

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Coachouse
<b>Centre ID:</b>	OSV-0002419
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Dundas Ltd
<b>Provider Nominee:</b>	Jenny Walton
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 August 2017 14:00 To: 10 August 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

**How we gathered our evidence:**

As part of the inspection met with staff members and the person in charge. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

**Description of the service:**

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a spacious two storey house on the campus of the organisation, but within easy access of the local village.

**Overall findings:**

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents, and that there was an ethos of maintaining and developing independence for residents.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met, resulting in positive experiences for residents.

Good practice was identified in areas such as:

- Residents were supported to set and reach goals towards maximising their potential (Outcome 5)
- Residents had a meaningful day in accordance with their needs and preferences (Outcome 5)
- There were measures in place to protect and safeguard residents. (Outcome 8)
- Staff were available to provide appropriate care and support for residents (Outcome 17)

No actions were required following this inspection.

**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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

There were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

Residents were consulted in relation to their care and the day to day running of the centre. Weekly residents' meetings were held, and issues including activities, menus and the protection of vulnerable adults were discussed at these meetings. There was a local advocacy group, and all residents were members.

There was a rights review committee in place in the organisation to ensure any rights restrictions were monitored and reviewed on a regular basis. An identified rights restriction had been referred to this committee who had reviewed it and were continuing to monitor it.

There was a detailed complaints policy in place that was in line with the regulations and an easy read version of the procedure was in place and on display in the centre. A complaints log was available, and a record was also kept of any complements received.

Residents' consent was sought for various aspects of daily life. For example, consent forms were in place in relation to the management of personal finances. Assessments of capacity had been conducted in various areas including medication management and support in financial management.

The privacy of residents was respected. Each resident had keys to the front door and to their own rooms.

**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):**

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

**Findings:**

There were personal plans in place for each resident in and residents were involved in this process. Improvements had been made in the detail included in the plans since the previous inspection, meaningful goals were set and records of progress and achievements were maintained.

Each personal plan began with an assessment of the resident which was detailed in relation to various aspects of residents' lives including activities of daily living, safety and the promotion of independence. There were assessments in place relating to dependency needs, falls, moving and handling and social care needs. There were detailed assessments of any healthcare needs.

Plans were in place in all aspects of daily life, including both social care and healthcare, and plans were detailed and current.

Goals had been set with each resident in relation to their assessed needs and aspirations. Some of these goals had been further broken down into smaller steps to facilitate their progress. There was clear evidence that goal setting was appropriate and meaningful, and that goals were achieved by residents.

Personal plans were reviewed and evaluated regularly, and progress towards goals was documented. In addition to formal reviews a monthly key worker update was recorded, and the involvement of residents was recorded. A meeting of the multi-disciplinary team was held every five weeks to review residents' progress.

There was evidence that residents each had a meaningful day. Some residents were in supported employment, others attending various classes and activities. Residents were

supported to spend their leisure time in accordance with their preferences and their levels of independence.

**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:**

There were systems in place to ensure fire safety for the most part, risks were assessed and managed and any accidents and incidents were followed up appropriately.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident, and a summary of pertinent points maintained in a fire safety folder. Residents had all attended fire training. Clear records of fire drills undertaken and response times were maintained. Staff had all received training in fire safety.

Fire doors had been installed in the kitchen, utility room and other areas of higher risk, as agreed after the previous inspection, and the plan to complete the installation of fire doors was within its agreed timeframe.

There was a risk management policy in place which included all the requirements of the regulations. A risk register was in place for the centre which included the identification and risk management guidance for risks such as lone working, medication management and food safety. Individual risk assessments for residents were in place which detailed control measures, for example relating to particular social activities, and to residents smoking. A risk management and safety group was in place at which risk registers were reviewed.

**Judgment:**

Compliant

**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:**

The provider had ensured that there were measures in place to protect and safeguard residents, and behaviours of concern were positively supported.

There were behaviour support plans in place for all residents who required support in this area. These plans were based on thorough assessments and contained detailed guidance in relation to reducing the frequency of behaviours of concern and in managing any incidents.

All staff had received training both in the protection of vulnerable adults and in the management of behaviours of concern, and protection was discussed at residents' meetings. There was evidence of clear structures and processes in place in the event of any allegations of abuse.

There were currently no restrictive practices identified in the designated centre. Where staff considered that there might be a restrictive element to an intervention, this had been referred to the rights committee, and the intervention was only implemented with the consent of the resident.

**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):**

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



**Findings:**

Residents' healthcare needs were being met, and improvements had been made in healthcare plans since the previous inspection.

All healthcare needs reviewed by the inspector had plans of care in place to provide guidance to staff. Any changing healthcare needs or acute conditions were managed appropriately, including immediate referrals to the appropriate healthcare professionals.

Residents had access to various members of the multidisciplinary team (MDT), including speech and language, neurology and psychiatry. Each resident had a general practitioner, and there was an out-of-hours service available.

Residents were involved in menu planning, initially at the weekly residents' meetings, and then on a daily basis at mealtimes. Those residents with communication needs were supported to make choices, for example by the use of pictures. Residents were supported to be involved in the preparation of meals in accordance with their ability and preference.

**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:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

There was a clear management structure in place, and all staff were aware of this structure. Within the management structure various team meetings were held, including regular staff team meetings. Minutes were kept of these meetings in which required actions were identified and the person responsible for them named. There was also a system of management team meetings, including a policy, training and development group, a risk management team and a senior management team.

There were staff communication systems in place, including a shift handover and a meeting between the shift leader and the person in charge or their deputy every morning.

A suite of audits was in place, and a schedule for conducting each of these audits had been developed. Audits included finance, medication management, health and safety and audits of personal plans. These audits resulted in the identification of required actions and those actions reviewed by the inspectors had been implemented.

An annual review and six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations. These visits resulted in action plans, and these actions were monitored. A system of performance management was in place in the centre, whereby a review of performance was conducted annually, with a six monthly follow up.

The person in charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the Regulations. She had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

**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:**

Staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs.

Staff training records were reviewed by the inspector, and all required staff training was up to date. All staff had received training in areas such as positive behaviour support, communication and goal setting. A staff performance management system was in place.

Continuity of staff was managed by the rostering of permanent staff or if on call staff

were required by the use of a panel of staff who were familiar to residents.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs.

**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:***

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