking training throughout the COVID-19 pandemic, refresher training in these areas was found to be required for a number of staff.

Oversight of the designated centre was found to be well maintained in a number of ways. The inspector found good systems of management, oversight and monitoring in place.

Unannounced visits to the designated centre were completed on a six-monthly basis. A report was written after each of these visits. An annual review of the quality of service provided to residents in their home was also completed in 2020. The annual review report identified a number of challenges including the management of challenging behavior and residents' changing needs. However, there was no clear or specific action plan to outline how improvements would be made in these areas, the persons responsible for making such improvements and/or a timeline for when these actions would be completed.

The inspector found a number of incidents had occurred that whilst managed by the provider had not been notified to the Health Information and Quality (HIQA) in line with the regulations. For example safeguarding incidents such as financial and peer

to peer allegations/cases.

The registered provider had ensured that a number of documents had been submitted to HIQA to support the application to renew the registration of the designated centre. This included the designated centre's statement of purpose, the residents' guide and insurance details. These documents had been submitted to HIQA in the correct format, in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been completed in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held this role for a total of two designated centres.

To ensure oversight, the person in charge visited the designated centre on a regular basis. They were also available to staff members via telephone if issues arose. The person in charge's office was located nearby, in the event they needed to attend the designated centre in person.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members participated in a wide variety of training and were found to be knowledgeable and professional. Residents presented as very comfortable with staff members and feedback to the inspector was very positive regarding staff members. Staff were observed to be caring and respectful at all times. Refresher training for staff required review as this was not being rolled out as required in all cases.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that residents were provided with a safe service. This included regular audits, unannounced six monthly visits to the centre and an annual review of the quality of care and support provided to residents.

It was noted that the designated centre's annual review identified challenges faced and areas for improvement. However, there was no clear action plan to outline how improvements would be made in these areas.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents living in the designated centre had a contract with the registered provider. This contract outlined the supports they were to receive in their home, and the fees they were to be charged to live there.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose outlining the care and support to be provided to residents was available in the designated centre. This contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector noted two safeguarding incidents that had not been notified as required by regulations. One related to financial abuse and one peer to peer abuse.

Judgment: Not compliant

Quality and safety

The inspector found that residents were well supported to have choice and control over their lives, and that they were consulted and included in decisions about their care and support. Overall a good quality and safe service was found in this centre with very high levels of compliance evident. Residents were found to be well cared for and in receipt of good services.

Some improvements were required to ensure the designated centre provided effective fire containment and safeguarding guidance to ensure best practice at all times.

Each resident had an assessment of their health, personal and social care needs on an annual basis. The assessment included areas such as residents' mobility, personal care, communication, safety and emotional needs. These plans were comprehensive in nature, and there was evidence of regular input from a variety of allied health and social care professionals. Goals had been developed with residents which were meaningful to them. For example, one resident had decided that they would like to have a hotel break where they would then visit a family member to see their new home.

It was evident that residents' rights were promoted and respected in their home. Personal communications relating to residents were written in a respectful manner with resident involvement. Residents' wishes at end of life had been documented to ensure that their choices and wishes were respected.

Emergency lighting, a fire alarm panel and fire-fighting equipment were available in the centre. There was evidence that these were regularly reviewed and serviced. However, it was noted that there was no fire-resistant door between the kitchen and the hallway. Following the inspection, the registered provider advised that a fire competent person had reviewed this. It was deemed by the competent person that a fire-resistant door and some premises works were required in this area to provide effective containment. Plans were made to carry this work out after the inspection.

A number of measures had been put in place to protect residents from potential infection. In response to the COVID-19 pandemic, staff members wore surgical face masks when providing support to residents. A contingency plan had also been

developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19. It was observed however that appropriate storage was required for cleaning equipment.

Overall regarding the area of safeguarding, residents were found to be safe and well protected in this centre. A number of safeguarding measures were found to be in place to protect residents - such as policy, protocols and safeguarding training. However clearer reporting guidance was required for staff. Whilst residents presented as safe and staff safeguarding knowledge was found to be of a good standard, guidance regarding reporting required some improvement. For example, there were some inconsistencies found in the provider's policy on the safeguarding of vulnerable adults, and a protocol for reporting peer-to-peer abuse. There were also some time delays in reporting found on this inspection which required review. However overall the inspector was satisfied that residents were safe and matters that required corrective action were followed up by the provider.

