



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

## Issued by the Chief Inspector

|                            |                        |
|----------------------------|------------------------|
| Name of designated centre: | Cois Dara              |
| Name of provider:          | Cois Dara              |
| Address of centre:         | Wicklow                |
| Type of inspection:        | Short Notice Announced |
| Date of inspection:        | 15 July 2020           |
| Centre ID:                 | OSV-0007698            |
| Fieldwork ID:              | MON-0029747            |

## About the designated centre

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

Cois Dara is a designated centre operated by Autism Initiatives Ireland Company Limited by Guarantee. It provides a community residential services to up to four adults with a disability. The centre comprises of a main house which accommodates two residents and two attached individual apartments which each accommodate one resident. The main house consists of a kitchen, dining room, utility room, living room, two bedrooms, bathroom, staff bedroom and office. The first apartment contains a living room, bedroom, office, bathroom and kitchen. The second apartment comprises of a kitchen/living room and a bedroom with an en suite. The centre is situated close to a suburban area of County Wicklow. The centre is staffed by a team leader, senior social care worker, social care workers and support workers.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 |
|------------------------|----------------------|--------------|------|
| Wednesday 15 July 2020 | 11:00hrs to 17:00hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

The inspector had the opportunity to meet three of the residents living in the designated centre. One resident was visiting family members at the time of the inspection. Some residents used non-verbal methods to communicate or chose to have limited engagement with the inspector and this was respected. The inspector also observed elements of their daily lives over the course of the afternoon of the inspection.

The inspector observed residents being supported to access their community, meet with family and relaxing in their home. It was observed that residents appeared relaxed, comfortable and enjoying the company of staff members. Positive interactions were observed between residents and staff.

Overall, the house appeared well maintained and decorated in a homely manner. One resident showed the inspector around their apartment and other residents gave permission for the inspector to see their bedrooms which were personalised and decorated in line with their tastes and preferences.

## Capacity and capability

Overall, this inspection found that residents appeared content and relaxed in this centre. The governance and management systems in place ensured that the service provided was monitored to ensure the effective delivery of care and support.

The centre had a defined management structure in place. The centre was managed by a suitably qualified and experienced person in charge. The person in charge worked in a full-time role and was supported in their role by social care leader. The person in charge was responsible for a number of designated centres and other services operated by the provider. The inspector was informed of plans in place to reconfigure the management structure of the designated centre which would include changes in the person in charge role.

There were arrangements in place to monitor the quality of care and support in the centre. The quality assurance audits included health and safety, medication management, bi-monthly peer reviews, six-monthly unannounced provider visits and an annual review for 2019. These audits identified areas for improvement and developed action plans. However, the annual review required improvement as it focused on a number of the provider's centres and was not centre specific. In addition, the annual review did not include consultation with residents and their representatives as required by Regulation 23. This had been identified by the provider and the inspector viewed a draft template which had been developed for

the next annual review.

There was a planned and actual roster maintained by the person in charge. From a review of a sample of rosters, it was evident that there was sufficient levels of staffing to meet the assessed needs of the residents. The provider ensured continuity of care through the use of a regular relief panel. Throughout the day of inspection, positive interactions were observed between residents and the staff team.

There were systems in place for the training and development of the staff team. The inspector reviewed a sample of staff training and found that the staff team were up-to-date in mandatory training including fire safety, medication management and safeguarding. This meant that the staff team had up to date knowledge and skills to support residents with their identified needs.

The inspector reviewed a sample of incidents and accidents occurring in the centre and found that incidents were notified as appropriate to the Office of the Chief Inspector in line with Regulation 31.

### Regulation 15: Staffing

There was a planned and actual roster maintained by the person in charge. There was sufficient levels of staffing to meet the assessed needs of the residents and the provider had arrangements in place to ensure continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team had up to date knowledge and skills to support residents with their identified needs.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a defined management structure in place. There were arrangements in place to monitor the quality of care and support in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents were notified as appropriate to the Office of the Chief Inspector in line with Regulation 31.

Judgment: Compliant

### Quality and safety

The management systems in place ensured the service was effectively monitored and provided a safe, appropriate care and support to residents. However, some improvements were required with regards to premises, fire safety and review of restrictive practices.

The inspector completed a walk through of the service accompanied by the person in charge. The centre comprises of a main house which accommodates two residents and two attached individual apartments which each accommodate one resident. Overall, the centre was well maintained and decorated in a homely manner. However, there were some areas of plaster work which were in need of maintenance. This had been self-identified by the provider and this was in process of being addressed by the provider's maintenance department.

