



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

## Issued by the Chief Inspector

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0034066

## 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 up to six male adults, with low to medium support needs and intellectual disability. There are various workshops and therapeutic services available within the organisation which the residents attend. Access to therapeutic and allied services is provided from within the service. The premises comprises of one two story and one bungalow located within a short distance of each other. The centre is located within community housing estates with good access to all amenities and services. The houses have ample space, personal bedrooms and are very well maintained and filled with the resident's personal possessions. There are suitable pathways and gardens which are used by the residents. There is very good access to the local community and neighbours. Residents in one house are supported by staff members on a 24/7 basis, while the resident in the second house is supported by staff members for a number of hours each day.

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

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 14 October 2021	08:30hrs to 15:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with three of the four residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

This inspection of the designated centre was carried out to follow-up on actions and issues that were identified in this designated centre on a previous inspection carried out by the Health Information and Quality Authority (HIQA). Overall, the inspector found that the transition of one resident had improved residents' access to community activities and the provision of individualised support to residents. However, there was repeated non-compliance with regulation 28 fire precautions.

There were two houses in the designated centre. Three residents lived in one house and one resident lived in the second house. The inspector met two of the residents living in the first house on the morning of the inspection. In the afternoon, the inspector met the resident who lived in the second house.

Staff members were observed using manual signing and a 'first and then' board to communicate with residents. This facilitated communication and conversation as residents got ready for the day ahead. This also ensured that residents were fully informed about what activities they would be completing and when. At all times, residents appeared comfortable in the presence of staff members.

One resident spoke about their love of basketball and soccer. There was a basketball hoop in the back garden that the resident could use to practice their basketball skills. Another resident told the inspector that they go horse-riding, and that they liked to feed the named horse apples and carrots. They also spoke about their upcoming birthday, and that they were looking forward to celebrating it with birthday cake. This resident had plans to go out for dinner with their family. The inspector met with the resident's family member when they collected them. The resident's family representative told the inspector that they were very happy with the service the resident received. They told the inspector that the staff members were 'fantastic' and that they provided a wide variety of activities to residents.

Staff members told the inspector about activities that residents enjoyed and upcoming plans for days out. One resident had recently returned from a hotel spa break, which was their first time away since the COVID-19 pandemic. Another resident had recently attended the cinema and went for dinner in a restaurant. The resident had told staff members that they thought another resident would enjoy the film, and plans were made for this resident to see the film. Staff members told the inspector that residents liked to go fishing and bowling, and that they regularly visited their friends who lived in other designated centres, in line with COVID-19

guidance.

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

Overall the inspector found a good quality of governance and management in this centre. The inspector found that the improvements that the provider had implemented to the staffing ratio had a positive impact on residents' access to community life, and the provision of individualised supports.

Residents were supported by a consistent team of social care workers and a social care leader. One staff vacancy had been advertised and an individual had accepted this post. In the house where three residents lived, there was one staff member on duty at all times. In the house where one resident lived alone, they were supported by a staff member for a number of hours each day.

Staff members spoken with told the inspector that discharge of one resident from the designated centre had positively impacted on their ability to provide individualised supports and activities to residents. It was noted that when required, additional staffing could be requested. It was evident that the staffing levels were appropriate to the needs of the residents at the time of this inspection. As there were two vacancies, one in each of the designated centre's houses, it was noted that the staffing levels would require review to ensure it continued to meet the assessed needs of all residents living in the centre.

There were clear lines of authority and accountability in the designated centre. All staff members reported to the person in charge, who reported to their line manager, who was a person participating in management of this centre.

Oversight was maintained in a number of ways. The person in charge visited the centre on a regular basis. These visits were both announced and unannounced. During these visits, the person in charge reviewed documentation and observed the care delivered to residents. Staff supervisions were held annually, with all staff members having received formal supervision in the previous 12 months.

## Regulation 15: Staffing

The skill-mix and number of staff members was suitable in line with the assessed needs of the residents. It was evident that the transition of one resident had

positively impacted on the ability of staff to provide individual supports and activities to residents.

There were two resident vacancies in the designated centre. It was noted that the staffing levels in the centre would require review, to ensure that any future residents' needs could be appropriately met in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. It was evident that measures had been put in place to address a number of issues that had been identified in a previous inspection of the designated centre.

Judgment: Compliant

## Quality and safety

The inspector found that there was a good level of oversight of care delivery, and there were structures in place to ensure residents were supported in line with their assessed needs. However, there was repeated non-compliance in regulation 28, fire precautions.

