Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	30 September 2021
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0029095

About the designated centre

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

Comeragh Residential Services Kilmacow is a designated centre operated by Brothers of Charity Services Ireland CLG. It provides a high support residential service for up to eight adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny. The designated centre is a large bungalow which consists of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Staff support is provided by nurses, 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:	8

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
Thursday 30 September 2021	10:00hrs to 18:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

Overall this inspection found that while residents were supported in a person centre manner, improvement was required in key areas such as fire safety. The inspector issued urgent actions on the day of the inspection in relation to fire safety and containment systems in the centre.

The inspector had the opportunity to meet with seven of the residents of the designated centre during the course of the inspection, albeit this time was limited. One resident was in day service and was supported in the community during the inspection. Some residents in this centre did not communicate verbally and communicated through vocalisations, facial expressions and movement. They were observed in their environments and in their interactions with staff members on duty. Residents were observed and overheard going about their day.

On arrival at the designated centre, the inspector observed one resident in the kitchen having their breakfast with the support of staff. They appeared content and relaxed. The resident was joined shortly after by another resident for a cup of tea. They spoke with the inspector about their life in the centre and their interest in farming. A third resident was met while they were watching TV in the lounge and they indicated that they liked the lounge and their bedroom. The inspector met some residents in their bedrooms which were observed to be decorated in a homely manner with their personal possessions. The fourth resident greeted the inspector and proudly told the inspector they were from Cork and of their interest in religion. The fifth resident did not communicate verbally but was observed being supported by staff and appeared comfortable. The inspector met with the sixth resident in their bedroom and was observed enjoying watching TV. In the afternoon a musician arrived to play music with the residents. Throughout the inspection it was observed that staff members engaged with residents in an appropriate and warm manner. However, the inspector reviewed the centre's annual review of quality and safety of care and support which noted residents making complaints of noise levels.

The designated centre is a detached bungalow which comprises of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Overall, the centre was well maintained and decorated in a homely manner with personal possessions, pictures of the residents and people important in their lives throughout the centre. The inspector noted environmental changes which had been introduced to manage safeguarding concerns such as separate dining tables

and assigned seats. The centre contained required aids and appliances to assist residents with mobility and personal care needs such as overhead hoists. The centre was wheelchair accessible throughout, apart from the door leading from the kitchen to the back garden which had been recently renovated and included a water feature. In addition, it was observed that the external premises was not presented in a homely way and required review as the external paint was discoloured. The inspector also observed areas of scratched flooring and areas of internal paint which required attention.

In summary, the residents appeared to be comfortable and happy in their home. However, there were areas for improvement including staffing arrangements, staff training and development, notification of incidents, premises, personal plans and fire safety. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that improvement was required in the effective oversight and governance of the designated centre. There was a clearly defined management system in place. However, improvement was required in the oversight of the designated centre, staffing arrangements, training and development and the notification of incidents.

The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for one other designated centre and was supported in their role by an assistant team leader. However, the inspector found that improvement was required in the effective monitoring of the service. For example, the six monthly visits were not carried out on a consistent basis in line with the regulations. The last two six monthly visits were carried out in June 2020 and January 2021. In addition, the inspector identified areas for improvement such as fire safety which had not been identified by the provider.

The person in charge maintained planned and actual staffing rosters. A review of a sample of staffing rosters demonstrated that there was an established core staff team and relief panel in place which ensured continuity of care and support to the residents. However, the staffing arrangements required review. For example, the staffing rosters did not demonstrate that there was sufficient staffing levels and skill mix to meet the residents' assessed health, personal and social care needs.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The inspector

reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was an established staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

However, the staffing arrangements required review to ensure they were appropriate to the assessed health, personal and social care needs of residents and the size and layout of the centre. For example, while one resident was supported one-to-one during the day, seven of the residents were supported by four staff during the day. The eight residents were supported by two staff on waking night shifts. Some residents in the centre were assessed as requiring high levels of support in relation to particular needs such as mobility and feeding, eating and drinking. Staffing levels had been self-identified as a challenge by the provider in the annual review and six monthly audits. In addition, the inspector was informed that a business case had been submitted to the provider's funder in relation to an increase in staffing levels.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. A review of a sample of staff training records demonstrated that a number of the staff team required refresher training in de-escalation and intervention techniques, manual handling, safe administration of medication and fire safety. This meant that while the staff team had the skills and knowledge to support the needs of the residents, some required refresher training. The previous inspection also identified this as an area for improvement.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. However, on review of a sample of the supervision records, the inspector found that not all staff received supervision in line with the provider's policy.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for one other designated centre and was supported in their role by an assistant team leader. There was evidence of regular quality assurance audits taking place to ensure the service provide was safe,

monitored and appropriate to residents' needs. The audits included an annual review and six-monthly unannounced audits of the quality of the care and support provided.