The inspector reviewed a sample of personal plans. Each residents needs were assessed through an 'about me' assessment and healthcare pathway assessment which identified residents' needs. These assessments informed the residents' personal plans which were found to be up-to-date and appropriately guided the staff team in supporting residents with identified needs. Residents were supported to manage their health care and there was evidence that residents were supported to have regular access to appropriate allied health professionals.

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. On the day of the inspection, there were a number of restrictive practices in use including restricted access to areas of the centre and an audio monitor. The restrictive practices had been identified by the provider. While, each restrictive practice was reviewed through a restrictive practice reduction plan, it was not evident that one restrictive practice in place was the least restrictive and for the shortest duration necessary. For example, the receiver for an audio monitor in one of the apartments was located in a communal area in the main

house which impacted on the privacy for the resident in the apartment.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place to guide staff in supporting residents to evacuate. Centre records demonstrated that fire evacuation drills were completed regularly. While a night time drill had been completed in April 2020 it did not include all residents. This meant that the arrangements in place to review the evacuation of the centre required some improvement to ensure all persons could be evacuated in the event of fire at night time.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific risks and the measures in place to manage the identified risks. In addition, individual risk assessments were also in place for identified risks including behaviour and restrictions.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. The inspector observed that personal protective equipment including hand sanitizers and masks were available in the centre.

### Regulation 17: Premises

The centre was well maintained and decorated in a homely manner. However, there were areas of plaster work in need of maintenance and repair.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.



Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and control of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, the arrangements in place to review the night time evacuation of all persons required improvement.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There was an up-to-date assessment of need in place which consisted of an 'about me' assessment and a healthcare pathway plan. The personal plans in place were up to date and guided staff to support residents with identified needs.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to manage their health care conditions. Residents had access relevant allied health professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required.

Restrictive practices in use in the centre were identified and there was evidence of regular review. However, improvement was required to ensure that the restrictive practices in use were the least restrictive and used for the shortest duration necessary.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. Incidents occurring in the centre were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 31: Notification of incidents              | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |

# Compliance Plan for Cois Dara OSV-0007698

Inspection ID: MON-0029747

Date of inspection: 15/07/2020

## 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 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/>Any maintenance requires is identified on the service maintenance log,</p> <p>This requirement is then submitted through a maintenance request to the organizations maintenance department,</p> <p>The maintenance department then completes works throughout the organization on a priority basis, (only essential works throughout COVID)</p> <p>If an urgent maintenance request is required due to a health and safety concern a phone-call will be made to the maintenance department,</p> <p>Plans have been put in place to support clients with BOC to prevent plaster being damaged in the first instance, this is done through positive behavior support,</p> <p>Premises are viewed and inspected during the peer to peer audits that take place every second month, the bi annual 18 outcome audit carried out by quality team and also during the services own weekly health and safety check.</p> |                         |
| Regulation 28: Fire precautions  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>A Weekly Health and Safety check is in place in the service that identifies the requirement for all fire safety measures including a simulated night time fire drill</p> <p>The Bi annual 18 Outcome audit also identifies the requirement for all fire safety measures including a simulated night time fire drill</p> <p>All HIQA audits and actions arising are discussed at the HIQA steering group meetings and Senior Team Meetings in order to share the learning across the organization, the requirement for the simulated night time drill was given as an action to all services to</p>  |                         |

|   |                         |
|---|-------------------------|
| complete two of these simulated night time drills per year,   |                         |
| Regulation 7: Positive behavioural support  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Restrictions are reviewed at the clients annual review/future planning meeting with all stakeholders present such as parents, MDT ,</p> <p>Restrictions are reviewed monthly both in service and through the organisations quality department,</p> <p>Restrictions are recorded on a central and a service specific log,</p> <p>Parents or Clients where possible consent for all restrictions that are in place,</p> <p>Where services are unsure of restrictions they can make a referral to the practice support team , this team is made up of Positive behavior support trainers, Clinical team and good autism practitioners, the PST provides support to the staff teams in any area relating to behaviors, restrictions and improving quality of life,</p> |                         |

## 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 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.                                  | Substantially Compliant | Yellow      | 30/08/2020               |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.  | Substantially Compliant | Yellow      | 17/08/2020               |
| Regulation 07(5)(c)     | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | Substantially Compliant | Yellow      | 17/08/2020               |