The designated centre comprised of two houses in an urban area. Both houses were inspected as part of this inspection. It was noted that one house had been painted since the previous inspection, and that appropriate storage was now provided. It was evident that residents' bedrooms were personalised in line with their likes and individual preferences.

Changes had been made to the layout of one of the houses in the centre, to ensure residents living in this house could be safely evacuated in the event of a fire. This was an action from the previous inspection of the designated centre. However, in the second house it was identified by the inspector that there was no protected escape route from the resident's bedroom. The inspector requested a fire safety report was completed by a competent person. This was submitted to HIQA following the inspection. This fire safety report identified a number of fire safety deficiencies and recommendations for upgrades that should be undertaken in this house. These related to areas including fire containment, providing appropriate means of escape and emergency lighting.

The inspector reviewed a sample of residents' personal files. It was noted that each resident had a personal plan which reflected the supports they required in their

home. This included goals they would like staff to support them to achieve. It was also noted that elements of the residents' personal plans were provided in an easy-read format.

A number of measures had been put in place to protect residents from potential sources of infection, including COVID-19. Staff members and residents had regular temperature checks to monitor for symptoms of COVID-19. A contingency plan had been developed to ensure there was a clear plan to be followed in the event of a COVID-19 outbreak. It was noted that improvements were required to ensure COVID-19 checklists were completed as required, and that cleaning equipment was stored appropriately.

### Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities that they enjoyed. These included fishing, bowling, cinema and horse-riding. Residents were also supported to maintain personal relationships, including visiting family members and friends.

Judgment: Compliant

### Regulation 17: Premises

There were two houses in the designated centre, which were all inspected as part of this inspection. Both houses were observed to be suitably decorated, with residents' personal items, including photographs located around their homes. One house had recently been painted and had changes made to its layout to ensure residents could be safely evacuated in the event of a fire.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff members wore surgical face masks when providing support to residents. A contingency plan had also been developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19. This included information such as the donning and doffing areas in the centre and waste management. However, it was noted that a weekly COVID-19 checklist was not being completed on a weekly basis as outlined.

It was observed that mops and buckets used for cleaning were stored outside where



they were open to the elements in terms of wind and rain. There were cobwebs on the mops and buckets at the time of the inspection. It was evident that these were not stored appropriately.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

One resident's bedroom did not have a protected means of escape in the event of a fire. Therefore, adequate arrangements were not in place to ensure the resident could be safely evacuated in the event of a fire. A fire safety assessment completed by a competent person identified that improvements were required to containment, the provision of means of escape and emergency lighting.

For example, it was noted that fanlights over rooms in the corridor did not have the appropriate fire-rating to ensure the means of escape would be protected in the event of a fire. A number of exit doors did not have a thumb-turn lock. There was evidence of pipes and lighting fixtures penetrating the fire rated ceiling and the ceiling hatch did not have the appropriate fire-rating.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. There was also evidence of regular input from a variety of health and social care professionals.

Goals had been developed for residents. These were regularly reviewed to ensure that residents were supported to achieve their goals. When a resident declined to engage in this process, this choice was respected.

Judgment: Compliant

### Regulation 9: Residents' rights

Measures had been put in place to ensure that residents' rights were promoted and respected. For example, one resident's choice not to participate in personal outcomes was respected and documented in their file.

Residents participated in regular 'chit-chat' meetings. At these meetings, residents

and staff members discussed COVID-19, advocacy and HIQA visits to their home. This ensured that residents were involved and consulted with about what happened in their home.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0034066

Date of inspection: 14/10/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Weekly Covid-19 check list will be completed by staff on a weekly basis as outlined in Infection Prevention Control guidelines.</p> <p>Mops will be stored head up and covered by the bucket to avoid mops being open to the elements.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Resident moved bedroom on 18.10.2021 and now has a protected means of escape route in the event of a fire.</p> <p>On 22.10.2021, Fan lights over rooms in the corridor were fitted with appropriate fire-rating glass, thumb- turn locks were fitted to doors, fire stopping has been installed on pipes in hot press, lighting fixtures were examined and are fire rated.</p> <p>Fire door fitted on 27.10.2021 between kitchen and utility room.</p> <p>Extra emergency lighting fitted to exterior of house on 02.12.2021</p> <p>The existing window in back bedroom will be replaced with double French doors by 30.03.2022</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	20/10/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	30/10/2021

	containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/10/2021