



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:	Announced
Date of inspection:	21 June 2022
Centre ID:	OSV-0005104
Fieldwork ID:	MON-0028280

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. Residents have very good control of their own personal possessions and each resident personalised the house and their own bedrooms with televisions, stereos and mementos such as photos and medals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 21 June 2022	12:00hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this announced inspection, the inspector met with the three residents that lived in this designated centre. The three residents had lived together in their home for a long time. Residents were attending day services on the day of the inspection. Therefore, the inspector met with them on their return home. The inspector was also provided with three questionnaires completed by residents. These questionnaires outlined each residents' views on the care and support provided to them in their home. Overall, residents told the inspector that they were happy in their home, that they enjoyed a wide variety of activities and that they were happy to live with their friends.

Two staff members were rostered on duty to support residents on the evening of the inspection. Residents were complimentary of the staff members that supported them in their home. There was laughter and joking observed as residents told the inspector stories about activities they participated in with staff support. This included cycling on a local track, bowling, cooking and arts and crafts. Residents had developed scrapbooks, documenting the activities they had engaged in, and they showed these to the inspector. One resident was a keen gardener, and they showed the inspector flowers and plants they had sown in the garden of their home. It was evident that residents had a wide variety of activities provided to them in line with their interests.

Residents were having their dinner on the evening of the inspection. Residents told the inspector that staff members were great cooks, and that they had tasty dinners which they chose each week at their house meetings. Residents helped in the preparation of dinner on occasions, however generally preferred staff members complete this activity. Some residents required support to ensure the correct consistency of food was provided to them, and this was evidenced on the day of the inspection in line with residents' swallow care plans.

It was clearly communicated by residents that they were happy in their home, with one resident saying that they lived with their two best friends. It was also identified that this designated centre demonstrated a high level of compliance with the regulations, which positively impacted the quality of care and support residents received in their home. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, the registered provider had submitted documentation for the inspector to review. This included a statement of purpose, resident's guide and floor plans outlining the footprint of the designated centre. This information was submitted in a timely manner, in line with regulatory requirements.

Audit and review in the centre ensured that residents were provided with a safe service which was in line with their assessed needs. There was evidence of discussions taking into account the future needs of residents living in the centre given their recent increased health needs and age profile. For example, there had been a recent increase in staffing allocations to ensure residents could be given more time to meet their needs, and to ensure that they could continue to access their community. This ensured consistent review to ensure residents could continue to live in their home.

A person in charge had been appointed in the designated centre. They worked full-time, and carried out the role for a total of three designated centres. The person in charge visited the centre multiple times each week to ensure oversight of the centre. It was evident that residents knew the person in charge well, and they were observed to be comfortable in their presence. At times that a resident was unwell in hospital, the person in charge visited them regularly and ensured that they were well supported.

Overall, it was evident that this centre was well-managed to ensure residents received a good standard of care and support in their home.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been submitted in a timely manner. This included the submission of documents and the payment of a fee.

Judgment: Compliant

Regulation 14: Persons in charge

It was evident that the person in charge held the necessary skills and qualifications to fulfil the role. They spoke with the inspector about the assessed needs of residents, and the supports provided in the designated centre. It was evident that they had an excellent knowledge of the support needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff members were provided with mandatory training to support them to meet the assessed needs of residents. While all staff had received this mandatory training during their employment, 28% of staff members had not received refresher training in fire safety, while 14% had not had refresher training in the safeguarding of vulnerable adults or first aid.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents living in the designated centre. It included information as specified in paragraph (3) of Schedule 3. This included details of the resident's general practitioner (G.P), the date they first came to live in the designated centre and details regarding their next of kin.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was appropriately insured. This information was submitted as part of the designated centre's application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance and management structure in the centre, which clearly outlined the lines of authority and accountability in the centre. An on-call rota was in place, to ensure managerial support was available to staff outside of regular working hours.

As part of the oversight of the centre, the person in charge completed a variety of reviews each quarter. This included a review of accidents, incidents and medicines

errors. This ensured learning and improvements were made following such events. An annual review of the care and support provided to residents, and unannounced six monthly visits were also carried out in line with regulatory requirements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a residential services contract. This contract outlined details of the care and support to be provided to residents in their home, and the fee that they would be charged to live in there. These were signed by residents and their representatives.

There had been no new admissions to the designated centre since the inspection carried out in July 2021.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre. This document clearly outlined the service that residents would be provided with in their home. It also included information about the facilities provided to residents, how they are consulted about what happens in their home and the organisational structure. It clear that the operation of the designated centre was as outlined in the statement of purpose.

Judgment: Compliant

Quality and safety

Residents received a good quality of care and support in their home. Staff members were aware of the needs of residents and provided support that promoted their independence. Overall, residents were happy with the supports they received in their home.

