



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Services Waterford City
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	14 & 15 March 2024
Centre ID:	OSV-0005085
Fieldwork ID:	MON-0040614

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of 8 adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. The centre comprises of two houses. They are located a short distance apart. Residents attend off-site day services Monday to Friday. Transport to and from this day services is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. Both premises are two storey houses. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). Both houses are located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 14 March 2024	09:30hrs to 16:30hrs	Sinead Whitely	Lead
Friday 15 March 2024	09:30hrs to 13:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to review the provider's compliance with the Regulations and the quality of care and support offered to residents living in the centre.

This centre, Comeragh Residential Services Waterford City, comprised of two houses Elka and Killowen. One house, Elka, was home to two residents on the day of inspection. And the second house, Killowen, had been vacant since May 2023. Between both houses, there were six vacancies in the designated centre on the day of inspection. The first house, Elka, was a two-storey home and was maintained in good state of repair. Both residents living in the centre had their own bedrooms along with shared kitchen, bathroom, utility and living spaces. The house presented as homely and spacious and the inspector noted residents pictures and personal belongings around their home. The house also had a rear facing garden which residents accessed in good weather.

The inspector visited the second premises later in the day and noted that this was not in a good state of repair. There was no one living in this property and the person in charge communicated that there was plans for this premises to be refurbished. The premises had not been cleaned or maintained since the most previous resident had vacated the property and fire safety systems were not in line with current guidance. There were no residents planning to move in to this part of the designated centre in the foreseeable months.

The inspector had the opportunity to meet with both residents living in the centre. Both residents were returning to their home from day services in the afternoon and sat down to have a cup of tea and a chat with the inspector and staff. The residents appeared very comfortable and happy in their home and appeared to get on well together. The residents spoke of plans they had for trips away and different activities they were doing such as classes and knitting. When asked, the residents both communicated with the inspector that they were happy in their home and liked the staff that worked with them.

The residents were supported by a core small core staff team of three social care workers and this was reflected on the centres staff rota. Staff spoken with appeared to know the resident needs very well. An internal relief panel was also available to the centre to fill periods of staff leave. The centre was supported by a full time person in charge who also managed one of the providers day services and divided their time between the two services. This person had a regular presence in the centre.

Residents appeared to enjoy daily individualised activation. Both residents attended day services daily and had personal activation schedules in place. These detailed the residents daily routines. Routines included activities such as zumba, walks, meals and coffees out, meeting family, classes, bowling and regular visits to the cinema

and library. Activation plans were subject to regular review and detailed activities that the residents liked and didn't like. Both residents enjoyed doing activities together and regularly helped each other with jigsaws. Both residents also had personal social goals in place and it was evident that staff were supporting them to work towards achieving these.

On the second day of the inspection, the inspector did not meet with the residents and instead visited the providers administration buildings close by in Waterford, where the inspector completed a review of the staff files and training records.

In general, based on the areas reviewed and from speaking with residents, the inspector found that the centre was a well-run service with appropriate supports in place to meet the residents assessed needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The majority of areas inspected were found compliant with the regulations, some areas noted in need of improvements were staff training, fire safety arrangements and the maintenance of one property which was part of the designated centre.

Capacity and capability

The provider was demonstrating the capacity and capability to provide a safe service to both of the residents living in Elka. This centre was found to be well managed and was delivering very good levels of care, support and oversight to the residents.

There was appropriate staffing levels and skill mixes in place to meet the needs of the residents. There were two residents living in the centre, who, in general, had low support needs and therefore the centre was supported by a small staff team. Staff had completed mandatory training in areas including, fire safety, manual handling, infection control, medication management and safeguarding. Some refresher mandatory staff training was out-of-date on the day of inspection.

