



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

## Issued by the Chief Inspector

|                            |   |
|----------------------------|---|
| Name of designated centre: | Comeragh Residential Service<br>Avondale    |
| Name of provider:          | Brothers of Charity Services<br>Ireland CLG |
| Address of centre:         | Waterford                                   |
| Type of inspection:        | Announced                                   |
| Date of inspection:        | 22 March 2022                               |
| Centre ID:                 | OSV-0006450                                 |
| Fieldwork ID:              | MON-0027641                                 |

## About the designated centre

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

In this centre, a full-time residential service is available to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Presently, three residents live in the centre full-time. Prior to the pandemic, residents attend off-site day services Monday to Friday. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The premises is a bungalow type residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Other than when residents are at day services, there is one staff on duty at all times. At night there is a sleep over staff in the house.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 2 |
|--|---|

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 22 March 2022 | 08:30hrs to 14:30hrs | Conor Brady | Lead |

## What residents told us and what inspectors observed

Overall this was a very positive inspection that found very good levels of care and support provided. The centre was very well maintained, beautifully decorated and immaculately clean. Residents presented as very happy and well cared for and met and spoke with the inspector in very positive terms about where they lived, their daily lives and the residents were highly complimentary about the staff and managers who supported them.

The inspector noted a very well maintained premises throughout whereby each resident had their own room, ample private and communal space and access to all of the required facilities which were decorated and finished to a high standard. The house was warm, homely, bright and well ventilated. Fresh flowers from the garden were on the kitchen table and the inspector joined the residents for a morning cup of coffee. The residents told the inspector about their plans for the day as they were going to their local day services and activities.

Residents showed the inspector around their home which they were very proud of. Residents told the inspector they loved their home and felt very safe and happy. Individualised artwork was seen throughout the house which the residents informed the inspector that they really liked. The house was well furnished with a lovely back garden that had flowers and raised beds.

Only two residents resided in this house at the time of inspection and two rooms were vacant. One resident was in hospital and one resident was residing with their family since the commencement of the pandemic. The inspector discussed this with the provider in terms of their current staffing resourcing and the basis on which renewal of the centres registration would be granted. The inspector requested the centres statement of purpose be updated to reflect the actual staffing ratio and highlighted that should the centre capacity return to 4 residents, then staffing needed to be based on the reassessed/changing needs of the 4 residents at that point. An updated statement of purpose was provided as requested.

The residents present in the centre presented as being very well cared for and were observed to be very happy and content in their lives. Staff were very familiar with the residents and were observed as being very attentive and kind throughout the inspection. The inspector found a very calm and homely atmosphere in this centre which was very pleasant.

Overall this was found to be a well managed centre providing very good care and support to the two residents living there.

## Capacity and capability

Overall, the inspector found that the governance arrangements ensured that residents received a service which was well run, safe and effectively monitored.

The centre was supported by a competent person in charge with clearly defined roles and responsibilities. The person in charge was found to have a very good understanding of resident's individual care needs and also of the resources and planning which was required to support these needs within the centre. These were changing at the time of this inspection and the person in charge and management team were managing this in a professional and proactive manner. Any issues identified by HIQA on the centres previous inspection in April 2021 were addressed by the provider.

The provider had completed all required audits and reviews as set out in the regulations with some minor areas for improvement required in some areas. The person in charge was completing audits, unannounced visits and was also reviewing and trending adverse events for patterns which indicated ongoing issues in the provision of care. The person in charge explained that there was a recent trend in regards to behaviours of concern and these were monitored closely and responded to. Other reviews included health and safety checks, personal planning audits, health care reviews and the person in charge checking in with residents and families directly on a continuous basis. The inspector found that the person in charge clearly demonstrated strong person centred management and not only knew the residents very well but was accessible to them. The person in charge and staff team were very committed to improve the quality and safety of care which was provided in the centre.

Staff members who met with the inspector had a good understanding of residents' care needs. The centre's rota indicated that residents were supported by a regular staff team which assisted in ensuring that a consistent approach to care was provided. A sample of staff files were also reviewed by the inspector and all required information was found to be present, including training records and vetting disclosures which promoted the safeguarding of residents. At the time of inspection the staffing rota was based on two residents and was 1:2 at all times which was found to be appropriate. The centre was well resourced and had it's own transport vehicle which was used regularly to support the residents access to their community activities.