Regulation 12: Personal possessions

Money skills and competency assessments had been completed with residents to ensure they received appropriate support to manage their personal finances. In addition to this, a number of measures had been put in place to protect one resident's personal finances following an alleged incident of theft. Staff members discussed these measures with the inspector and were aware of the rationale as to why they were required. The person in charge monitored adherence to the security protocol on a regular basis.

Judgment: Compliant

Regulation 17: Premises

The residents living in the designated centre lived in two separate community houses. These were located in an urban area with access to local amenities including shops, bars and restaurants. Four residents were supported in one house, while one resident received an individualised service in their home. Both houses were inspected in full as part of the inspection of the designated centre.

Each resident had a private bedroom which was decorated to reflect their individuality. Residents' homes were clean, warm and suitably decorated. Residents appeared comfortable in their environment and were happy to show the inspector around their home.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident had transitioned into their home in June 2020. A transition plan had been put in place which ensured that they were consulted about the move.

The resident chose the colour their bedroom would be painted before they moved, ensuring it reflected their individuality. It was also documented that the resident had received a COVID-19 test during the transition process, to ensure the move was completed in a safe and planned manner.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy had been developed by the registered provider. This policy contained the information required by regulation 26. A number of risk assessments had been carried out to ensure risks were managed appropriately, and that controls were in place to reduce the risk.

Plans to fit an external door in a resident's bedroom was due to be carried out after the inspection. This would reduce the risks associated with their health care needs.

Judgment: Compliant

Regulation 27: Protection against infection

Staff members wore surgical face masks when providing support to residents. A contingency plan had also been developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19. This included information including what staff should do in the event of a suspected or confirmed cases of COVID-19 and where they could seek additional staff if required. COVID-19

planning meetings were held fortnightly. Each residents' ability to self-isolate had also been considered.

It was observed that mops and buckets used for cleaning were stored outside where they were open to the elements in terms of wind and rain. It was evident that these were not stored appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A fire alarm panel and emergency lighting were provided in the designated centre. However there was no fire-resistant door in the area between the hallway and the kitchen. Following a review by a fire competent person, it was deemed that current arrangements did not provide effective containment in the event of a fire. After the inspection, there were clear plans put in place to rectify this issue.

Residents participated in fire evacuation drills to ensure that they could safely evacuate in the event of an emergency. However, there was no evidence of a fire drill being completed that reflected the night-time (lowest) staffing levels in the designated centre. This was required to evidence that the centre could be fully and safely evacuated in an emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Goals had been developed for residents. These were regularly reviewed to ensure that residents were supported to achieve their goals.

Staff members spoken with were knowledgeable about the support needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (G.P). Where residents had an

identified healthcare need, these were supported by a plan of care.

It was also noted that consideration had been given to residents' choices at end of life. This ensured that residents' spiritual wishes would be respected.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had a behaviour support plan. This plan include information about potential triggers, and guidance for staff on how to de-escalate and alleviate residents' anxieties. These were developed in consultation with relevant allied health and social care professionals.

Staff members spoken with were aware of the contents of residents' behaviour support plans, and how they should support residents.

Judgment: Compliant

Regulation 8: Protection

Overall residents were found to be in receipt of a safe service. The inspector found a number of safeguarding measures in place to protect residents. Policy, procedures and staff safeguarding knowledge were all found to be of an appropriate standard. Some improvements were required in terms of safeguarding policy, protocol and reporting to ensure clearer guidance on timely reporting was occurring consistently amongst the staff team.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was evident that residents' rights and choices were respected and promoted in their home. Personal plans and residents' daily notes were written in a respectful manner by staff members. These plans, including end of life plans, ensured residents wishes were known and respected.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Comeragh High Support Residential Services OSV-0005082

Inspection ID: MON-0026525

Date of inspection: 19/10/2021

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"> • Requests have been submitted to the training department regarding the identified training refreshers required. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Where an annual review identifies challenges, an action plan will be attached outlining where improvements are needed. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • All notifications will be submitted as required by regulations. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Mops and Buckets will be stored outside with a cover over head protecting them from all elements 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Recommended actions have been put in place to ensure that the premises will comply with fire regulations • Deep sleep drill will be completed to ensure that the designated Centre could be fully evacuated in an emergency. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Where a safeguarding concern arises, a zero tolerance approach is in place to ensure that all concerns raised, are considered and assessed appropriately. 	

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	31/03/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	30/01/2022

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/03/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	25/10/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	20/10/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of	Substantially Compliant	Yellow	20/10/2021

	abuse.			
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