



# 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:	Unannounced
Date of inspection:	04 March 2024
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0042277

## 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 seven adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny located close to local amenities such as post office and shop. The designated centre is a large bungalow which consists of seven individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge, a sensory room and a laundry room. Staff support is provided by nurses, social care workers and care assistants. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:	7
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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 (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
Monday 4 March 2024	10:00hrs to 14:30hrs	Sarah Mockler	Lead
Monday 4 March 2024	10:00hrs to 14:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

Overall this inspection found that the provider had not adequately improved this service and this lack of appropriate action continued to negatively impact on the residents who lived in this centre.

Nine inspections have found continued non-compliance with key regulations in this centre. The findings of this inspection indicated that although a number of positive practices were now occurring in the centre, ultimately the same problems still existed.

The core concerns around the incompatibility and ongoing safety and well being of residents remained.

While some efforts had been made by the provider to improve the service, these measures had not addressed these primary failings in any meaningful or effective manner.

As per previous inspection findings, the resident group living in this centre were assessed as not being compatible to live together. For example, residents with dementia, autism and other mental health presentations were clearly and frequently triggering each others behaviours resulting in incidents and/or outbursts in the centre.

This has led to a normalised approach/culture of keeping residents away from each other and raised a number of challenges for the residents living in the centre in terms of them feeling safe and supported. It also posed significant challenges for the staff team in terms of the day-to-day care and support being provided.

Inspectors had the opportunity to meet with the seven residents who lived in this centre. On arrival at the centre there were six staff present. Staff were working very hard to support residents on their individual programmes. Some residents were no longer attending day services due to ill health, others had hospital appointments and other residents received a wrap around service in their home. Later in the day music therapy was planned for the residents.

However, despite staff efforts, residents behaviours continued to impact on each other during the day and at night. For example, staff told the inspector of one resident's fear of another resident. Staff described how the resident would 'visibly tremble and walk on the opposite side of the corridor' when passing this other residents bedroom. The inspector observed this happening and spoke with this resident who confirmed they felt very afraid. Furthermore, an incident was observed whereby a different resident had an outburst because they were unhappy with the staff member assigned to them (one-to-one support) and as a result other residents had to be ushered to safety from their kitchen table and communal areas back to their bedrooms. Another resident (who also had one-to-one support) was observed

screaming loudly when they got agitated which impacted another resident who was relaxing in the same sitting room listening to music. Based on discussions with staff and a review of incidents/documentation, such incidents were commonplace and this was a continued problem at night time whereby this behaviour was waking and upsetting the other residents.

A maintenance worker was observed on the morning of inspection completing works on door frames which included hammering a chisel loudly as a number of residents were still in bed asleep.

Overall, the ongoing incompatibility of residents within the centre remained a significant barrier to residents having the best quality of life. In addition, the governance systems in place for the training and development of staff were again found to be inadequate.

## Capacity and capability

Previous inspections have identified continued regulatory failings in this centre. In particular, the incompatibility of residents and the training and development of the staff working in the centre. The most recent regulatory action taken was the imposition of a restrictive condition on the centre's registration. Following the last inspection, the registered provider assured the Chief Inspector of Social Services that they would satisfy this condition and make improvements in the required areas to come into compliance with the Regulations.

The findings of this inspection indicated that the provider had failed to meet this requirement. The longstanding issues in terms of incompatibility of residents and the providers failure to ensure staff were adequately trained remained a concern.

On the day of inspection the staff nurse facilitated the inspection. A new person in charge had been appointed in recent weeks. This had been the third person in charge appointed to the centre in a six month period. This was an interim measure with another new person in charge reportedly commencing in April.

Inspectors requested assurances on the day of inspection from a senior manager on the measures that the provider had taken to come into compliance with their conditions of registration. Insufficient assurances were provided as there was no effective actions taken to address the identified ongoing concerns. Despite the providers own compatibility assessments indicating residents were incompatible to live together, resident transitions/transfers had been considered/discussed but none had been agreed/progressed.

