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## Tory Residential Services, OSV-0005116, 19 March 2019

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## Office of the Chief Inspector

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

Name of designated centre:	Tory Residential Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	19 March 2019
Centre ID:	OSV-0005116
Fieldwork ID:	MON-0022610

## 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 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.

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

Current registration end date:	12/09/2019
Number of residents on the date of inspection:	5

## 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 - 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
19 March 2019	10:00hrs to 18:30hrs	Noelene Dowling	Lead

## Views of people who use the service

Inspectors met with five residents in both houses. They shared their evening meal and a birthday celebration with an inspector. One resident lives semi-independently and told how this worked for him. All residents communicated in their preferred manner and in some instances with staff support. They said they loved their respective homes and had lots of involvement in the local community and with their neighbours. They took part in and enjoyed sports and activities. They said they liked living together or in one case independently, knew each other very well and enjoyed going shopping and doing their jobs in the house with staff. They said it was a good place to live and they felt safe.

The inspector observed that the residents were very comfortable in their home environment, busy planning their evening and were very familiar with their staff. Inspectors also reviewed information received from relatives as part of the providers annual review. This commentary was very positive in regard to the service and the care provided.

## Capacity and capability

Inspectors found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being, independence and quality of life. The governance structures had been altered since the previous inspection with the recent appointment of a new person in charge, service manager and regional manager. All persons however, were already active in the service so continuity was maintained for the residents.

There were good reporting and quality assurance systems in place, which supported the residents' quality of life. There were unannounced visits undertaken on behalf of the provider, where detailed reviews and actions were identified as a result of these. The person in charge also undertook frequent unannounced observation visits to the centre and these also supported the residents' quality of life. Any accident or incidents which occurred were carefully reviewed with remedial actions taken to address them.

The annual report for 2018 was available. This was comprehensive and took the views of the residents and the relatives into account.

Staffing arrangements were tailored to the different needs of the residents in both

houses. For example, one house was staffed for minimum hours during the daytime only and the second house had a single staff on duty full-time. Staff had the training and skills to support the residents. A small core group of consistent staff were employed. This ratio was sufficient for the assessed needs of the residents. Nursing oversight was provided by the organisation as needed by the residents. There were effective systems for communication with staff and managers to ensure continuity of care.

From a review of a sample of personnel files the inspector saw that recruitment procedures were satisfactory overall, but a small number of documents were not procured. Staff supervision systems had commenced. There was a formal system for the recruitment and oversight of volunteers who supported the residents. However, in one instance, a volunteer who supported a resident, very successfully, in the event of an emergency for the resident, did not have the required Garda Síochána Vetting in place at the time of this inspection.

From a review of the staff training records, the inspector saw that mandatory training was up-to-date for staff, although the records were poorly maintained. The staff spoken with, and the managers demonstrated a sound knowledge of the resident's needs and preferences, a commitment to supporting them. The residents were observed to be comfortable and interacting easily with the staff in their home.

Inspectors found that complaints were managed transparently and promptly, mainly this was achieved by negotiating with the residents about the rules for living together. Complaints made were overseen by the social work service.

The statement of purpose and all of the documents required for the renewal of the registration of the service were forwarded. However, the information was not complete. The findings of the inspection indicate that the care is delivered according to the statement however.

#### Registration Regulation 5: Application for registration or renewal of registration

While all of the documents required for the renewal of the registration of the service were forwarded they were not complete.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

A new person in charge had recently been appointed who demonstrated very

good knowledge of the residents and the responsibilities of the post.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The numbers of staff were sufficient to support the assessed needs of the residents currently and staff were observed to be attentive to, and very knowledgeable of the residents. A small number of documents required for recruitment of staff were not available.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
Staff were found to have the training and skills to support the residents.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
Evidence of current insurance was forwarded as part of the renewal application.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
This was a well-managed centre with good structures and levels of accountability evident, with suitable persons employed to manage the service.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
There were suitable agreements for the service signed by or on behalf of the

resident as appropriate.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose clearly outlined the service to be provided and care was delivered in accordance with this statement.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
There was a formal system for the recruitment and oversight of volunteers who supported the residents but in one instance a person providing such support did not have the required Garda Síochána Vetting.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had forwarded the required notifications to the Chief Inspector.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
The Chief Inspector has been informed of the arrangements for period when the person in charge is absent.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>

Complaints were managed transparently and promptly and overseen by the organisations social work service.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All of the required policies were available.

Judgment: Compliant

### Quality and safety

Inspectors found that there was a person-centred ethos to the care provided and the residents quality of life and safety was prioritised. It was apparent that the emphasis was on the residents' choices and preferences for their lives. Their social care needs were identified and encouraged and they accessed numerous external activities such as regular sporting events, concerts and holidays away. They had good access to all local community services and met friends at various locations and in other centres. Inspectors observed that they had very busy lives and attended a number of day-services. There was an emphasis on supporting them with life-skills such as money management, self care and looking after their own home, supported by staff where this was necessary.

Residents were encouraged and supported by staff with their healthcare needs and had access to all pertinent allied services such as physiotherapy, speech and language and dieticians. They had frequent access to healthcare screening relevant to their needs. Inspectors saw that residents had relevant support plans implemented for all of their health and psychosocial needs. The provider was also responsive to residents' changing needs such as decreased mobility and falls risks, with strategies implemented to address these. Staff were found to be quick to note changes in resident's mental health and sought review promptly. Day service arrangements were also changed to support the resident's needs. Residents had access to mobile phones, and the internet with support from staff. Inspectors saw that they were supported with pictorial images, social stories and sign language to assist with communication. The residents helped inspectors to learn this.

