

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:	11 June 2024 and 12 June 2024
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0043570

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:

5

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
Tuesday 11 June 2024	10:00hrs to 17:00hrs	Sarah Mockler	Lead
Wednesday 12 June 2024	09:30hrs to 14:30hrs	Sarah Mockler	Lead
Wednesday 12 June 2024	09:30hrs to 14:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

In March 2024, the Chief Inspector of Social Services issued a notice of proposed decision to cancel the registration of this centre due to the continuous failure of the provider to come into compliance with key regulations. Prior to this decision, the provider had been subject to other regulatory actions, however, they had failed to meet the requirements of the Health Act 2007 and associated regulations and standards. This was having a direct impact on the lived experience of residents.

The provider responded to the notice with a written representation, outlining the actions that they would take to address the areas of concern.

The purpose of this unannounced inspection was to review the actions outlined in the providers representation and determine if sufficient progress had occurred in improving the quality and safety of care being delivered to residents.

Overall, the findings indicated that the provider had made progress in achieving better levels of compliance in some areas. However, the core concern around the incompatibility of the resident group remained.

As per previous inspection findings, some residents 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 frequently triggering each others behaviours resulting in incidents and/or outbursts in the centre. Some incidents were occurring for long periods of time at night which resulted in disrupted sleep for some residents.

Across the two days of inspection the inspectors had the opportunity to meet with five of the residents that lived in the centre. Unfortunately in recent weeks two residents had sadly passed away. Supports were being offered to both the staff team and residents at this time. This was clearly a very difficult time for all staff and residents who spoke fondly of the residents that had passed away.

On arrival at the centre on the first day on inspection the inspector was welcomed in by a staff member and introduced to the new Clinical Nurse Manager (CNM2). They had been appointed to the centre in recent weeks. The provider intended to notify this person as the person in charge. The current person in charge of the centre was on training on the first day of inspection but made themselves available to speak with the inspector. Over the last couple of weeks the person in charge and CNM2 were completing a handover of duties to ensure an adequate induction had occurred.

In the morning there were four residents present, one resident had gone out for a drive with a staff member. Two residents were in bed, one resident was up and staff were supporting with personal care and the final resident was sitting in the sitting area watching television. The home was quiet and calm at this time. Three staff

were on duty with a fourth commencing their shift at 10am. The CNM2 was also available to provide support to staff at this time.

On the second day of inspection when the inspectors arrived all residents were up and ready for the day. One resident had left the centre and the other residents were observed to be in their bedrooms and sitting room. Sufficient staff were in place to support the residents.

The staff team were working very hard to ensure that residents were accessing activities and being brought out in line with their assessed needs. Some residents attended day services if they so wished, while other residents received a wrap around service in their home. On the first day of inspection residents were seen to be taken out for drives, walks in the community, attend physiotherapy sessions and attend in house activities such as reflexology. On the second day of inspection the staff team were planning a day in a seaside town to enjoy the good weather. Residents also attended family parties, met family and friends and attended sporting events.

Across the two days of inspection the inspectors observed residents being supported in a kind and caring manner by the staff team. They were heard chatting with residents and involving them in conversations. They provided support in line with their assessed needs, such as supports with feeding, eating and drinking.

However, at times residents' behaviours of concern were impacting on the lived experience of other residents in the home. From reviewing incident and accident reports and speaking with staff it was evident that behaviours of concern such as screaming, shouting and engagement in high intensity self-injurious behaviours were still occurring in the centre. It was documented on incident reports that residents had stated they "can not stick the noise", "I am moving out". Residents that used non-verbal means to communicate had documented incidents whereby staff had stated the resident 'began to cry and was visibly uncomfortable'. The issue of incompatibility had been well identified though previous inspection reports and the providers own specific assessments of need. Although some action had been taken by the provider to determine the cause of the behaviours of concern the actions taken were limited in their effectiveness.

Overall, the ongoing incompatibility of residents within the centre remained a significant barrier to residents having the best quality of life.

Capacity and capability

This inspection identified improvements in staff training and development which was required. The centre has been inspected on nine occasions since 2019 and this was the first inspection that the provider had met the requirements of this regulation.

The longstanding issues in terms of compatibility of residents and the provider's

failure to adequately address this issue remained. Notwithstanding the sad passing away of two residents which required a lot of care, support and attention, decisions were required from a managerial standpoint in this centre.

