

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cois Locha Residential & Respite Services
Centre ID:	OSV-0001773
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 August 2017 09:00 To: 14 August 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 02: Communication
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 14 and 15 July 2015. Six actions were identified following the previous inspection, the inspector found that all of these actions had been implemented as described.

How we gathered our evidence:

As part of the inspection, the inspector met with five residents who were observed to interact warmly with staff and appeared to enjoy their surroundings. The inspector also spoke with four staff members, including the person in charge. The inspector observed interactions between residents and staff and work practices.

Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

The inspector also met with three separate family members who were visiting the centre on the day of inspection. Two of the family members had a relative who used

the respite service and one family member had a relative who was a full time resident of the centre. All family members stated their satisfaction with the service and complemented both the staff and the care provided. One family member stated that the care provided was "unbelievable" while another family member stated that the staff in particular were "fantastic". Family members stated that they always felt welcome in the centre and that their relative looked forward to attending the service.

Description of the service:

The designated centre comprised of a large single storey house that accommodated up to four residents who have an intellectual disability. The centre offered a respite service to a number of residents and the centre had a specific bedroom for respite users. Each full time resident also had their own bedroom which was warm, comfortably furnished and decorated with personal effects. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was a large patio area for residents to enjoy and work on a sensory garden was nearing completion. The house was located in the countryside and suitable transport was made available to support residents to access the community.

Overall judgment of our findings:

This inspection found that a high quality service was provided to all residents in the designated centre and that residents were treated with dignity and respect. Outcomes including premises, safeguarding, healthcare, medications, governance and management, workforce and records were found to be in compliance with the regulations. However, the inspector also found that improvements were required in relation to outcomes including social care needs and health and safety.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that communication with residents was actively promoted within the designated centre.

The inspector reviewed a sample of personal plans which had communication plans in place for each resident. These plans explained how some resident communicated their thoughts and feelings through the use of facial expressions and vocalisations. Residents who were non verbal in communication had detailed information available on staff could support them to communicate and included the interpreted meaning of facial expressions, vocalisations and body movements.

A multi-sensory environment was promoted which included the use of various scents to indicate the day of the week and set music to indicate the time of day. Residents had been reviewed by the speech and language therapist and communication passports for residents had been implemented.

One resident was supported to use assistive technology to communicate and a review had been conducted by an external agency to further promote the use of assistive technology among all residents.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:

On the day of inspection, the inspector found that the welfare and wellbeing of residents was maintained to a good standard.

Each resident had a personal plan in place which was reviewed on a regular basis and contained areas such as healthcare, personal goals, intimate care, communication needs, health and safety and daily notes. Plans were reviewed at least annually at a formal planning meeting which was attended by the resident, their family, named staff from the designated centre and staff from the organisation.

Daily log notes were detailed and indicated that residents had regular access to their local community and used the services of local shops, restaurants and hotels. Goals were also identified for residents and the inspector found that good progress had been made in achieving the identified goals for all residents.

Residents personal plans were held in their own bedroom; however, the person in charge was unable to demonstrate that these plans were in an accessible format for residents.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents. The actions from the previous inspection had been addressed with all areas of the designated centre now accessible for all residents. One area for improvement had not been fully addressed in regards to the installation of a hand rail; however, a schedule of works were in place on the day of inspection which indicated that the handrail would be installed subsequent to the inspection.

The centre was warm, clean and had suitable lighting and ventilation. Each resident had their own bedroom and a separate bedroom was identified for respite users. Each bedroom was large, had suitable storage available for residents personal belongings and was decorated with areas of personal interest and photographs of family and friends.

The centre had a large open plan kitchen and dining room and a separate reception room for residents to relax. The centre was also equipped with suitable appliances and mobility aids which were regularly serviced.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, some improvements were required in regards to fire precautions within the centre. The actions from the previous inspection were implemented with all environmental risks now addressed and emergency exit signage in place.

The centre had fire doors in place throughout which were fitted with either an automatic or mechanical door closer. There was emergency lighting and a fire alarm installed and staff had a good knowledge of identifying fire zones within the designated centre. Staff were also conducting regular checks of fire extinguishers and emergency exits.

Each resident had an evacuation plan in place which detailed the procedures to be followed in the event of a fire occurring. Staff were conducting regular fire drills. However, the inspector found that staff were not simulating evacuations in accordance with the information contained on each resident's evacuation plan. The inspector also found that while staff on duty were able to demonstrate that they could evacuate all residents in the event of a fire occurring, the times to evacuate all residents as recorded

on fire drills did not show that all residents could be evacuated in a prompt manner at all times of the day and night.

The person in charge maintained a log of all adverse events and staff on duty had a good understanding of the reporting of adverse events in the centre. The inspector also found that the person in charge had responded to all recorded adverse events with detailed records maintained of the actions taken to address the recorded incident.

The centre maintained a record of all identified risks in the centre, each of which was risk rated and had appropriate controls in place to mitigate the identified risk.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection the inspector found that the provider had systems in place to protect residents from abuse.

Staff on duty were observed to interact with residents in a very warm and caring manner and residents appeared relaxed in their company. The inspector met with three family members who felt that their sons and daughters were treated with dignity and respect. The family members of respite users stated that the resident looked forward to using the respite service and appeared happy and content throughout their stay.

