



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services Tramore
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0005113
Fieldwork ID:	MON-0031060

## About the designated centre

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

Tory Residential Services Tramore consists of a two detached bungalows, located in the environs of an urban area. The centre provides residential care for a maximum of nine residents with intellectual disability. The centre is open overnight 365 days of the year and is also open on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the two bungalows include kitchens, sitting rooms, bathrooms and garden areas. Staff support is provided by a social care leaders and social care workers with support available from a services manager and a residential team leader.

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

Number of residents on the date of inspection:

9

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 20 May 2021	09:00hrs to 17:00hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life and that their independence was promoted.

The inspector met with six residents on the day of inspection and visited both premises which formed the designated centre. One resident was met in their home and five residents were met on the grounds of their home due to concerns with COVID-19.

One resident told the inspector that they feel very safe in their home and that staff are very good to them. They described life in another service as "not nice" and had a very negative experience in this environment, however it was very evident that this resident was happy and safe in their home. The inspector viewed the resident's art which was displayed throughout the house. The resident also displayed their art at an exhibition and it was evident that art expression formed a big part of their life which was supported by the staff team in the centre. This resident lived with three other people and they were not in the house on the day of inspection, two were out on planned activities and one was in hospital. The house was well maintained and there was a lovely garden in the back which the residents developed during COVID-19 with the support of staff. The area was planted, painted and had decorative stone.

The inspector met with five residents in the other premises and noted that residents played an active role in their home. They were very proud of their achievements over the last year and showed the inspector the garden project they developed at the back of the house. The garden had a vegetable patch and the residents described the plants they had set, how they sold the produce and how they used these funds. They also planted shrubs and flowering and had discussed as a group further developments. The residents with the support of staff had sourced pallets and made their own individual seats, each painted in their colour of choice and situated in their preferred locations in the garden. The residents were very proud of their achievements and had a valued role in this project. They also discussed as a group further plans they had for a mural. It was evident that the residents got on well with each other and were very involved in decisions about their home. One of the residents had recently moved to this premise and the provider reconfigured a bedroom so the resident could bring their musical organ with them. The resident played a tune for the inspector and when introduced to the inspector was described as a musician. It was noted that this resident's achievements was celebrated as a great musician and music lover in one of the provider's published booklets.

Residents coped well during the COVID-19 pandemic and told the inspector how they still maintained their independence. Residents continued to avail of community access and walks by themselves and some told the inspector that they enjoyed been able to do things at home and that once restrictions lift they would like a mixture of activities. One resident told the inspector that they missed going for coffee and

shopping for clothes and they were already planning with staff to purchase new clothes. The inspector met four staff on the day of inspection, two who were on duty and two who met the inspector after coming off shift. Staff spoken with had a very good knowledge of residents needs and were very respectful when describing the resident's. It was evident that staff promoted residents independence and worked together to support the individual wishes and preferences of residents. All documentation reviewed was respectful to residents and there was good documentation that attributed to the social story of residents. Interactions noted between staff and residents was respectful and person centred.

Residents were supported to keep in touch with their family and friends during COVID-19 and were supported to use technology to keep in touch. The inspector reviewed feedback from family representatives and feedback was very positive. For example "staff are always professional and courteous and worries are discussed" "been a difficult period for everyone with the pandemic but the service continues to provide stimulation and care and support".

Overall the inspector observed a good service which provided person centred support to residents. This was evident from meeting and speaking with residents, speaking to staff and observing interactions between staff and residents.

The next two sections of the report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However improvements were required in relation to written policies and procedures, staffing, training and governance and management.

Following an inspection in July 2019 there was a finding of not complaint in relation to fire, due to premises not having fire doors in place. The provider has a restrictive condition in place and had committed to having fire doors installed. The provider had submitted verification to HIQA it had met this condition and this was followed up on the day of inspection. It was observed that these fire doors had been installed and the provider had certification from a competent person.

The provider had in place a written statement of purpose which describes the service being delivered this is required under the regulation and the provider had all information as outlined in schedule 1 of the health care act (2007) as amended.

The provider is also required to have written policies and procedures in place in line

with schedule 5, these policies were in place but a number of policies required updated as per the provider's own review date. The provider committed to reviewing these policies.

The person in charge was knowledgeable on all residents needs and had good oversight of the centre, they were involved in the day to day running of the centre and were supported by a team leader, social care staff and input from a nurse educator.

From review of the staffing rotas not all staff were detailed and the rota had not included the names of staff on shift during the day and only referenced the morning and night shift. The regulation requires that the planned and actual rota show staff on duty during the day and night. The person in charge advised the inspector that staff on shift during the day were redeployed from day services. These staff did not report directly to the person in charge and there was no protocol in place to ensure this structure identified the lines of authority and accountability.

The provider had in place a training schedule for staff, it was noted that fire training for some staff remained outstanding.