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 in receipt of mandatory training and training in relation to residents' specific assessed needs. The inspectors reviewed the staff training roster that was present in the centre. The majority of the staff team had up-to-date training in fire safety, manual handling, safeguarding, medicine management, first aid, infection prevention and control training and managing behaviour that is challenging. In relation to residents specific assessed needs staff had training in epilepsy, diabetes, feeding, eating, drinking and swallowing training, dementia and Autistic Spectrum Disorder awareness.

The Clinical Nurse Manager (CNM1), had ensured that all staff were in receipt of the correct training modules and had developed a system to monitor the staff training requirements. They would remain responsible for the oversight of training and had protected hours once per fortnight where they could dedicate time to review training requirements.

In addition, systems were being implemented to ensure staff attended training when they were booked on.

This was a significant improvement, however time was required to ensure the systems in place remained effective in ensuring training needs of staff were met.

Judgment: Compliant

Regulation 23: Governance and management

As previously mentioned 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. The

providers failure to come into compliance had resulted in the issuing of the proposed notice to cancel this centres registration.

The provider submitted 15 specific actions in their representation to improve their services. 12 of these actions were found to be completed on the day of inspection which was very positive. However, three of the most critical actions remained outstanding.

These actions were related to the overarching governance of the centre, capacity/numbers of residents the centre would be registered for and the specific review of one particular resident's needs. The implementation of these actions were essential in ensuring compliance could be potentially achieved and maintained in this centre. These matters were discussed with the provider at preliminary feedback and the provider was afforded a two week window to provide further clarity and assurances in relation to each of these outstanding actions. However, on the day of inspection these remained outstanding.

On review of Multi-Disciplinary (MDT) notes in relation to addressing the issues of compatibility in the centre there was a lack of appropriate decision making evidenced. Although the notes indicated that solutions were discussed there was no definitive decisions made. Therefore there was a lack of appropriate actions taken to address a longstanding issue. For example, on the notes dated 10th April 2024, it stated that a risk assessment was to be completed in relation to a potential transfer of a resident to another setting. However, at the next meeting which occurred on the 25 April 2024 there was no discussion around this transfer or why it was considered as not suitable. The majority of notes reviewed had no action plan generated or summary of actions completed from the last meeting. Management meeting notes reviewed primarily contained ideas and suggestions as opposed to decisions and actions. Overall, there was a lack of a cohesive and consistent response in addressing a resident's support needs which had resulted in limited effective actions being achieved.

Judgment: Not compliant

Quality and safety

Overall inspectors found that having gone through the difficulties of two residents passing away the provider had made the decision not to reduce staffing levels. This was found to be having a very positive impact on residents levels of social activation, community outings and staffs overall time to spend 1:1 time with residents. Inspectors noted a marked improvement in this area of quality of life on this inspection.

However as per previous reports it was identified that 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.

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.

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

Regulation 13: General welfare and development

This was an area with overall improved good practice within the centre. In January 2023 it was highlighted to the provider that the care and support needs of residents was focused on delivering basic care needs. Although this was an essential element of care and support there was limited opportunities for residents to leave the centre and engage in activities in their community.

Since the inspection the provider had placed a focus on ensuring residents could engage in activities both in the community and in the centre. The inspectors saw residents leave the centre to go out and about on both days of inspection. Residents went for drives, walks, day trips to the beach and family visits. Staff spoke about how they focused on ensuring all residents were offered activities in line with their assessed needs and preferences.

Judgment: Compliant

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 and reviewed supporting documentation/correspondence around the compatibility issues between residents in this centre. 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 the accident incident log and daily handover notes from 11 March 2024 to the 10th June 2024 there were 20 documented incidents whereby a resident was engaging in loud vocalisations and self-injurious behaviours. A minimum of nine incidents were

occurring at night with some incidents occurring for long periods of time. On the 26 May 2024 the resident began vocalising loudly at 22.00pm this continued and escalated at 03.00am. On nine incident forms the direct impact on other residents was noted which included residents being woken up at night, residents expressing their frustration at the level of noise and residents appearing visibly upset.

The provider had identified the compatibility issues through their own assessments, MDT notes and this is noted in previous inspection reports. For example on the MDT notes dated 25th April 2024 it stated that the resident 'struggles with transitions and living in the environment in the designated centre, where it is very busy and not conducive to having a calm environment. Living with people who have loud vocalisations in not helpful for people with dementia'. This clearly identifies that the current living situation for some residents was not in line with their specific needs. 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.

Judgment: Not compliant

Regulation 8: Protection

There were a number of active safeguarding plans in place in the centre. Although the primary safeguarding issue in the centre was the incompatibility of residents this has been addressed under Regulation 5.