Previous inspections had identified a need for improvement in the effective oversight and governance of this centre. The majority of residents' assessed needs indicated that they needed a quiet, low arousal environment or had bespoke individualised support needs. This was not always possible due to the specific needs of other

residents within the home. This had been identified by the provider as far back as 2018 and previous inspections identified limited effective actions had been put in place to address this. This remained an issue which was having a direct impact on the lived experience of residents.

## Regulation 16: Training and staff development

Inspectors found that staff were not being provided with the appropriate levels of training in key areas by the provider. This related to training in safeguarding, fire safety, safe administration of medication, dysphagia, catheter care, diabetes, first aid, manual handling and training related to infection prevention and control measures.

Inspectors found a number of staff on the roster that had not been provided with mandatory training.

This absence in appropriate training provision was found to be a recurring systems failure on the part of this provider.

An urgent/immediate action was issued to the provider in relation to this concern on the previous inspection in October 2023. The provider provided written assurances on the 18th of October 2023 to state that all staff had received training in the relevant areas. On review of the training matrix dated February 2024, there were staff on duty that still had not training in relevant areas. In addition, a number of staff who were identified as requiring refresher training in mandatory areas had not received this training despite it been identified in November 2023.

This demonstrated very poor governance, management and oversight of training within the centre and as such put residents and staff at risk.

Judgment: Not compliant

## Regulation 23: Governance and management

A number of regulatory actions have been taken to date in this centre including multiple inspections, urgent/immediate actions, cautionary meetings, applying restrictive conditions on the centre's registration and allowing the provider time to come into compliance and address the required issues. However, despite these actions, the provider had failed to come into compliance with the requirements of their conditions of registration and the regulations.

The provider has not ensured consistent management systems, monitoring, oversight and decision making in this centre to ensure that the service provided was appropriate to each resident's needs and/or rights with continued negative impacts

on residents' lived experience remaining in the centre.

Judgment: Not compliant

## Quality and safety

Ongoing compatibility issues between residents had failed to be effectively addressed despite been identified as an area for improvement.

This impacted the lived experience and quality of life outcomes for residents in this centre.

The provider had made efforts to improve the service which included increased staffing, sound proofing some areas and the provision of more activities for residents, however residents continued to impact on each other negatively.

A number of residents within the home were assessed as requiring a quiet/low arousal environment. At times the noise levels within the home, such as residents engaging in protracted periods of behaviour of concern, were directly impacting on other residents. Residents were woken at night or kept up due to noise levels. This was also occurring during the day.

Another resident was reportedly managed primarily outside of the centre due to their presenting complex behaviours of concern. This resident received one-to-one support and was also observed directly negatively impacting other residents who were trying to have their breakfast. Staff informed inspectors they had access to a building elsewhere whereby this resident ate their meals away from the other residents.

Ultimately the staff team spent much of the day trying very hard to keep residents apart from each other. This was not conducive a homely atmosphere within the centre nor the provision of good quality outcomes for residents.

## Regulation 5: Individual assessment and personal plan

This centre was not operating in a manner that was suitable to meet the assessed needs of all residents. Inspectors were directly informed, reviewed supporting documentation/correspondence and directly observed compatibility issues between residents in this centre. For example, residents assessed as requiring quiet/low arousal environments were not being provided with this as they were living with residents who screamed/shouted at regular intervals. For example, on a review of daily notes for one resident they were removed from a communal area on five occasions in February due to behaviours of concern occurring in the area and the



direct impact this was having on them.

The provider had identified the compatibility issues through their own assessments and this is noted in previous inspection reports. The provider had also submitted notifications to the Chief Inspector detailing concerns that they were not meeting residents' needs. However limited effective actions had been taken to date. Although transition plans had been discussed with inspectors and assurances received in compliance plan responses from the provider, on the day of inspection, there were no plans in place to effectively address these issues. Inspectors were informed that an action identified by the provider was to move a resident to a different room within the centre due to the impact of their behaviour of concerns on the other residents at night. This action was viewed as insufficient considering the significant issues in relation to the ongoing compatibility of a number of residents within the home.