Overall residents and their property were found to be well safeguarded in this centre. Some minor improvements were required in record keeping around reviews of resident finances. For example, whilst there were robust financial systems/checks in place to safeguard resident finances, this needed to be further enhanced in terms of record keeping around bank statement reviews and recording/sign off of financial reconciliation checks being completed accurately.

## Regulation 14: Persons in charge

The person in charge was found to be very committed, professional and accountable in terms of fulfilling their role. The person in charge worked full time and managed two designated centres. The person in charge had worked directly with residents for over 18 years prior to assuming her managerial role and was qualified in applied social care, disability studies and management. Residents were observed to be familiar and comfortable with the person in charge. The person in charge had good systems of oversight in place in terms of managing the centre. This translated to a very good service being provided to the residents.

Judgment: Compliant

### Regulation 15: Staffing

Staff who were spoken with and observed were found to be professionally competent, caring and very attentive to the needs of residents in their care. The inspector noted a a very caring and homely atmosphere and staff member who knew what residents liked. For example a staff member was fixing a residents hair in a certain way, danced with a resident and had a very familiar, natural and caring demeanour toward the residents.

The provider maintained an accurate staff rota which indicated that residents were supported by a familiar staff team. All required information, as set out in the regulations was also present in a sample of staff files which were reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector spoke with staff and reviewed staff training records, staff meetings, supervision discussions, team meetings and found that there were good systems in place. Training was provided in key areas and in the majority training had been completed by all staff. Staff who had been on long term leave and recently returned to work had not yet completed all refresher training.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced management team and a person in charge who had effective oversight of the centre. The provider was undertaking audits, unannounced visits and ensuring the centre was appropriately resourced to meet the changing needs of all residents. The centre was currently occupied by two residents and was providing a very good service to these residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

An accurate statement of purpose was submitted to HIQA as part of the inspection process which met the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no active complaints at the time of inspection. However there were complaints procedures in place and the inspector found that the person in charge maintained a continued rapport with residents families to ensure that she was continually accessible. This was a proactive approach to complaint management and allowed issues to be addressed speedily when they arose. The inspector reviewed one such matter with the person in charge which was dealt with quickly and appropriately.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A suite of organisational policies and procedures were in place and were accessible to staff, residents and families (as appropriate). Staff knew where policies were located and where to go for guidance if this was needed. The provider was committed to keeping policies updated in line with the most recent best practice/guidance.

Judgment: Compliant



## Regulation 21: Records

Some minor improvements were required in record keeping around reviews of resident finances. For example, whilst there were robust financial systems/checks in place to safeguard resident finances, this needed to be further enhanced in terms of record keeping around bank statement reviews and recording/sign off of financial reconciliation checks being recorded accurately.

Judgment: Substantially compliant

## Quality and safety

Residents were very well supported to have meaningful and active lives within their home and community. This centre presented as a very nice place to live whereby residents appeared as being very happy and safe.

The individual social care needs of residents were being supported and encouraged. From speaking with residents and reviewing personal plans, the inspector saw that the residents were being supported to use their community and maintain links with their families. For example, residents had regular visits from/with family members while another, was supported to go to a recent family wedding. Residents interests and hobbies were also supported. For example, one resident enjoyed artwork and showed her work to the inspector while another resident enjoyed listening to music, was interested in the royal family and liked a glass of brandy after supper in the evening. Residents presented as being very content and happy in this centre.

Residents were supported with their health care needs and, as required, had community access to a range of allied health care professionals, to include GP, Dental services, Specialist Appointments. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. For example, epilepsy care and support plans were in place. A resident was in hospital at the time of inspection due to their changing needs and this was being monitored closely by the provider. The inspector could see evidence of systems in place that showed that the provider monitored health care appointments closely and had done so throughout the pandemic ensuring appropriate cancer screening and breast checks appointments were made and facilitated for all of the residents. The quality and standard of care provision was found to be very high.