There was a full time person in charge appointed to the centre who had the skills and experience required to fulfill this role. This person was present on the day of inspection and was found to be knowledgeable regarding the residents' individual needs. There was consistent oversight of the service being provided with audits and reviews regularly completed by the management team such as a six monthly unannounced audit and an annual review of the care and support provided. There was evidence of the residents being regularly consulted regarding their satisfaction with the service provided. The inspector found that while there was regular oversight of the service provided some areas of non-compliance were identified that had not been appropriately identified or addressed by the provider such as staff training, fire safety arrangements and the maintenance of one property. The impact of this to the residents living in this centre was minimal.

Regulation 15: Staffing

There were two residents with relatively low support needs and six vacancies in the centre on the day of this inspection and therefore there was a small core staff team who supported the residents and the centre. The staff team comprised of mainly three social care workers. There was a staff rota in place that was well maintained and was reflective of staff on duty during the day and night. The inspector completed a review of schedule 2 documents for staff working in the centre and found that all staff had the required information in place such as up-to-date Garda vetting, evidence of qualifications and details of work history and experience. There were appropriate staff numbers and skill mixes in place to meet the needs of the residents currently living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training in areas including fire safety, manual handling, infection control, medication management and safeguarding. A number of staff mandatory training was out-of-date on the day of inspection in all of these areas.

A schedule was in place for all staff to receive one to one supervision with the person in charge once per year. Staff supervision records evidenced that this was happening in line with the providers policy. This included regular supervision of the person in charge with the area manager.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clear management structure in place in the service. The centre was also supported by a full time person in charge who also managed one of the providers day services and divided their time between the two services. The centre was also supported by an area manager. The person in charge attended the centre regularly and had consistent oversight of the running of the centre. The person in charge completed scheduled monthly checks which included a review of areas such as fire safety, risk management, residents finances, staff training and medication management. Senior management also completed regular reviews in the centre including six monthly unannounced audits and an annual review of the care and support provided in the centre.

Overall, the inspector found that this centre itself was well run and the management team had regular oversight of the centre. However, some issues on the day of inspection were not appropriately captured or addressed by the providers own auditing systems such as the staff training, the maintenance of one property and fire safety issues. The impact of these issues to the quality of care for the two residents living in this centre was minimal.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector completed a review of residents daily notes and the centres accident and incident log and found that adverse incidents required to be notified to the Chief Inspector by regulation 31, had been notified within the required time frames.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was providing a quality and person-centred service to the residents living in Comeragh Residential Services Waterford City. The inspector reviewed a number of areas on the day of inspection to determine the levels of quality and safety of care and support. This included a review of the physical premises and fire safety equipment, speaking with residents, observing care practices and a review of key documentation such as care plans, audits and reviews and activation schedules. In general, a review of all these areas demonstrated that safe and effective care was being provided in the centre.

In general, inspection findings were positive with good levels of compliance noted in the areas reviewed such as personal planning, risk management, activation and safeguarding. Some areas in need of improvements were noted such as the maintenance of one house, staff training and fire safety arrangements. However, staff and the person in charge were ensuring that the residents in the centre were in receipt of appropriate care in line with their assessed needs.

Regulation 13: General welfare and development

Both residents had personal plans of care in place which were subject to regular review and both residents experienced a yearly "circle of support" meeting where residents sat with staff, management and their chosen attendees to discuss their

goals and plans for the year ahead. Both residents also had personal social goals in place and it was evident that staff were supporting them to work towards achieving these. Plans also included details on how to support residents with their health. Plans of care were reviewed with members of the multi-disciplinary team when required.

Residents appeared to enjoy daily individualised activation and attended a regular day service. Both residents had personal activation schedules in place and these detailed the residents daily routines. These included activities such as zumba, walks, meals and coffees out, meeting family, classes, bowling and regular visits to the cinema and library. Activation plans were subject to regular review and detailed activities that the residents liked and didn't like. Both residents enjoyed doing activities together and regularly helped each other with jigsaws.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses Elka and Killowen. The first house, Elka, was a two-storey home and was maintained in a good state of repair. The house presented as homely and spacious and had appropriate personal and living spaces for both residents.