As part of the inspection process the inspectors reviewed the systems in place to safeguard residents' finances. For three out of four residents' finances reviewed it was found that there were robust systems in place to effectively maintain oversight and safeguard their monies. This included residents having a bank account in their own name, regular checks of bank statements against everyday expenditure and audits and reviews of expenditure. However, for one resident these processes and checks were not in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although there remained concerns around the impact of residents' rights within the service due to the diverse mix of residents' needs this has been addressed under Regulation 5. Management and staff were very supportive of residents rights and clearly knew residents very well and cared for them. Staff were observed to be

professional, caring and respectful to residents rights throughout this inspection.

As part of the inspection process the inspector reviewed resident meeting notes which documented how residents were consulted on the day to day running of the designated centre. Since the 17 March 2024 there were six meeting notes documented. There was limited evidence in the notes on how residents were consulted around activities and meal planning and other aspects of care and support. Improvements were required on how residents were consulted and afforded choice in their day-to-day experiences within the centre.

Judgment: Substantially 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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0043570

Date of inspection: 11/06/2024 and 12/06/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A meeting took place on the 13/06/2024 it was agreed that two designated centres, one of which is OSV-0005089, which are currently under the management of the Waterford Region will transfer to Ballytobin Services which is part of our Kilkenny/Wexford Services. The agreed official date for transfer is 1/09/2024.</p> <p>The designated centre is registered for seven residents and there are currently five people residing there. This number will not be increased above five until the outcome of the review of one residents’ (W1737) needs is completed. The external reviewer has given us his earliest date which is 2nd August 2024. If on completion of the review it is considered that W1737 is appropriately placed and that her behaviour is no longer impacting on the other residents and if to ensure this the overall capacity of the centre needs to reduce from seven to six HSE approval will be sought to do so.</p> <p>The Multi-Disciplinary Team (MDT) have regularly reviewed W1737 and to date in 2024 W1737 was discussed on 18 occasions.</p> <p>A Psychology review was completed on the 07.05.2024 by our Senior Psychologist focusing mainly on behaviours of concern. The psychologist has concurred with the opinion of the Multi D Team that pain may be one of if not the most significant contributing factor to the presentation of W1737. This concern has been raised with W1737’s G.P and they continue to have ongoing reviews with the appropriate consultants required.</p> <p>W1737 is subject to ongoing reviews with our Consultant Psychiatrist and has recently been prescribed new medication.</p>	

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> <p>An external review of the service being provided to W1737 has been commissioned The external reviewer has given us his earliest date which is 2nd August 2024.</p> <p>The Services have considered and explored options for a reconfiguration of the bedrooms in the centre which could mitigate any potential impact of W1737's behaviour on other residents.</p> <p>The reconfiguration which has since been agreed upon involves moving two residents (W6839 & W2470) to alternative rooms which would facilitate W1737 having a room at the furthest end of the hallway greatly reducing any potential impact of her behaviour on other residents at night.</p> <p>As a further mitigation to any potential impact the Facilities Manager is exploring additional soundproofing options for the new bedroom and hallway which already has double fire doors separating this area from the remainder of the building. Given that the majority of impact has happened at night time it is felt that these measures should go a long way to reducing any potential impact on all residents living at the centre.</p> <p>In addition W1737 has been provided with unfunded individualised 1:1 support at night since January 2024 and is funded by day for 1:1 support.</p> <p>W1737 has been reviewed by Psychiatry and medications changed.</p> <p>As a result of the interventions which have been put in place, while there have been incidents of self-injurious behaviour, there have been no recorded incidents which have been witnessed by or impacted on the other residents since the last inspection on the 11.06.2024.</p> <p>On the 10.04.2024 a potential transfer was discussed at a Multi- Disciplinary Team meeting however in discussion with Psychology supports it was agreed that we should explore all medical concerns first due to the possible impact a move may have on the individual's mental health and well-being.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • One resident whose finances are currently being managed with support of his family will now have his social welfare payment lodged directly to his own bank account which he is currently supported to access by the service. • All statements will now be addressed to the resident at his home at the designated centre rather than his family home. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new template has been developed to capture the residents weekly meeting at the centre more effectively. This will guide staff in their consultations with residents and ensure that there is clear evidence of residents being afforded choice in their everyday lives.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/10/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/10/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/08/2024
Regulation 09(1)	The registered	Substantially	Yellow	31/07/2024

	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.	Compliant		
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