Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cois na Gheata
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	17 and 18 June 2020
Centre ID:	OSV-0007755
Fieldwork ID:	MON-0029099

About the designated centre

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

The centre provides residential care and support for 12 adults diagnosed as being on the autistic spectrum. The centre is located in a rural setting on a large campus in County Meath. The centre comprises of four buildings, supporting both male and female adult residents. Residents all have their own bedrooms and each house while configured differently, contains a kitchen, sitting room and adequate numbers of bathrooms. The campus has a large grounds, with gardens and a poly tunnel where some residents engage in horticultural activities. The centre is staffed by a mixture of social care staff, care workers and has nursing support available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Thursday 18 June 2020	12:05hrs to 17:40hrs	Andrew Mooney	Lead
Thursday 18 June 2020	12:05hrs to 17:20hrs	Marie Byrne	Support
Wednesday 17 June 2020	12:05hrs to 17:10hrs	Amy McGrath	Support

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, inspectors did not spend extended periods with residents. However, inspectors did have the opportunity to meet and briefly engage with residents during the inspection

During a visit to one house in the centre, the inspector had the opportunity to observe two residents interacting with staff and spending time at home engaging in activities of their choice, including some relating to the day-to-day upkeep of their home. Staff were observed to be very familiar with residents' communication needs and preferences and to offer residents choices in relation to activities and meals. Residents appeared comfortable in the presence of staff and with the levels of support offered to them.

Two residents in another part of the centre were observed relaxing in their sitting room watching some television. They indicated to the inspector that they were very excited, as they had ordered a takeaway and were waiting for its delivery. The inspector observed staff engage with residents sensitively and in line with their assessed needs.

A number of residents were supported by staff to complete satisfaction questionnaires prior to the inspection. These completed questionnaires indicated that residents were happy and comfortable in the centre. They indicated that they were happy with the food and mealtimes, activities and staff support.

Capacity and capability

This was a newly registered designated centre that was formerly part of Dunfirth Farm. The purpose of this inspection was to assure the Office of the Chief Inspector that this centre had the capacity and capability to support residents. Inspectors found that overall the provider had ensured appropriate resources were available and this was contributing to an enhanced quality of life for residents.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. The provider had reconfigured the centre in line with Dunfirth Farms' submitted compliance plan. These new structures were supporting the newly appointed person in charge to ensure the effective governance, operational management and administration of the designated centre. There were clearly defined management structures which identified the lines of authority and accountability within the centre.

The provider responded to the national COVID-19 pandemic by ensuring all relevant public health guidance was adhered to. Staff spoken with could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge had recently completed an assessment of the centres preparedness in the event of an outbreak of COVID-19. While areas for improvement were noted in this assessment, appropriate measures were identified to address any concerns. This showed that the provider was self identifying issues within the centre and was able to drive improvement.

There was sufficient staff, with the appropriate skills and qualifications, to meet the assessed needs of residents. Where required, nursing support was available to residents. The person in charge maintained a planned and actual roster for the centre, and there were contingencies in place to ensure continuity of care for residents.

Staff had received all mandatory training, and there was a schedule of refresher training in place. Additional training, specific to residents' support needs, had also been made available to staff. The provider had obtained most of the information required by Schedule 2 in relation to staff, however some records were not available on the day of inspection, such as some Garda Vetting reports. Improvement was required to ensure that the person in charge had access to the necessary information and records in order to fulfill their responsibilities under the regulations.

Regulation 15: Staffing

There was sufficient staff with the appropriate skills and experience to meet the assessed needs of residents. Staffing was provided in accordance with the statement of purpose. There was a planned and actual roster that accurately reflected the staffing arrangements in the centre.

For the most part, the information and documents required in relation to staff (under Schedule 2 of the regulations) had been obtained and was available for review, for example evidence of identity and written reference. Improvement was required to ensure that all required information was accessible to the person in charge, as some were not available for review on the day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. There was a schedule of supervision in place and although supervision meetings had not been carried out as set out in the providers

own schedule records indicated plans to increase the frequency of supervision meetings.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, concerns relating to long standing premises issues remained and this negatively effected the quality and safety of the centre.

To support the application to register this centre , the provider had identified substantial renovation of the premises as a key priority. This included significant renovations of bathrooms, to ensure they were suitable to meet residents assessed needs. During the inspection, inspectors noted that the physical environment was clean and homely in parts. Additionally, inspectors observed some significant bathroom renovations had been completed in part of the centre. On review of correspondence between the provider and The Health Service Executive (HSE), inspectors acknowledged that the provider was proactively working to address the remaining premises concerns. However, despite this, the refurbishment of some bathrooms within the centre had yet to begin and this negatively impacted the quality and safety of the centre.