The inspector visited the second premises and noted that this was not in a good state of repair. The premises had not been cleaned or maintained since the resident had vacated the property in May 2023 and fire safety systems were not in line with current guidance. There were currently no residents planning to move in to this part of the designated centre, however as a registered centre it was not in a suitable state of repair for residents to live in and did not meet the requirements of Regulation 17. The inspector acknowledges that the provider reported that they had refurbishment plans for this property.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. There was a service risk register in place which identified a number of specific risks and had been reviewed on a regular basis. There were also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. When an individual risk was identified, a corresponding care plan was developed for the resident. The centre had an up-to-date risk management policy in place which was also subject to

regular review.

Judgment: Compliant

Regulation 28: Fire precautions

Some areas were noted as needing improvements in the area of fire safety in the designated centre. Two doors, leading into the kitchen in one property were not fully closing on the day of inspection and therefore did not ensure adequate containment in the event of a fire. The person in charge immediately called the centres maintenance team once this was noted and this issue was appropriately addressed before the close of the inspection day. Residents both had personal emergency evacuation plans (PEEPS) and these were subject to regular review. These detailed measures to support residents in the event of a fire. However, they did not include residents pictures in line with most recent fire safety guidance. While adequate signage was observed around Elka at emergency exit points, it was also noted that not all exit routes in the centre had appropriate emergency lighting in place. One emergency light was noted in the entire centre and this was in the property's stairwell, however upstairs and downstairs hallways had no lighting in place.

The second property which was part of the designated centre, Killowen, was not appropriately equipped to meet current fire safety standards. This property was vacant on the day of inspection and required a full review of fire safety systems before any new residents lived there. This included containment systems, emergency lighting, detection systems, exit routes and general property maintenance. The provider had refurbishment plans for this property.

Judgment: Not compliant

Regulation 8: Protection

In general, both residents were compatible living together and safeguarding risks were very low. There were processes in place to ensure that residents were safeguarded. Any safeguarding concerns identified, were treated in a serious and timely manner. There was a service designated safeguarding officer in place to for the management and reporting of any safeguarding concerns. Some staff required refresher safeguarding training as detailed under regulation 16.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Comeragh Residential Services Waterford City OSV-0005085

Inspection ID: MON-0040614

Date of inspection: 14/03/2024 & 15/03/2024

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> <ul style="list-style-type: none"> • 3 staff require first aid training. • 2 staff require manual handling training. • 4 staff require safety intervention foundation 1. • 1 staff requires safeguarding training. • 3 staff require safe administration of medication refresher training. • 3 staff require online training in IPC. • 2 staff require children’s first training. <p>The PIC will work in conjunction with the training department and staff team to ensure that all outstanding training is completed.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Staff training will be on the agenda for each quarterly team meeting and the person in charge at these meetings will identify gaps. Training will be part of discussion at staff support meetings • In conjunction with the building facilities manager the refurbishment works required on the vacant property will be identified. A schedule will be put in place to complete this 	

work to bring it up to the required standard.

- No residents will occupy this house until required works are completed.
- All actions raised under regulation 28 will be completed within the timeframes outlined.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- In conjunction with the building facilities manager the refurbishment works required on the vacant property will be identified. A schedule will be put in place to complete this work to bring it up to the required standard.
- No residents will occupy this house until required works are completed.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The PEEPs for the residents in the designated Centre have been reviewed and photographs have been added to the plans.
- The person in charge will ensure the company who manage the fire safety of the designated centre install the appropriate emergency lighting to ensure compliance in this regulation.
- The person in charge will ensure that the work is carried out to bring the vacant premises in the designated centre compliant with fire regulations.

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	Orange	31/07/2024
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	31/10/2024
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	Substantially Compliant	Yellow	31/10/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	01/09/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01/06/2024