Systems were in place to manage risks and safeguard the residents . There were no open safeguarding issues at the time of this inspection. Furthermore there were not many incidents/accidents recorded regarding the two residents living in the house. The inspector reviewed updated risk assessments for residents home visits, COVID-19, choking, falls, sleeping/bed rails, answering the door/home security and responding to the fire alarm. Risk assessments were updated and reviewed by the

person in charge and control measures were in place. There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Staff on duty knew the risk areas and more importantly how to manage these risks.

Appropriate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required. Residents showed the inspector how they would evacuate and the evacuation routes and the records reviewed indicated very quick evacuation times.

Systems were found in place to mitigate against the risk of an outbreak of COVID-19. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. A contingency plan was in place along with updated procedures should an outbreak occur.

### Regulation 13: General welfare and development

Residents enjoyed a good quality of life in this centre. Personal plans outlined plans for increased post pandemic activities (as society had reopened) and plans such as holidays, trips away and community excursions were all back in the residents schedules. The residents spoken with outlined a number of activities they enjoyed and were observed both going to their local day services and being very excited about this on the day of inspection. The residents told the inspector that while they found the lock down periods disruptive over the course of the pandemic, they were well supported by the staff in the centre and were happy. Looking at the centres calendar and residents records showed that the residents had active lives and left the centre regularly on a variety of activities. Residents had good connections with their families that were very important to them. These relationships were nurtured and supported by staff and management of this centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was very well laid out, well maintained, decorated to a high standard and

immaculately clean. Residents presented as very happy and took pride in their home which was warm, homely, bright and well ventilated. The centre met all requirements of the regulations and presented as a very nice place to live.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents told the inspector that they had great choice of food and that they completed their weekly menus on a Friday evening. The centre was well stocked with healthy and nutritious food. Residents were consulted with and chose their own meals and had the opportunity to prepare their meals (with staff support) and completed various other chores around their home. Residents were observed cleaning the kitchen, tidying up and filling/emptying the dishwasher. Residents were encouraged and supported to eat healthy and take regular exercise.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage risks and safeguard the residents . Furthermore there were not many incidents/accidents recorded regarding the two residents living in the house. The inspector reviewed updated risk assessments for residents home visits, COVID-19, choking, falls, sleeping/bed rails, answering the door/home security and responding to the fire alarm. Risk assessments were updated and reviewed by the person in charge and control measures were in place. There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Staff on duty knew the risk areas and more importantly how to manage these risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Contingency Plans were in place and the centre had ample stocks of PPE. The centre had clear cleaning rotas and records and was inspected to be a very clean and hygienic centre with good IPC

practice observed.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required. Residents showed the inspector how they would evacuate and the evacuation routes and the records reviewed indicated very quick evacuation times.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were in place and contained appropriate assessments of needs and personal outcome measures for the residents. The person in charge was reviewing personal plans and the inspector found that they gave an accurate reflection on the needs of residents. Some personal plans and social goal setting were being reviewed in terms of refocusing unmet goals/objectives due to the COVID-19 pandemic.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their health care needs and, as required, access to a range of allied health care professionals, Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

### Regulation 8: Protection

Residents were safe and well protected in this centre. Residents told the inspector that they felt safe in their home and identified staff and managers who they would go to if they had any problems. Staff and managers were intuitive to residents

support needs and had natural safeguards in place to manage behaviours and ensure all residents were supported and safeguarded at all times. Policies and procedures were in place and safeguarding training was provided.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were well met in this centre. One resident was on the organisations resident advocacy/resident forum and at centre level the inspector found high levels of rights promotion in terms of meaningful consultation, daily choice, equal opportunities and community integration. Residents had good access to management and their voices were being listened to in terms of how the centre was run.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| Regulation 4: Written policies and procedures         | Compliant               |
| Regulation 21: Records                                | Substantially compliant |
| <b>Quality and safety</b>                             |                         |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Compliant               |
| Regulation 18: Food and nutrition                     | Compliant               |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | 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 Comeragh Residential Service Avondale OSV-0006450

Inspection ID: MON-0027641

Date of inspection: 22/03/2022

## 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 21: Records   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:<br/>           A request will be made to the bank to furnish monthly statements for deposit accounts for the people supported in the designated center.</p> <p>Staff will check the finances on arrival for shift and end of shift to ensure that financial records are accurate</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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow             | 31/05/2022                      |