The centre had some restrictive practices in place such as the use of auditory and visual monitors. The inspector found that these restrictive practices were implemented in response to the medical needs of residents and were in place with the informed consent of residents' representatives. The person in charge indicated that the use of the visual monitor was currently under review with the aim of reducing the restrictive practice. One resident who was under the care of the mental health team was prescribed a chemical intervention to be used in response to behaviours of concern. The inspector found that the chemical intervention was used as last resort and that there were

detailed procedures to be followed prior to using this chemical intervention such as distraction techniques and the use of pain relief. The inspector also found that restrictive practices implemented within the designated centre upheld and regularly reviewed by the organisation's rights review committee.

Staff had received training in the safeguarding of residents and could clearly identify potential abuse and the reporting procedures used within the organisation, including the person nominated to manage allegations of abuse.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents' healthcare needs were maintained to a high standard in the designated centre.

Some residents within the designated centre had complex medical needs which required on-going support from staff on duty. Staff on duty were supported by detailed health action plans which clearly stated the supports and interventions required to ensure that the healthcare needs of residents were met. The inspector found that these plans were regularly reviewed and that staff on duty had a clear understanding of these plans including the assessment, monitoring and review of residents who presented with complex needs.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also regularly reviewed by specialists such as neurology, respiratory and surgical consultants. One resident and their family representative were supported to attend one of these reviews on the day of inspection.

Residents were also reviewed on a regular basis by multi disciplinary team members such as occupational therapists, physiotherapist and speech and language therapists. Prescribed therapies following these reviews, such as the use of modified diets, were found to be implemented as described by staff on duty.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the safe administration of medicines was promoted in the designated centre.

The action from the previous inspection was addressed with all as required medication prescriptions now containing the maximum dosage to be administered in a 24 hour period.

The centre had appropriate locked storage for all medicines. Staff had received training in the safe administration of medicines and could clearly articulate the steps to be followed in regards to the administration of medicines and the associated recording procedures. Residents had been assessed to self medicate, but no residents were self administering their medicines on the day of inspection.

The centre had detailed epilepsy care plans in place which stated the procedures to be followed when administering rescue medications. These care plans were in line with the associated prescription sheet and staff had a good knowledge of when these medicines were to be administered.

The person in charge also maintained detailed 'as required' protocols which offered clear guidance to staff in the administration of 'as required' medications.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre had appropriate governance and management arrangements in place.

The person in charge was in a full-time role had had appropriate experience and qualifications to carry out the duties of the person in charge of a designated centre. The person in charge also had a good understanding of the regulations and associated notifications as detailed in the regulations. The person in charge had a good understanding of resident's individual needs and was also conducting regular audits of medication practices, health and safety and fire precautions within the centre.

The person in charge had conducted an annual review of the service provided to residents. This review was conducted in consultation with the residents and their family representatives. A quality improvement plan had been formulated following this review and good progress had been made with addressing any identified areas for improvement.

The provider had completed an in-depth unannounced six monthly audit and the designated was examined across the majority outcomes. The findings of this audit were largely positive with some areas for improvement identified in regards to the premises, risk management and staffing. The inspector found that the person in charge had addressed all identified areas for improvement.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the staffing arrangements in place were meeting the assessed needs of residents.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. The person in charge had recently completed a training needs analysis and staff on duty were up to date with training needs. Staff members had also participated in additional centre specific training in applying first aid to residents with reduced mobility.

Staff were receiving regular support and supervision and attending team meetings on a six weekly basis. The inspector also reviewed a sample of staff files which were found to contain all the requirements of Schedule 2 of the regulations.

The centre had one volunteer in place who had their roles and responsibilities set out in writing. The volunteer was also receiving regular support and supervision from the person in charge.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the day of inspection, the inspector found that the records within the designated centre were maintained to a good standard. The action from the previous inspection had been addressed with local written procedures in place to guide staff in the storage and disposal of medicines in liquid form.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001773
Date of Inspection:	14 August 2017
Date of response:	08 September 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge was unable to demonstrate that plans were made available to residents in an accessible format.

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:

The staff and allied professionals will continue to explore appropriate accessible formats for each resident, based on their assessed needs. This will encompass communication and comprehension levels for each person to ensure the format of the personal plans are meaningful and work for them. This will be explored through a number of mediums.

Proposed Timescale: 28/02/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that staff were simulating fire evacuations in accordance with the information contained on residents' evacuation plans.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

- Staff will continue to simulate fire drills in line with the organisation's frequency requirements and at the end of each drill will practice evacuating a Mattress Evacuation sheet as to remain familiar with this method.
- For one drill per year staff will carry out the drill following Individual evacuation Plan's using Mattress evacuation sheets to show real time evacuation (without simulating using hoist's for transfers during this drill) There will be a substitute used for the Mattress evacuation in place of service users for the purpose of this drill. This will be recoded in line with the organisation's procedures and monitored by the PIC.

Proposed Timescale: 31/10/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to demonstrate that residents could be evacuated from the designated centre in a prompt manner.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:

- The final Stage of installing a handrail around a ramp at an emergency exit from a bedroom has been completed as of 23/08/2017, this now allows for a bed evacuation to take place from this bedroom in the event of emergency or Drill.
- The Individual Evacuation Plan for the service user will be updated to reflect the new situation by the PIC. The bed evacuation will reduce the overall time of evacuation for the service and this will be monitored in the next fire drill completed in the service and will be continued to be monitored by the PIC.

Proposed Timescale: 17/09/2017