

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Comeragh Residential Services Waterford County
<b>Centre ID:</b>	OSV-0004721
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services South East
<b>Provider Nominee:</b>	Johanna Cooney
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
13 September 2016 12:15	13 September 2016 20:30
14 September 2016 09:00	14 September 2016 11:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Brothers Of Charity Services Ireland. This centre had one inspection previously in July 2015 which found that residents received a good quality of social care. The previous report outlined the need for the Provider to address some actions in relation to five outcomes. These actions were followed up on during this inspection and found to be adequately addressed.

Description of the service:

This centre caters for eight residents with disabilities over the age of 18 years of age. The centre comprises two houses, one a detached dormer bungalow in a rural location in Tramore, and the other a detached two story house in a housing estate in Waterford City.

How we gathered our evidence:

The inspector met with all eight residents, the person in charge, the residential team leader, two staff members and the nurse educator. The inspector visited and observed practice in the two units of the designated centre. Documentation was reviewed such as policies and procedures, personal plans, risk assessments, complaints logs and records of accidents and incidents. The inspector also received questionnaires from six family members or representatives and all eight residents.

Overall judgment:

Overall the inspector determined that the service provided to residents was of good quality and ensured residents were safe. Of the 10 outcomes inspected against eight were fully compliant with the Regulations. Two outcomes had areas to improve upon:

- Premises (Substantially compliant).
- Workforce (Moderate Non-compliance).

Residents and family members outlined that they were satisfied with the services and supports on offer in the designated centre. Interactions observed between staff and residents were seen as familiar and respectful.

The findings of this inspection are outlined in the body of the report and actions identified in the action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector followed up on the actions raised at the last inspection and found that they had been adequately addressed. For example, there was now a maintained central complaints log with evidence of learning gained from any complaint raised.

On speaking with residents and on review of family questionnaires the inspector determined that residents' rights, dignity and privacy were promoted in the designated centre. Family questionnaires outlined that families felt their relatives were cared for in a respectful manner. Questionnaires indicated that families felt residents had choice and control over their lives.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed the actions raised from the previous inspection and found that the admissions policy had since been updated.

Residents all had written agreements in place outlining what services and facilities were being provided by the designated centre and any costings associated with this.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' personal, social and health care needs were assessed and planned for in the designated centre. Each resident had an outcomes focused assessment tool completed on a yearly basis, along with other assessments that may be necessary. For example, money management assessments. These assessments informed the individual personal plans which set out the supports required for any identified need or risk.

Residents spoke with the inspector and outlined their involvement in the personal planning process as well as the community based activities that they took part in. For example, attending college. Residents explained to the inspector that they attend day services during the day which offered a lot of social activation and outings.

The inspector found that staff were hoping to seek suitable volunteers to support some residents to attend events mid week in the evening time and at the weekend.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the design and layout of the two units of the designated centre were suitable for its stated purpose and met residents' needs. Some improvements were required in relation to paintwork around the newly installed fire doors and the need for self closing devices so that residents' access around the building was not negatively affected due to the fire doors remaining closed at all times.

The inspector found the requirement of Schedule 6 to be met. For example, suitable lighting, heating and ventilation. Residents had their own bedrooms decorated to their own taste and preferences. There was adequate communal space and furniture for residents use.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The inspector reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, health and safety policies, guidance on infection control, a fire safety policy and emergency and evacuation plans.

The inspector found that there was a fire detection and alarm system along with emergency lighting in place in the designated centre, and this was evidenced as being checked and serviced routinely by a relevant fire professional. Fire extinguishers were located around the centre, and evidenced as serviced routinely by a relevant professional. Fire exits were unobstructed.

The inspector reviewed documentation and spoke with residents and staff and determined that regular fire and evacuation drills were conducted including a deep sleep drill in the past 6 months. The inspector reviewed training records, and found that all staff had been provided with fire safety training. Dates had been set to offer staff refresher training if needed.

Fire doors had been recently installed on doors leading off the kitchen and utility, this had been an action since the previous inspection and had been addressed.

The inspector reviewed the accidents and incidents log for the designated centre, and found a clear system of recording, review and action in place to address any risks as a result of an incident.

The inspector found that there was a system in place to identify, assess and manage risk in the designated centre. There was a risk management policy written up as required by the Regulations. There was a risk register maintained in each unit which outlined all identified risks and the control measures in place to alleviate or reduce these.

All vehicles had been appropriately taxed and serviced and there was evidence of roadworthiness.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that there were measures in place to protect residents from abuse or harm. There was a policy in place regarding the protection of vulnerable adults which was in line with national policy, along with policies on the provision of intimate care, restrictive interventions and support regarding behaviour that could be challenging. Staff spoken to during the inspection could discuss what to do if they were concerned about a resident and who to report it to.

There was an appointed designated officer who was a social worker employed by The Brothers of Charity. The inspector spoke with the designated officer and found there to be a clear procedure to follow in the event of any suspicion or allegation of abuse.

The inspector found there to be access to multidisciplinary support such as psychiatry or psychology for residents should this be necessary. The inspector found evidence of behaviour support plans implemented in the designated centre to support residents in the management of any behaviours of concern. Interactions observed between staff and residents were in line with residents' plans. For example, being direct with requests.

