



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

Issued by the Chief Inspector

Name of designated centre:	The Comhar Centre
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	27 April 2021
Centre ID:	OSV-0001816
Fieldwork ID:	MON-0032723

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:	4
--	---

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 27 April 2021	09:30hrs to 16:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with four residents who resided in the centre. There were 3 respite beds which were unoccupied for the duration of the COVID 19 restrictions.

The four residents spoke very positively regarding the staff and person in charge who supported them. The residents said that they were very happy in their home and when asked one resident stated very clearly that they loved living in the centre. The residents said they felt safe in the centre and received good care and support.

One resident gave the inspector a tour of the house and also showed the inspector their bedroom. The resident was very proud of their bedroom, had certificates of achievement for different courses on the wall and photographs of family members. Some residents were doing a course in Mary Immaculate College and talked about how much they enjoyed this. They were looking forward to the next step in gaining employment in their community.

The residents were well informed around COVID 19, advocacy and rights and they told the inspector that their rights were being upheld in the centre. They indicated that they were treated with respect by the staff in the centre and spoke highly of several staff who were supporting them to go for walks, drives and outings.

All residents said that they received good care and support in the centre. Throughout the inspection the staff were very respectful of the residents and were very skilled at encouraging the residents to be independent for example supporting them to make lunch. The inspector noted very positive and fun interactions between the person in charge and the residents who were laughing and joking during the day. The centre was warm and clean and was very homely although the decor was somewhat dated. The residents bedrooms were decorated beautifully in line with their personal taste. The centre was decorated with the residents belongings, personal items and photographs. There was a lovely atmosphere throughout the course of the inspection.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable

about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. However a staff member who was trained in medication administration was necessary to facilitate one resident in taking an afternoon medication, this issue was addressed on the day of inspection. The provider informed the inspector that a social care worker who was trained in the safe administration of medication was due to start in the centre within a couple of days. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were fully aware of the support requirements for residents who were very capable of taking their own medication with some verbal prompting or physical support to remove medication from packaging etc.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. There was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and control Training. There were some gaps in training however these were being actively addressed and were scheduled for completion in the coming days after the inspection. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in February 2021 and a review of the quality and safety of service was also carried out in November 2020. This audit included residents and family views and also reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. Some areas identified for review were: to ensure person centred plans were scheduled and to review residents goals. Also the provider was to begin actively recruiting a new social care worker. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in

charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose. However a staff member was required who was trained in medication administration to facilitate one resident in taking an afternoon medication, this was addressed on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre,

which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the residents. The assessment of needs included all aspects of independent living such as an assessment of the ability of residents to self administer their medication. One resident was assessed as being capable of taking medication with verbal prompting and minimal support. A support plan gave clear guidance for staff on how to facilitate the resident to take their medication. The staff were able to tell the inspector of the supports put in place for the resident and how they were implementing such supports such as removing the medication form the blister pack and placing the medication on a plate at the appropriate time for the resident. The resident could then independently get a drink and take their medication from the plate.

While an assessment of need was completed, goals outlined were very general. The goals outlined in the person centred planning process were very broad and not specific to the resident. For example one goal mentioned was regarding the residents college course however there was no progress tracking evident for this goal. Residents made reference to their course during conversation but there was no documentation of the excellent work they were doing or who was supporting the residents to achieve their goals and in what time frame it could be achieved.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a house laptop had been purchased to facilitate the residents to video call their family members during the COVID - 19 restrictions.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were active in their new community. They utilised local shops, local amenities such as parks, went for walks and drives. On the day of inspection the residents went for a drive and a walk. They were also observed video calling family members.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. The residents were supported to access their GP and other health care professionals.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents belongings. The residents bedrooms were beautifully decorated in line with residents personal tastes. The decor was somewhat dated and residents made reference to the house requiring to be painted, the residents were in the process of discussing this matter with the provider.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out monthly and found that they indicated that the residents could be safely evacuated in 50 seconds. Personal egress plans were in place for the residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

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. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

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 including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a assessment of the residents needs had been completed. While goals were set they were very broad and the progress was not tracked.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. However a more consistent record of the residents fluid and food intake is required to be kept.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

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 provider had ensure that the residents rights were respected and that they exercised choice and control in their daily lives.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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-0032723

Date of inspection: 27/04/2021

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 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: To come into compliance with Regulation 5 the Person In Charge has ensured all resident’s personal plans outline the supports required to maximize the resident’s personal development in accordance with their own wishes. Each goal is now specific to each individual resident with a detailed reason for setting that goal. Each goal is realistic and achievable. A progress sheet is used to track accomplishment of each residents goal, this includes a clearly defined timeline and identified staff member/keyworker identified to support the resident.</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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	12/05/2021