Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	14 March 2024 and 15 March 2024
Centre ID:	OSV-0005104
Fieldwork ID:	MON-0043111

About the designated centre

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

The service is described as offering long-term residential care to three adults, with low-support needs who attend various education or training and recreational services within the organisation. On most occasions the social care staff work alone, however for a number of hours each week two staff are on duty to support residents to access the community and meet their assessed needs. Staff are supported by the management team and a core group of relief staff.
The premises are a two-story house in a housing estate located in a community setting, in a rural town with good access to all amenities and services. All residents have their own bedrooms and there is good and very comfortable, well maintained shared living space, and suitable shower and bathroom facilities and gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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	08:45hrs to 17:00hrs	Tanya Brady	Lead
Friday 15 March 2024	08:30hrs to 13:30hrs	Tanya Brady	Lead
Thursday 14 March 2024	10:00hrs to 17:00hrs	Louise Griffin	Support
Friday 15 March 2024	09:00hrs to 13:30hrs	Louise Griffin	Support

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.

Overall the residents in this centre were in receipt of good quality, person centred care and support. Improvement was required in the areas of staff training and development and in the identification of risks and risk management to ensure that the service provided was safe at all times. During this inspection an inspector had the opportunity to meet and spend time with two individuals and to meet with some of the staff team over the two days. The inspection was facilitated by the person participating in management of the centre as the person in charge was on leave.

This centre was inspected over the course of two days by two members of the inspection team. One inspector visited the house and met with residents and one reviewed additional documentation in the provider's offices. The centre is registered for a maximum of three residents and is currently at maximum capacity. Since the centre was last inspected there has been a change to the individuals living here with two new residents having moved into the house within the last four months. Both of the individuals who recently transitioned to the centre met with the inspector and the third resident was not present as they were on a short holiday break and away from the centre.

This centre comprises a detached house in a housing estate in a village in Co. Waterford. The residents each had a spacious bedroom, one of which was en-suite, there was a kitchen-dining room and a communal living room. Residents also had access to two bathrooms, a utility room and there was an empty room used for storage and staff office and sleepover room. Externally a garden to the rear was set to lawn with a patio area and raised flower beds, parking was available to the front of the house. The house was clean and well presented with the residents stating that they liked their home.

One resident met with the inspector on both days of the inspection in their home. They sat in the kitchen and spoke to the inspector at the kitchen table about their move to their new home. They spoke of their health and challenges that had arisen for them and how they liked that they did not have to climb stairs in this house as their bedroom was downstairs. The resident spoke of how they spent time alone in their home and directed their day. They also stated that the centre vehicle was not always available at the house as it was used by the day service. The centre management outlined that a vehicle was available every day at specific times and could be arranged outside of these if required. In addition arrangements were in place for day service staff to call to the centre and offer the resident an opportunity to go out if they wished.

The resident was observed engaging in activities within their home such as

completing laundry and emptying the dishwasher. They explained the systems in place for separating rubbish into recycling and general waste to the inspector and outlined that they liked to be responsible for emptying some bins. The inspector met the resident again on the second day of inspection when they explained they were watching horse racing and relaxing in their room. Later the resident was observed in the kitchen speaking with staff about their plans for the day.

At the time of the inspection the provider was aware that residents' opportunities to engage in their local community needed to be explored further as they had recently moved to this home which was a distance from the city setting where they had previously lived. The provider and person in charge were working to support residents to explore activities in line with their wishes and preferences and demonstrated an awareness that one resident spent significant time alone. This was currently mitigated by supports in place from the staff team from the residents' previous home with scheduled availability to call and propose activities such as going to local coffee shops or out for a drive. There was evidence that residents went out together, in smaller groups or independently supported by staff.

The inspector met a second resident later on the first day at the provider's office, as the resident was attending day services close by. They talked about sports and activities they liked and engaged in, including basketball and soccer. The resident used a symbol supported communication system to engage with the inspector. They spoke about moving house to live in the centre. Later the resident spoke of learning to take the bus on their own and showed the inspector the communication supports they had available for use on these journeys.