The inspector found that a restraint free environment was being promoted in the designated centre. Residents explained that they felt safe living in the centre. Family questionnaires outlined that they felt their relatives were safe in their home.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' health care needs were assessed, planned for and met in the designated centre.

There was evidence of timely access to allied health care professionals and members of the wider multidisciplinary team such as speech and language therapists, dietitians and public health services. Where necessary residents had access to psychology input. For example, for the screening of dementia. Residents were supported to attend medical appointments by the nurse educator. Residents who had anxiety around attending medical appointments had plans in place to support them to be desensitized by attending clinics regularly even when not being seen by a medical professional.

Any identified health need or risk was appropriately assessed and a plan put in place to address it. For example, Diet and nutrition support plan.

The inspector found that residents were involved in menu planning and the preparation of meals in the designated centre. Residents expressed that they had choice in this regard and tried to make healthy choices where possible. Information was available to residents on healthy eating and balanced diets. The inspector found meal time to be a social occasion with residents choosing to sit together and share out chores such as setting the table.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were protected by safe medicines management in the designated centre.

There was a medicines management policy in place, which the inspector found was guiding safe practice in the two units of the centre.

The inspector reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Medicine was stored securely, and was administered by social care staff. The inspector found evidence that staff had received training in the safe administration of medicine, and this was routinely refreshed.

There were written protocols in place to guide staff on when to administer p.r.n (as required) medicine which included the maximum dosage to be taken in a 24 hour period. Any risks in relation to medication and allergies were well known and assessed.

Overall the inspector determined that residents were protected by safe medicine management practices in the designated centre.

**Judgment:**

Compliant

### **Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

#### **Theme:**

Leadership, Governance and Management

#### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that there was suitably skilled, experienced and qualified person in charge on the day of the inspection. The person in charge could speak with ease about the needs of residents and the operation of the centre overall.

The inspector determined that there was a clearly defined management structure that was known to both residents, their families and staff members. There was a system of communication between the different levels of staff working in the centre and lines of accountability and responsibility were clear.

The inspector saw the unannounced visit records along with the annual review and found that the provider was meeting their regulatory duties in this regard. Residents, staff and families had been informed of the findings of the annual review and the plan for the future of the centre. Things that the provider had identified in need of improvement had been acted upon. For example, the introduction of new medication record books.

The inspector found that there was an evidenced system of supervision of staff carried out by the management team.

#### **Judgment:**

Compliant

### **Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the numbers of staff on duty in the designated centre was in need of review to ensure residents had choice and control over how they could spend their evenings and weekends in one of the units of the centre. For example, residents in one unit told the inspector that they enjoyed relaxing at home in the evenings, and at weekends had similar interests and chose to do things as a group. However, in the other unit of the centre the inspector found that some residents did not want to go shopping with the larger group, and others wished to attend outings during the evening mid week. This could not be facilitated due to only one staff on duty in this unit. This was limited residents' choice.

While the person in charge had tried to seek volunteers to assist with this, further review and changes were necessary to ensure residents had choice and control, and could decide not to go with the larger group if they so wished. Family questionnaires also mentioned this as a challenge with only one staff on duty in the unit.

The inspector spoke with staff and reviewed human resources files and found that mandatory training had been offered and refreshed where necessary. For example, there was evidence that staff had received training in fire safety, the protection of vulnerable adults and the safe administration of medicine.

The inspector reviewed staff files and found that they met the requirement of Schedule 2 of the regulations. For example, they had proof of qualifications, evidence of Garda Vetting and an employment history.

The inspector spent time with staff members as they engaged in their duties and found that they treated residents with respect and warmth during the inspection. Residents told the inspector that staff were helpful and supported them well. Interactions were positive and in line with what was recorded in residents' plans.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services South East
<b>Centre ID:</b>	OSV-0004721
<b>Date of Inspection:</b>	13 and 14 September 2016
<b>Date of response:</b>	28 November 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Closed fire doors with no facility to safely keep open were negatively impacting on residents' accessibility around their home.

**1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**

Retainers will be fitted to these fire doors which will release and allow the doors to close on activation of the fire alarm.

**Proposed Timescale:** 02/12/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Following the installation of fire doors, one of the units required decorated works.

**2. Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**

Minor maintenance painting and decoration has been carried out.

**Proposed Timescale:** 28/11/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

current staffing levels were not ensuring residents' had choice and control over their evenings and weekends.

**3. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

The report identifies this as an issue in one unit only of the Designated Centre. During the week three residents reside in the unit, four residents reside in this unit at weekends. The ratio of one staff member to three or four seems reasonable for this type of group living.

We have held Circle of Support meetings with individual residents and have agreed with them at weekly house meetings that we will fulfil their choice of activities on a rotation

basis thus being fair to all. In addition a review is being undertaken of the daily and weekly activities of the residents versus their identified needs and personal wishes to identify areas, if any where the needs and wishes are not being met. Once this is completed a plan will be put in place to address any deficits found.

**Proposed Timescale:** 20/12/2016