Each resident had individual risk assessments in place. Where residents were at a high risk of falls, an environmental assessment had been completed by an allied healthcare professional. At times, some residents spent time in their home without staff supervision. In these instances, risk assessments had been developed to

ensure positive risk taking for these residents. This included a quick dial telephone which had a photograph of persons to be contacted by residents in the unlikely event of an emergency.

A multi-disciplinary approach had been taken to support a resident to understand their health diagnosis. When the resident declined to adhere to the correct use of their medical equipment, staff explained the importance of this and the potential health implications of non-adherence. The resident was supported to communicate their views, and when they explained that the equipment was not comfortable, staff supported them to find a more comfortable alternative. This supported the resident's compliance in a way that respected their choice and wishes, and had a positive impact on their physical health.

Regulation 17: Premises

The premises of the designated centre was a two-storey house located in a village on the outskirts of the city. The residents' home was well maintained. There was an area at the front of the house for parking the designated centre's vehicle. At the back of the house, there was a garden with raised flower beds which had been planted by residents. It was evident that residents took great pride in the garden area, which was bright, colourful and serene.

Each resident had their own private bedroom which was decorated with personal items including photographs, soft furnishings, medals and music collections. It was evident that each bedroom reflected the residents' individual likes and personalities. A communal sitting room and a kitchen/dining area were spacious and clean. Residents' belongings and items of interest including art supplies, musical instruments and magazines were readily accessible to residents in these areas.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals in line with their wishes. Residents choose the meals each week at their weekly house meeting, where a menu was devised outlining the weekly menu. Residents didn't particularly like to do the grocery shopping, therefore they chose to have it completed online and delivered directly to their home. However, if residents wanted a particular item, or wanted to go to the shop they were supported by staff to do so.

Residents enjoyed eating a healthy diet. There was lots of fresh food available to residents in their home.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide had been prepared by the registered provider. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This guide contained information including details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy had been developed by the registered provider. This policy contained the information specified by regulation 26. It also detailed the processes and procedures in place to ensure the appropriate management of risk in the designated centre.

The designated centre had recently purchased a new vehicle for residents' use. Staff members could use the vehicle to bring residents to activities, medical appointments and day services. The vehicle was observed to be road-worthy.

Judgment: Compliant

Regulation 27: Protection against infection

Staff members were aware of the measures in place to protect residents against COVID-19. Staff members wore appropriate personal protective equipment (PPE) when providing support to residents. Temperature checks were taken by staff members throughout their work day to monitor for any symptoms of COVID-19 infection.

Effective waste management was in place. The centre was observed to be clean and tidy on the day of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. These fire safety systems were reviewed by an external contractor on a regular basis to ensure they were in good working condition. Regular fire drills were carried out in the designated centre, and this evidenced that all residents could be safely evacuated in an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored in a locked press in the designated centre's office. Each resident had a medicines administration record which outlined the medicines prescribed by their G.P. This included details of any medicines allergies/sensitivities, dose, route and time medicines are to be administered. There was guidance in place to ensure staff and residents were aware of the potential side effects of prescribed medicines.

Staff members on duty were responsible for supporting residents to have their medicines as prescribed. All staff working in the centre had received relevant training in the administration of residents' medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs. A person centred planning meeting was held each year with residents to identify any goals they would like to achieve over the next year. Multi-disciplinary meetings were held to discuss residents' support needs to ensure relevant supports were in place to meet their assessed needs. There was evidence of future planning discussions taking place to take into consideration of residents' changing health needs, and what the service may look like in the future due to the age profile of residents.

Judgment: Compliant

Regulation 6: Health care

Each resident had access to their G.P and a variety of allied health professionals to support them to meet their healthcare needs. Residents were supported to attend medical appointments by staff members. Medical reviews were completed annually to include dental and ophthalmology, in line with the assessed needs of residents.

Judgment: Compliant

Regulation 8: Protection

Intimate care plans had been developed for each resident to outline the supports they required to meet their personal hygiene needs, and to outline the areas they could complete independently.

There were no safeguarding concerns in the designated centre at the time of this inspection. Staff members were familiar with the policies and procedures in place in the event of an allegation of suspected abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in decisions relating to their care and support. This included the provision of activities and attendance at day services. One resident acknowledged that they were happy to attend day services mid-morning, which gave them more time to get ready each morning in a relaxed manner. Personal information relating to residents was stored in a locked press in an office to protect residents' privacy. Care planning was carried out in a respectful manner which included each individual resident and their choices and wishes. The inspector also observed staff members providing supports to residents in a kind, caring and respectful manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tory Residential Services Kilmeaden OSV-0005104

Inspection ID: MON-0028280

Date of inspection: 21/06/2022

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	Substantially 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.	

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.	Substantially Compliant	Yellow	01/10/2022