In summary, there had been a change in the group of residents living in this centre since the last inspection. The person in charge and staff team were getting to know the new residents and facilitating all individuals to engage in activities according to their wishes as much as possible. They were for instance being supported to go shopping for food and personal items. They were being supported to make choices in relation to how, and where they wanted to spend their time.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality service. The inspector found evidence however, that improvements were required in oversight by the provider in terms of their audits and reviews. They were not found to be identifying all areas for improvement in line with the findings of this

inspection.

There was a person in charge in place who also had responsibility for two other centres operated by the provider and they were supported by a service manager who held the role of person participating in management for the centre. The local management team were found to be familiar with residents' care and support needs and were motivated to ensure that each resident was happy, well supported, and safe living in the centre.

Regulation 15: Staffing

The provider had ensured that the centre was resourced in line with the statement of purpose. The inspector found that the staffing levels had not been amended when two of the previous residents had moved to another home and a single resident had lived in the centre for a period of time. In addition the inspector found that the staffing levels remained consistent when the two new residents had moved into the house.

While staffing levels had been maintained during this period of change as a means of ensuring consistency it was unclear whether the staffing levels were based on current assessments of residents' needs which is referred to under Regulation 23. It is acknowledged however, that currently the centre was consistently staffed in terms of the number of staff on duty with additional support measures put in place by the provider. These included some allocated support hours from staff located in the residents' previous home as part of the transition.

The staff team were found to be familiar with the residents and some staff provided supports over a number of the provider's centres and as such were familiar with systems and documentation. There were planned and actual rosters available in the centre which reflected consistency of staffing. They were well maintained and contained the required information.

The staff personnel files were reviewed by the second member of the inspection team in the provider's offices. The review of staff files completed found that these files contained the information required by the Regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had completed training and refresher training in line with their policy and national best practice. This had also been the finding when the centre was last inspected in June 2022. Gaps in staff training was of concern as staff provided support for long periods of time as lone workers. A

number of staff had been outstanding in their safeguarding training with some having been out of date since September 2022 until the completion of a refresher in February 2024. One staff member for example was due refresher training in both fire safety and managing behaviour that is challenging.

Staff were in receipt of formal staff support and supervision and the inspector reviewed samples of these. Only one of the supervision records reviewed had identified actions for the supervisee or supervisor arising from discussion. For instance in a number of these records it was noted that staff members needed to complete training identified as required but no actions were stated and no time lines given.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in this centre. The inspector found that the staff roles and responsibilities were clearly defined and staff were aware of lines of authority and accountability. Local management systems had been developed within the service. These were specific to this centre and the service group it came under, with a weekly 'communication report' provided from the centre to the local management team that outlined actions that were required. The person in charge and person participating in management had tracking systems in place to monitor progress against these.

Findings indicated that improvements continue to be required in the governance and oversight systems as put in place by the provider. These included as stated already, systems for the assessment of resident need to inform allocation of staffing, in addition to the providers ability to monitor and oversee training requirements and the provision of consistent oversight systems to the local management teams. Some actions identified as part of the provider's audits such as the six monthly unannounced visits and the annual review had not been completed as stated and there was no indication of how these were being progressed.

The effective oversight of the centre appears to date to be locally developed and person dependent and while the provider aware of the requirement to establish consistent systems across the service these are not yet reliably in place. The inspector acknowledges however, that at a local level there is for the most part effective oversight of the service provided within the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of incidents and accidents that occur in the centre. A record of incidents occurring in the centre was maintained and these were reviewed by the inspector. Incidents that required notification to the Chief Inspector had been made in line with the requirements of the Regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality of care provided for residents was of a good standard. Residents were supported by a staff team who were familiar with their needs and preferences, and they were supported to make choices in their lives. Improvement was required in the identification and management of risk within the centre. To inform decisions against the Regulations reviewed as part of this inspection the inspector used observation, reviewed a range of documentation, spoke with staff residents and the local management team.

The premises was found to be warm and clean with both communal and individual areas reflective of the individuals who lived in the centre. The residents who met with the inspector stated that they liked their home and were comfortable there. The inspector observed residents moving freely through their home and engaging in everyday tasks.