However, improvement was required in the effective oversight and governance of the designated centre. For example, the timeliness of the six monthly audits required improvement. For example, the last two six monthly audits were completed in June 2020 and January 2021. In addition, areas for improvement were not being identified such as the fire safety concerns.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports for the centre and found that the Chief Inspector had not been notified of all those required by the regulations. The previous inspection also identified this as an area for improvement.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that this centre was striving to provide provided person centred care. However, improvements were required in relation to the management of fire safety, personal plans and premises.

The provider had not ensured effective fire safety precautions were in place, including, effective night time fire drills to provide assurance that all residents would be safely evacuated with minimal staffing. In addition, the measures for the containment of fire and smoke throughout the centre was of concern.

The inspector reviewed a sample of resident's personal plans and found each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans. However, the personal planning in place to support the residents to identify and achieve personal goals were out of date for two residents reviewed.

There were systems in place for safeguarding residents. Residents appeared comfortable and content in their home. Safeguarding plans were in place for identified safeguarding concerns. As noted, the centre's annual review of quality and safety of care and support highlighted residents making complaints of noise levels. There was evidence of changes made to the living arrangements such as additional

sitting room and separate dining tables to safeguard residents.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. The designated centre is a detached bungalow located in a village in County Kilkenny. The centre was decorated with residents' personal possessions and pictures of important people in their lives throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display. There was a small garden to the rear of the designated centre had been recently refurbished. The garden contained a seating area and water feature.

However, some improvement was required in the layout and design of the designated centre to ensure accessibility. In addition, there were some areas of the premises which required attention including:

- external painting
- areas of internal painting and scratched flooring
- broken blinds in sitting room

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

Urgent actions were issued in relation to this regulation on the day of inspection.

The arrangements in place for fire safety required improvement. The inspector

found that the premises were not suitably equipped to contain fire. For example,

- the eight resident bedroom fire doors had the arms of the self-closing mechanism removed,
- the self-closing device on the fire door for the kitchen was not attached to the wall,
- the sitting room fire door was found propped or wedged open,
- it was not demonstrable on the day of inspection that there was suitable compartmentation of the attic space. On the day of the inspection, it was observed three attic coverings had been removed - two in the hallway and one in the laundry room.

While there was evidence of fire drills taking place, an effective night time fire evacuation drill had not been appropriately completed to ensure that an efficient evacuation could be achieved by all residents with minimum staffing levels. The previous inspection also identified this as an area for improvement.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The previous inspection found that improvement was required in the management and storage procedures for controlled medicines. The inspector followed up on the findings of the last inspection and found that appropriate arrangements were in place in relation to controlled medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs. However, the personal planning in place to support the residents to identify and achieve personal goals were out of date for two residents.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate health care for the residents was provided. The health-care needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were some restrictive practices in use in the centre on the day of the inspection. From a review of a sample of records, it was evident that it was appropriately identified and reviewed on a regular basis by the registered provider.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear content in their home. There was evidence that incidents were appropriately managed and responded to. Formal plans were in place to manage identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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

Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0029095

Date of inspection: 30/09/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Funding has been allocated to for the recruitment of an additional staff nurse which will enable the PIC to be supernumerary. This additional post has been advertised. • Allocation of staff support system is in place to ensure that all the support needs of the residents are being met. The current system in place will be reviewed when the additional resource as outlined above is in place • The funding submission to the HSE will be reviewed and resubmitted based on the changing needs of residents particularly at night time.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • In conjunction with the training department staff who require refresher training in the areas identified will be booked to complete that training as soon as dates are available • Staff whose formal supervision meeting has not been completed in line with policy will have a meeting scheduled before the end of year.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Services are recruiting a Compliance Officer whose role it will be to ensure that the unannounced six monthly audits of the designated center are completed within the timeline outlined in the regulations.

• In the meantime an unannounced inspection will be undertaken prior to year end

• The unannounced six monthly audits will be undertaken in a more in depth and detailed manner with the aim of accurately reflecting issues of concern that are arising in the designated center.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• Notifications will be submitted in line with the regulations.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• It is planned to paint the exterior of the building in Spring 2022.

• Areas internally that require painting will be identified and completed.

• Flooring in the sitting room will be replaced.

• Window dressings in the sitting room will be replaced.

• A window in the dining area will be replaced with double doors and a ramp installed to facilitate access to the courtyard by those who use wheelchairs.

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • All immediate actions relating to fire precautions identified in the provider improvement plan have been completed i.e., reinstalling door closures; attic openings closed and compartmentalization of attic 'living space' from 'bedroom space' • Additional work to create further zones of compartmentalization of the bedroom space will be undertaken. This will facilitate greater safety for residents in the event of a fire.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Personal plans for two residents will be updated and will reflect their current personal goals.	

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 15(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/03/2022
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.	Not Compliant	Orange	31/03/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as	Substantially Compliant	Yellow	31/12/2021

	determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	31/12/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	08/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/12/2021
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.	Not Compliant	Red	08/10/2021
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	24/10/2021

	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.			
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	31/12/2021