Overall, residents were supported to enjoy best possible health. Support plans were in place and they were accessing their GP as required. However, some residents' health care plans required review as there were gaps identified in the maintenance of some documentation and the review of health monitoring forms to ensure changes in relation to residents were picked up on and appropriately responded to. These gaps required review, but were not found to be contributing to high risk to residents. Staff were familiar with residents' health care needs and with the importance of health monitoring and recording. The provider was in the process of supporting a number of residents to access allied health professionals and priority list were in place for those who required more urgent reviews. As required, residents

could access national screening programmes in line with their age profiles.

There were a number of restrictive practices in place in the centre and evidence that they were reviewed regularly. There was a restrictive practice register for each house and regular meetings were held to review restrictions across the centre. The reviews included a review of the rationale for the restrictions and evidence that they were reviewed to ensure that the least restrictive practices were used for the shortest duration. Residents had support plans developed as required to support them. These plans were clearly guiding staff to support them in line with their assessed needs. In addition, a number of referrals had been made for residents to have assessments and support plans developed.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation of abuse. Residents had intimate care plans developed as required which clearly outlined their wishes and preferences.

A review of risk management in the centre found that the systems in place were effectively identifying, assessing and managing risk. There was a record maintained of all accidents and incidents in the centre, and these were reviewed on a quarterly basis by the person in charge to identify any emergent risks. There was a risk register in place that detailed the risks in the centre, and associated control measures; there were also detailed risk assessments in place for each risk identified. The provider had updated their emergency plan and risk register to account for risks related to COVID-19. This included individual risk assessments and pathways of care for residents, in the event of an COVID-19 outbreak. The provider also had a robust adverse incident management system in place.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place and stored appropriately. Inspectors observed that all areas of the centre were clean. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks. The person in charge engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff. Specific on site training in relation to the proper use of personal protective equipment (PPE) and effective hand hygiene was provided to staff within the centre. Additionally, staff had complete appropriate online training relating to infection control and hand hygiene. Disposable surgical face masks were available and being used by all staff in line with national guidance. Inspectors observed staff engaging in appropriate social distancing.

There were appropriate systems in place for the prevention and detection of fire and

all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Regulation 17: Premises

The premises was clean and some improvements had been made to the aesthetics of the building. However, while there was a plan in place to address the condition of the overall designated centre, considerable building improvements were still required to ensure the centre was suitable to meet the needs of all residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were established risk management arrangements in place that ensured risk was identified, assessed and managed according to the providers risk management policy. Potential risks to residents health and safety had been identified and there were suitable control measures in place that were subject to regular review.

Judgment: Compliant

Regulation 27: Protection against infection

he prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting. Staff were suitably trained and knew what to do in the event of a fire.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were being supported to enjoy best possible health. They were being supported to access allied health professionals in line with their assessed needs. Support plans were developed as required, but some documentation relating to residents' health care needs required review to ensure any changes for residents were picked up on an responded to appropriately.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Restrictive practices in the centre were reviewed regularly to ensure that the least restrictive measures were used for the shortest duration. Plans and guidelines were developed as required to support residents. They were detailed and clearly guiding staff to support residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the polices, procedures and practices relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and escalated in line with the organisation's and national policy. Safeguarding plans were developed and implemented as required.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois na Gheata OSV-0007755

Inspection ID: MON-0029099

Date of inspection: 17 and 18/06/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will identify all gaps in relation to Schedule 2 information on staff files. The person in charge will then put a plan in place with staff to have all outstanding references, employment histories without gaps and those who need to be revetted, to achieve same. In relation to garda vetting, the person in charge will witness all details but the certificate held in the staff file will have the redacted information removed from it. The person in charge in conjunction with the HR department will put a system in place to ensure that the person in charge has seen and is confident with all schedule two information on file for each staff member.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: On the 10.06.20, the registered provider met with the HSE regarding the issues related to the premises. There has been a previous commitment to a schedule of works on the site at Cois na Gheata through to the end of 2021 submitted to the regulator. There have been some delays in the progress of this plan since Covid 19 restrictions came into place. However, this plan remains the commitment of the provider and the HSE. On 20/07/2020 the HSE and Provider agreed a commitment to finance a number of the priority works on site in the remainder of 2020 to include improvements to roads, lighting, bathrooms and radiators. This will be broadly in line with the previously submitted schedule of works agreed between the provider and the HSE and previously submitted to the regulator for approval. The commitment for 2020 will then inform the ongoing commitment to bring the premises in line with the regulations through 2021 as previously agreed.	

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The registered will ensure that the person in charge has a healthcare plan with an evaluation sheet for all health issues for each resident on the site at Cois Na Gheata. These healthcare plans and the monitoring of their evaluations will be a standing item on the regular staff meetings in each house in the centre of Cois Na Gheata. Where a healthcare plan is deemed not to be working for the resident, it will be reviewed and amended to target the issue in hand. This plan will then be signed off by the person in charge and the nurse on site..

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 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	31/10/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/08/2020