Regulation 13: General welfare and development

Residents were supported to attend day services or engage in activities of their choice. There were regular systems of communication between day service or support staff and the centre staff to ensure a consistent approach when promoting residents' options. Residents themselves were observed making choices and the staff were observed respecting their wishes and listening to what resident's had to say. The person in charge and the staff team maintained a record of where activities were offered to residents and the choices they had made whether to engage or not.

As stated where individuals spent long periods alone the provider had identified this as an area that required regular review and while additional support hours as part of the transition to the centre were still in place these needed ongoing monitoring. The inspector observed that some improvement may be required in use of staff language in written documentation such as references to for instance 'checking if XX needs pocket money'.

The residents met on a regular basis to discuss matters that impacted on how their

home was run and they also had one to one meetings with keyworkers where a range of topics were discussed including information on their rights and about matters that impacted them.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was in line with the centre statement of purpose. The house design met residents' needs, with spacious communal areas, individual bedrooms one of which was downstairs and accessible bathrooms.

The premises was well maintained and there had been works completed to the garden to create a comfortable seating area and raised planting. There were systems in place for the logging and monitoring of repairs that were required and this was seen to be effective.

Internally the residents' bedrooms were personalised and decorated in line with their taste and preferences. The inspector observed comfortable seating, cushions and blankets, ornaments, objects and photographs that were important to residents on display. In addition to a large open-plan kitchen-dining room and sitting room there was a smaller room upstairs that was currently used for storage and a staff office-sleepover room.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were for the most part protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register for the centre which they reviewed regularly. General risk assessments were developed and there was evidence that they were reviewed and amended as necessary.

Individual risk assessments required review however, to ensure they were reflective of risk that was actually present and to ensure all potential areas of risk were identified. The inspector found a number of risk assessments had transferred to the centre with residents who had moved and were not specific or potentially relevant in their new home. In addition, risk assessments in some cases outlined control measures that could not be monitored and it was not clear how the provider could be assured they were followed at all times. For instance, where a risk of choking had been identified for a resident who spent periods of time without staff support it was

not clear how monitoring of mitigating measures were in place when the resident was alone. Staff had also reported hearing the resident eat at night when they were in bed and this was not necessarily food that had been prepared by staff and there was no evidence of follow up with respect to this in line with identified risk.

There were risk assessments for only one resident on remaining in the centre unsupported however, from documentation it was clear that all residents could be in the centre unsupported at times including periods where more than one resident at a time might be in the house without staff support and it was not clear how risks around these periods had been assessed.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that notwithstanding recent changes to individuals living in this centre and the adjustment for them in living together, that residents in this centre were protected by the safeguarding policies and procedures in place. Work had been identified as required by the person in charge and the provider to implement clear guidance for staff in supporting residents as they adjusted to new living arrangements. This included guidance for example when residents wanted to use the laundry facilities at a time others used them or when as reported one resident was not moving through the hallways as fast as another resident may have wished them to.

There were no current active resident safeguarding plans in place in the centre. Residents had up-to-date intimate and personal care plans and guidance for staff was clear. The training requirement for all staff in the area of safeguarding and protection is reflected 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	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tory Residential Services Kilmeaden OSV-0005104

Inspection ID: MON-0043111

Date of inspection: 14/03/2024 and 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff members who require training have been prioritised to attend next scheduled training. • All Staff have Safeguarding and had their training completed prior to inspection. • Fire: One staff training out of date booked in for Fire Training on May 13th. • First Aid: Two staff had their training up to date, one staff completed First Aid training on 20.03.24 and the other staff is booked in for training this Wednesday 24th April. The Next available date for fifth staff member is June 4th 2024. • SIF: Four staff booked in for 4th July, waiting on next available date for fifth staff member. Staff support and supervision will identify actions for the supervisee or supervisor and set out a time line for actions to be completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
• The provider is currently developing a system of reporting which will be rolled out across the region to address the issue of oversight of actions from all audits.

• The Compliance Manager has revised guidelines for six monthly internal audits and is currently in the process of improving overall quality of internal auditing.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The local management team will review risk assessments identified and clearly identify how monitoring of mitigating measures are in place.

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	04/07/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	04/07/2024
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.	Substantially Compliant	Yellow	31/07/2024
Regulation 26(2)	The registered	Not Compliant	Orange	31/05/2024

	provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			