Judgment: Not compliant

### Regulation 8: Protection

Residents in this centre were being impacted negatively on an ongoing basis by the behaviours of some of their peers.

Residents outbursts/incidents were causing distress to other residents at night and during the day. For example, one resident engaged in frequent loud vocalisations at night and lived next door to a resident who slept with their bedroom door open and was assessed as having 'a psychiatric condition and very low tolerance for noise'. Another elderly resident was reportedly very frightened of other residents and would 'tremble in fear when walking past certain residents'. This resident became very afraid and distressed according to staff. The inspector observed this occur over the course of this inspection when another resident was having a behavioural outburst. The elderly resident was observed to be visibly afraid and was quickly ushered to safety by staff. The resident told the inspector they were afraid when these incidents happened.

While all of the residents had safeguarding plans in place, this service was largely being operated by keeping the seven residents who lived there apart and out of each others proximity so as to avoid any physical/safeguarding incidents. Staff were found to be working very hard to do so and in some cases being physically hurt themselves however, the primary safeguarding issue in this centre was the incompatibility of residents living together and the prolonged emotional/psychological impact of this on the residents.

Judgment: Not compliant

## Regulation 9: Residents' rights

Residents rights were not found to be upheld in this centre. Given so many of the residents living in the centre had individualised support needs and complex behavioral presentations, this was a significant challenge for the provider. However, elderly and unwell residents were being impacted by other residents presenting behaviours on a continual basis. Residents rights were therefore being impacted in routine and simple tasks such as attempting to use the bathroom, relax in their sitting room, having their breakfast or trying to get a good night sleep.

Judgment: Not 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0042277

Date of inspection: 04/03/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The following outlines training completed:</p> <ul style="list-style-type: none"> <li>• All staff have completed online HSEland safeguarding adults at risk of abuse.</li> <li>• All Staff have completed an introduction to Children’s First on HSEland.</li> <li>• All staff have completed online dysphagia training on HSEland.</li> <li>• All staff have completed online training on HIQA national standards for IPC in community services.</li> </ul> <p>The following outlines training that is planned:</p> <ul style="list-style-type: none"> <li>• Seven staff are scheduled to have fire training on 22/04/2024 all other team members are trained.</li> <li>• Safe administration of medication training is planned for 23/04/2024. One new staff member is awaiting a 2-day training in medication administration.</li> <li>• Catheter care training has been completed by 12 staff and a further 9 staff will attend training at the next available date in June. A risk assessment has been completed to ensure an adequate amount of staff on each shift are suitably trained in catheter care in the interim.</li> <li>• 13 staff have completed training in diabetes and an additional 8 staff will attend diabetes training on 18/04/2024.</li> </ul>	

- On 15/04/2024, seven staff attended first aid training. One staff is attending this training on 24/04/2024. One staff is scheduled for training on 08/05/2024. All other staff are trained in first aid.
- On 23/04/2024, 6 staff will attend manual handling and patient moving. All other staff are trained in manual handling and patient moving.

The CNM1 of the designated center has been assigned responsibility for overseeing staff training in conjunction with the training department with oversight provided by the PIC.

The training matrix will be reviewed on a monthly basis by the PIC, CNM1 and Services Manager.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The number of residents living in this designated centre will be reduced from 7 to 6.
- A newly appointed person in charge, commenced on April 8th 2024 and is currently undergoing induction. The current person in charge will upon registration of the new PIC return to their role of CNM1 at the centre.
- The person in charge who will now be a CNM2 grade is supernumerary to the shift roster and will work across all shift patterns.
- The management and booking of mandatory and site-specific training at the centre has been delegated locally to the CMN1 in conjunction with the Training Dept with oversight from the PIC and Service Manager.
- The quality improvement plan has been reviewed at the centre and a new schedule of regular oversight of actions has been developed to include regular visits by Compliance Manager, Regional Manager and Service Manager.
- The provider will review the overall management structure of this designated centre.