The residents had regular multidisciplinary reviews of their care and also annual support meetings which they, and their representatives attended, as the residents wished. It was apparent that their wishes and personal goals were achieved. These included breaks away, working at local shops and going to sporting events. There was a very homely atmosphere in the houses with the residents planning and

holding their own celebrations and events, and having ownerships of their environment.

Each week, in one unit, an informal meeting was held at which the residents and staff planned the week ahead, agreed meal times and routines and social events with each other. On occasions where a resident was ill, arrangements were made for staff to remain in the houses and ensure that they could stay at home. Arrangements for semi-retirement or stay-at-home days, given some residents advancing ages, were not in place however. While this was not as yet a significant factor, it was discussed with the provider at the feedback meeting for their consideration. It was apparent, and the residents told the inspectors that they were consulted regarding their care apart from in this respect.

However, some improvements were required in fire safety systems. All of the required fire safety management equipment was available and serviced regularly. In-house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans and in some instances lighting was used to alert residents. Staff diligently undertook regular drills with residents and any issues noted were addressed.

However, there were gaps noted in the fire containment systems. Two of the downstairs bedrooms were effectively inner rooms, and no effective plan had been devised should the residents not be able to exit via the main route, although staff did outline some possibilities. Exits from upstairs in one house were not fully contained. One fire door was propped open thereby negating its value. In the semi-independent house no practise had taken place to ensure the resident would, and could, safely self-evacuate when staff were not in the house.

The inspector was advised that the provider had requested funding for the installation of the full containment systems.

Risk management systems were otherwise effective, centre specific and considered. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to address them. There were detailed and pertinent risk assessments and management plans for each individual residents' identified needs including falls, choking or seizures, and personal safety and staying alone overnight. The residents had access to suitable systems for alerting staff, or, in one case, a next door neighbour in an emergency and staff also had access to quick support if needed in accordance with the lone working arrangements.

There were effective systems in place to protect residents from abuse and the person in charge and the provider was seen to take appropriate actions to address any issues which occurred, and provide effective supports to the residents in consultation with them. The emphasis was on the residents having the skills to protect themselves and this was seen to be effective. Behaviours that challenge were not a feature of this service but there was evidence that staff supported the residents to manage and understand their own behaviours.

There were no restrictive practices implemented in the centre. Residents were

assessed both for self-administration of medicines and money management and they were supported in accordance with this assessment and their own preferences.

Medicines management systems were safe and medicines were regularly reviewed.

### Regulation 10: Communication

Residents were supported to communicate with speech and language assessments, the use of social stories, pictorial images and sign language. They also had access to television and the internet.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control of all of their own personal possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

The workshops, day service and activities were chosen to allow residents good access to therapeutic, recreational and/ or supported work as they wished. Friendships were encouraged.

Judgment: Compliant

### Regulation 17: Premises

Both of the premises are suitable for purpose and meet the needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The residents nutritional and dietary needs were supported, they had the food they liked, shopped and helped staff prepare their own food in their kitchens with staff.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and considered. There were detailed and pertinent risk assessment and management plans for each individual residents' identified needs.

Judgment: Compliant

### Regulation 28: Fire precautions

Improvements were necessary in the fire containment systems. Two of the downstairs bedrooms were effectively inner rooms without an effective plan devised should the residents not be able to exit via the main route. Exits from upstairs in one house were not fully contained. One fire door was held open. In the semi-independent house, no practise had taken place to ensure the resident would, and could, safely self evacuate.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medicine management systems were safe and medicines were regularly reviewed

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had access to all pertinent multidisciplinary assessments, their care and support needs were frequently reviewed and their social care needs and preferences were very well supported .

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs were well monitored and staff acted promptly to address any issues which occurred.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were assisted by staff to manage their own behaviours and had access to therapeutic interventions to support them.

Judgment: Compliant

### Regulation 8: Protection

There were effective systems in place to protect residents from abuse, with good staff supports and reporting systems evident.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were actively promoted and they were included in all decisions. However, arrangements for semi-retirement or stay-at-home days, given some residents advancing ages, were not in place, should they wish to do so.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	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
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Tory Residential Services OSV-0005116

Inspection ID: MON-0022610

Date of inspection: 19/03/2019

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: All documents are now completed as required and forwarded for the renewal of registration for this designated centre. -	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The human resources department is actively coordinating the re-vetting of all staff members by an Garda Siochana.	
Regulation 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: Garda Siochana vetting will be obtained for the volunteer mentioned in this report	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• In the house where one person resides, a fire drill will be conducted when the staff are not on duty/nor present</li> <li>• A fire door will be installed to the sitting room creating a fire corridor from the kitchen to the front door</li> <li>• Fire drills will be conducted supporting residents to evacuate via the back door in the event that they cannot evacuate via the main route through the front door</li> <li>• The fire containment measures in both downstairs bedrooms will be reviewed.</li> </ul>	

• The provider has escalated the requirement for funding to install fire doors in this and other designated centres to the HSE

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Options are being discussed as part of an individual's Person Centered Planning process to ensure they have the option of a stay at home day/semi-retirement which is more reflective of their current need.

## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	23/04/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	01/09/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	01/09/2019

	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	01/09/2019
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).	Substantially Compliant	Yellow	01/08/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/06/2019