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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Cois Locha Residential and Respite Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Western Care Association</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07 June 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0001773</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0021610</td>
</tr>
</tbody>
</table>
About the designated centre

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

Cois Locha Residential and Respite Services support four male and female adults with intellectual disabilities, who present with associated complex needs such as physical and sensory disabilities and consequently have high support needs. This service is a combination of full-time residential and respite care. The centre is a single-storey house on the outskirts of a rural village. All full-time residents in the centre have their own bedrooms, and there is an additional bedroom reserved for respite use. The physical design of the building suits the needs of residents and there is suitable equipment available to support individuals with physical disabilities. Residents are supported by a staff team that includes a social care leader, social care workers and social care assistants. Staff are based in the centre when residents are present and there are both waking and sleep-in staff on duty at night to support residents.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>15/11/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 June 2018</td>
<td>10:30hrs to 18:00hrs</td>
<td>Jackie Warren</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### Views of people who use the service

The inspector met with three residents who lived in this centre.

Due to residents' communication needs, none of the residents spoke with the inspector. However, the inspector observed that residents were comfortable, relaxed, and happy in the company of staff, and in their environment.

The inspector spoke with a member of a resident's family who was very satisfied with the quality of the service, and said that their relative was both safe and happy at the centre, and that staff provided an excellent level of care and support.

The inspector also read three questionnaires that had been completed by families on behalf of residents. The questionnaires expressed a high level of satisfaction with all aspects of the service including staffing, healthcare, activity and family involvement.

### Capacity and capability

There were effective governance and management arrangements in place which ensured that the service delivered to residents was safe and of a good quality.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and any issues required to improve the service had been addressed. The person in charge and staff carried out regular audits, including audits of residents' finances, personal plans and medication management.

There was a clear and effective management structure in place in the organisation. The person in charge was supported by her line manager and support structures in the organisation such health and safety, and quality and compliance personnel. In addition, there were out-of-hours on-call management arrangements to ensure that staff were supported at all times.

The provider had measures in place to ensure that staff were competent to carry
out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling and safeguarding. The person in charge was based in the centre and worked closely with staff and residents. During this inspection, and throughout this registration cycle, inspectors had found the person in charge to be very familiar with residents' care and support needs.

There was a suitable process to manage complaints. There had been a low level of complaints in the centre, although there were policies and practices to ensure that any complaints would be suitably recorded, investigated and resolved.

Any issues arising from the previous inspection of the centre had been taken seriously and had been suitably addressed.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. She was based in the centre, and was very knowledgeable regarding the needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge, these were updated to show any changes and were accurate at the time of inspection.

Judgment: Compliant
### Regulation 16: Training and staff development

Staff working in the centre had received mandatory training in addition to other training relevant to their roles, and to the needs of residents. There was a training schedule to ensure that training was delivered as required. There were no residents in the centre who required behaviour management support; however, most staff had received this training. The three most recently recruited staff had not yet received behaviour management training, but they had been identified to the organisation's training department to attend this training.

**Judgment:** Compliant

### Regulation 22: Insurance

There was a suitable and current insurance policy in effect.

**Judgment:** Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge was based in the centre and there were systems in place, such as such as audits, staff supervision, availability of operational policies and management meetings, to ensure that the service was provided in line with residents’ needs and as described in the statement of purpose.

**Judgment:** Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and included the information required by the regulations. The statement of purpose was being reviewed annually by the person in charge.

**Judgment:** Compliant
Regulation 34: Complaints procedure

There was a suitable procedure for the management of complaints.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe.

There was a good level of compliance with regulations relating to the quality and safety of resident care. During the course of the inspection, the inspector found that residents received person-centred care and support which ensured that they enjoy activities suited to their preferences, capacities and assessed needs on a daily basis.

There were effective measures to enhance communication with residents. Residents' communication needs had been reviewed by a speech and language therapist and communication plans had been developed and implemented for all residents. These plans explained how some resident communicated their thoughts and feelings. All residents, including those who were non-verbal, had detailed information available to guide staff on how to support them to communicate. 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. The use of assistive technology to enhance communication had been introduced in the centre. All residents had been reviewed and assessed, and specific technology was being used by one resident.

The centre suited the needs of residents. The house was clean, comfortably furnished and well-maintained, and there was a supply of assistive equipment to meet residents’ mobility and personal care needs. Residential residents had their own bedrooms, which were decorated to their preferences. There was adequate furniture such as wardrobes and other furniture where residents could store their clothing and belongings. There was one bedroom reserved for respite use, and this room was personalised prior to each respite change, with personal items, pictures and bedding introduced for the arriving resident.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system. Staff also carried out a range of fire safety checks. Staff had received formal fire safety training and effective fire evacuation drills were carried out.

The management team had taken measures to safeguard residents from being
harmed or from suffering abuse. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. Recommendations from multi-disciplinary supports were included in residents' personal plans to ensure that the plans were comprehensive. The personal planning process ensured that residents' assessed needs and preferences were identified, and that suitable supports were in place to ensure that these were met. Since the last inspection accessible versions of residents' personal plans had been developed to increase residents' knowledge and understanding of their own personal plans. In a sample of personal plans viewed, the inspector found that progress in achieving person goals was being well-recorded and that many of the goals had been achieved. Residents' goals and plans prioritised their quality of life. The inspector could see that residents were supported to attend events such as football matches, holidays, outings and family visits.

There were safe medication management processes in place. Medication was suitably stored and administered, and staff had training in the safe administration of medication. All residents had been assessed for suitability to take control of their own medication.

**Regulation 10: Communication**

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes.

**Judgment: Compliant**

**Regulation 11: Visits**

Residents could receive visitors in accordance with their wishes, and they were also supported by staff to visit their families.

**Judgment: Compliant**

**Regulation 17: Premises**
The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally. However, while overall the house was well ventilated, there was no form of ventilation to one toilet area that was used by staff, visitors and one resident.

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

There were safe medication management practices in the centre and there was a medication policy to guide staff. Residents’ medication was securely stored at the centre and staff who administered medication had received training in safe administration of medication. The suitability of residents to administer their own medication had been assessed.

Residents had access to the services of a pharmacist in the local area.

Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives, staff, and multidisciplinary supports, were being held. Residents’ personal goals were agreed at these meetings and these were made available to residents in a user-friendly format. As respite users were based in
the centre at limited times their goals were developed in conjunction with day service staff, and these plans were supplied to the designated centre. The achievement of these goals was supported by families, day service staff, and staff in the designated centre.

Judgment: Compliant

**Regulation 8: Protection**

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff. The services of a designated safeguarding officer and a deputy safeguarding officer were available to support residents and staff.

Judgment: Compliant
<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:

Suitable Ventilation will be installed into the toilet area where it is required. The issue has been highlighted and discussed with the Maintenance department and agreement has been made that a bathroom ventilation extractor fan will be installed in the toilet by 01-08-2018.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(7)</td>
<td>The registered provider shall make provision for the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>01-08-2018</td>
</tr>
</tbody>
</table>