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• The reasons for the vocalisations at night of one resident continue to be investigated with momentum.</li> <li>• The resident</li> <li>• Had an ENT appointment on 09 April 2024 with a follow up planned the 29/04/2024.</li> <li>• The resident had a scan of their bladder and lower abdomen on 11 April 2024.</li> <li>• Has been referred for a neurology assessment seeking information on migraine and any changes in neurological presentation. This appointment has been confirmed for the 7/05/2024.</li> <li>• Has been rereferred for further assessment on internal cysts on her spine.</li> <li>• The resident's GP has now prescribed pain medication which appears to be having some effect.</li> <li>• A pain assessment tool using the "Chronic pain scale for non-verbal adults with intellectual disability" has been introduced at the centre.</li> <li>• The Psychology dept are currently undertaking a review of sleeping patterns for the first quarter of 2024.</li> <li>• An external root and branch review of the case file for one resident will be undertaken with a view to try and establish the function of the presentation. It is hoped that this will guide the provider in the development of a service that will meet the needs of this particular resident.</li> <li>• One resident and his family have been met to discuss the inspector's observations and findings of the inspection.</li> <li>• Support plans are being reviewed to better reflect residents personalities and their presentation outlining how best to reduce triggers for anxiety and/or behaviour which can be challenging.</li> </ul>	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	

- The Designated Officer/ Head of Social Work Dept and the Services Manager met with the resident identified as being afraid of his peers to discuss the observations of the Inspector on the day of the inspection.
- The Designated Officer/ Head of Social Work Dept and the Services Manager met with this resident's family to discuss the observations of the Inspector on the day of the inspection and the subsequent report.
- This resident with the support of their family has been offered an opportunity for a move to an alternative residence. This offer has been declined and the resident has indicated that they wish to remain living at the centre and are happy there.
- The Psychology Department will collate a supporting document demonstrating that this resident, who has a nervous disposition is happy living in this residence and interacts positively with other residents in this house.
- The provider continues to provide an additional unfunded waking night post to reduce any possible impact of behaviours on other residents living at the centre.
- The Psychology dept are currently undertaking a review of sleeping patterns for the first quarter of 2024.
- An external root and branch review of the case file for one resident will be undertaken with a view to try and establish the function of the presentation. It is hoped that this will guide the provider in the development of a service that will meet the needs of this particular resident.
- All safeguarding plans in the centre were reviewed on 22/03/2024 with the management and monitoring team. These are subject to quarterly reviews.
- Due to the passing of one resident a number of previous safeguarding concerns have now been eliminated.

Regulation 9: Residents' rights	Not Compliant
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- Outline how you are going to come into compliance with Regulation 9: Residents' rights:
- All safeguarding plans in the centre were reviewed on 22/03/2024 with the management and monitoring team. These are subject to quarterly reviews.
  - The Designated Officer/ Head of Social Work Dept and the Services Manager met with the resident identified as being afraid of his peers to discuss the observations of the inspector on the day of the inspection.
  - The Designated Officer/ Head of Social Work Dept and the Services Manager met with



this resident's family to discuss the observations of the inspector on the day of the inspection and the subsequent report.

- The Psychology Department will collate a supporting document demonstrating that this resident, who has a nervous disposition is happy living in this residence and interacts positively with other residents in this house.
- This resident with the support of their family has been offered an opportunity for a move to an alternative residence. The offer has been declined and the resident has indicated that they wish to remain living at the centre and are happy there.
- Residents that have been identified as potentially having an impact on others have individualised one to one staffing by day.
- The provider continues to provide an additional unfunded waking night post to reduce any possible impact of behaviours on other residents living at the centre.
- An external root and branch review of the case file for one resident will be undertaken with a view to try and establish the function of their presentation. It is hoped that this will guide the provider in the development of a service that will meet the needs of this particular resident.

## 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.	Not Compliant	Red	29/02/2024
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	Red	30/06/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are	Not Compliant	Red	31/05/2024

	in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	31/05/2024
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Red	31/05/2024