#### Regulation 14: Persons in charge

The person in charge was full-time and had the necessary skills, experience and qualifications to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had staffing in place in line with the statement of purpose, however day staff that were redeployed to the centre during the day were not scheduled on the rota.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge had in place a training schedule for staff, however some staff

still required training in fire safety.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had carried out a range of audits in the registered centre and had completed two six monthly inspections within the calendar year. The provider had also carried out an annual review of the centre and had evidenced of follow up actions and reviews. The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. However improvements were required in relation to accountability as there was no system in place highlighting who day staff reported to.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place containing all the information set out in schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge gave notice to the chief inspector in writing of any adverse incidents in the designated centre within 3 working days.

Judgment: Compliant



## Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure for residents, complaints were appropriately recorded and there was evidence that the outcome of the complaint was discussed with the complainant.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider has in place policies and procedures in line with schedule 5, however a number of policies required updating in line with the providers review dates.

Judgment: Substantially compliant

## Quality and safety

Resident's wellbeing and welfare was maintained by a good standard of evidenced based care and support. However some improvements were required in relation to personal plans.

As noted in a previous section of the report the provider supported and promoted independence for all residents, and this was evidenced from review of documentation and interaction by the inspector with residents and staff.

Good information was documented in the resident's files which was written in a respectful manner. There was good descriptors in relation to the social story for residents which would support staff have a good insight to the supports required for residents. The provider has supportive tools to enhance the independence of residents and also had in place a personal outcome measure for all residents, this tool looked at areas such as rights, safety, personal information and other areas. From the personal outcome information goals were identified, the inspector noted that some of the goals were task focused and not meaningful, for example one goal stated "going to organise a trip to London 2017", other goals were "visit family" and "return to active retirement", there was no evidence to support that these goals were been reviewed on an ongoing basis or amended due to changing circumstances.

Health care plans were very comprehensive with detailed information of supports required for residents. There was also evidence of access to the national screening service and other medical and allied health care professionals. There was good

oversight from the nurse educator and evidence reviewed demonstrated that the files were updated on a regular basis. Where residents experienced behaviours that are challenging the provider had in place support plans to guide staff, these were reviewed by the multi-disciplinary team with input from the consultant specialist.

Residents in the centre told the inspector they felt safe and this was furthered evidenced by a review of safeguarding plans in place for residents. Staff had a good knowledge and supported residents to develop knowledge in self-awareness and skills needed for self-protection.

The provider had good infection control measures in place and balanced this with the rights of residents. There was sufficient personal protective equipment (PPE) in place and staff adhered to protocol and guidance.

It was evident that the rights of residents was respected and the centre promoted a culture of independence and person centred support. From speaking with residents it was observed that residents are involved in making decisions about their lives and are involved in the running of their home. It was also noted that residents have access to advocacy services.

### Regulation 13: General welfare and development

The registered provider provided residents with appropriate care and support in accordance with evidence based best practice having regard to the nature and extent of the residents disability and assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that systems were in place for the prevention and

management of COVID-19, good practice was observed on the day of inspection and residents had a good understanding of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire management systems in place, fire drills were carried out on a regular basis and residents had personal evacuation plans in place. The provider had installed fire doors since the previous inspection and assurances were noted on file from a fire competent consultant.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of need in place with input from appropriate health and social care professionals. There was evidence that residents were consulted in relation to their personal outcomes, however goals were task focused and not updated to reflect to changing circumstances. Improvements were required also to ensure goals were reviewed and completed within a timescale.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had appropriate health care plans in place for residents which were comprehensive. There was good oversight from the nurse educator and residents were subject to regular health reviews and had access to the national screening services.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured staff had up to date knowledge and skills to respond to behaviours that is challenging. Where such behaviours were present the provider

has support plans in place to manage behaviours.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that residents were protected from all forms of abuse and supports were in place to assist residents develop self knowledge and self awareness.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that residents privacy and dignity was respected in relation to, but not limited to their personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	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 Tory Residential Services Tramore OSV-0005113

Inspection ID: MON-0031060

Date of inspection: 20/05/2021

## 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: <ul style="list-style-type: none"> <li>• Day staff, who are temporarily redeployed are now recorded on the residential rota.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Staff members who require training have been prioritised to attend the next scheduled training.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Day staff, who are temporarily redeployed have been made aware of the need for them to report any concerns to the Services Manager and Residential Team Leader/PIC.</li> <li>• Day staff, who are temporarily redeployed have been made aware of the need for the reporting requirements in respect of HIQA with regard to 3 day notifications</li> </ul>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• The process of updating policies is underway as necessary.</li> </ul>	
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:</p> <ul style="list-style-type: none"> <li>• The goals of resident's will be reviewed as part of their person centered planning meetings</li> <li>• The goals will include the name of the person who is responsible for pursuing the goals with the resident, which, will be done in a timely manner.</li> </ul>	



## 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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	06/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/10/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability,	Substantially Compliant	Yellow	01/06/2021

	specifies roles, and details responsibilities for all areas of service provision.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/12/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account	Substantially Compliant	Yellow	31/08/2021

	changes in circumstances and new developments.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/08/2021