



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

## Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	13 January 2021
Centre ID:	OSV-0003857
Fieldwork ID:	MON-0031609

## About the designated centre

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

The registered provider had a designated centre consisting of two detached houses based on the outskirts of a large town. The service provided both residential and respite care. The person in charge maintained a record of all residents who accessed the service on a respite basis. The first house could accommodate six residents. This house currently had two residents who lived there seven days a week and respite care was suspended to adhere with current health protection surveillance centre guidelines. This house was a seven-day residence that was open all year round except for holiday periods at Christmas, Easter and the summer. The ground floor of this house consisted of a large kitchen and dining room, a spacious lounge, a conservatory and three single bedrooms that each had an en-suite. The ground floor also had a utility / laundry room, a bathroom and a separate toilet. The first floor comprised of four single bedrooms each with an en-suite. One of these bedrooms was a staff sleepover room. The second house provided respite care only. Respite services were presently confined to three residents. The ground floor of this house contained a large sitting room, a kitchen, a dining room, a shower room and toilet. The first floor contained four single bedrooms and one twin bedroom. One single bedroom was designated as a staff sleepover room. There was also one shower room. The external gardens and environments of both houses were well maintained. The staff team was led by a social care leader and comprised of social care workers and support workers.

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

Number of residents on the date of inspection:	3
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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 13 January 2021	10:00hrs to 16:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector reviewed previously requested documentation in the registered providers day services in advance of attending one of the residences attached to the designated centre. Social distancing was observed and discussion with residents was limited to 15 minutes each. Hand hygiene was practiced and the inspector, staff and one of the residents wore a face mask.

The inspector met with two of the residents during the course of the day of inspection. Residents and staff were adhering to current public health guidelines and all activities for residents were observed to be on a one to one basis. Both residents were anxious to meet with the inspector and one resident was very excited. Both residents had engaged in the preparation of a chocolate cake that they had made which they showed to the inspector. The relationship between residents and staff was observed to be warm, friendly and respectful.

One resident gave the inspector a tour of their home. This resident stated they were happy living in the house and they liked their bedroom and possessions very much. Photographs and personal items were on display in their bedroom which was clean and homely. A photograph album of the residents family and friends was shown to the inspector. This resident had recently attended hospital and spoke of their experience of going to hospital in an ambulance. This resident stated that they were feeling much better and that they had seen an ambulance the previous day which made them feel excited. This resident said they liked making cakes with staff and going out in the community for a spin. The resident was able to indicate to the inspector who resided in each bedroom and knocked on the doors before entering. Residents said they enjoyed watching television and that they also had their own personal television in their bedroom. Minor decorative works were required to paintwork in some areas and the kitchen cupboards were to be replaced as planned maintenance. The resident stated that they had been involved in selecting the finished product and colours which was awaited.

The second resident removed themselves to their bedroom when the inspector first entered the house. When the inspector was accompanied on a tour of the premises, this resident invited the inspector to talk with them. The resident was proud of photographs that were on display in their bedroom. The resident showed the inspector a road bowling trophy that they had won in Mayo the previous year. This journey had been very much enjoyed by the resident and staff had supported them throughout. This resident was wearing a football jersey of a local team that had been signed by the players. The resident had won the jersey and they liked it the most, of all their clothes. The resident relayed how the pandemic had impacted on the activities they would usually enjoy. Going to matches and music sessions, having a pint in a pub and generally accessing the community freely were the things they missed most. The resident was having an occasional alcoholic beverage in the evenings but felt a drink in a pub was nicer. Meeting their friends either at work in the local shop or at day services was something they were looking forward to once

the pandemic allowed. This resident had taken responsibility for maintaining the gardens and external areas of both houses. The inspector had noted that these areas were maintained to a very good standard. The resident indicated that they had requested the registered provider purchase a better lawnmower and they had done so. This resident also liked to use their mobile phone to communicate with people and sometimes used their electronic tablet.

Residents indicated that they missed accessing the community due to COVID-19 restrictions. Residents reflected that they felt very well supported and cared for by staff and that they enjoyed living in the service. Both residents stated they felt safe in the service. Documents reviewed indicated that residents were consulted in the running of the designated centre and that their views were both respected and upheld. This was most relevant to one resident who did not wish to relocate to another house. Family contacts were recorded by staff and these records reflected positively on both the service and staff. Notes reflected that staff had highlighted the need for a dedicated vehicle for the use of residents to allow for more community based activities. A senior manager indicated that the a new vehicle had been purchased and delivery was awaited.

## Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well supported. The focus of support was person centred in a homely environment. Residents had meaningful engagement with their families and the local community.

The registered provider had in place a team of care staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity. Staff numbers allocated to the designated centre afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents said that they felt safe and well supported by staff in general and during the pandemic. Residents did not have access to day services in line with public health guidelines.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 13 staff were reviewed. 30% of staff required refresher training in fire and safety. 45% of staff needed current training in the management and prevention of aggression while 15% of staff required retraining in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents. This training included first aid, communication skills and medicines

management. The social care leader was supported by the person in charge to provide formal supervision to staff. One to one supervision was taking place by telephone due to the pandemic. The inspector reviewed records of staff supervision meetings.

Six monthly unannounced audits had been conducted in March and November 2020. The annual review of the service was undertaken by the registered providers quality and training manager. Areas for improvement were clearly identified. These areas were actioned and completed by the person in charge and the registered provider representative. The annual review was comprehensive and actions arising included the development of internal advocacy structures. Residents were involved in the annual review and their representatives input was sought through family focus groups. The inspector reviewed records of staff meetings and family meetings. Staff meetings reflected a comprehensive agenda of items for discussion. These related to the current pandemic and residents safety as well as the introduction of wellness plans to support residents with personal choices and activities. Complaints were also reviewed at team meeting.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated and resubmitted to support the registered providers application to renew registration. The directory of residents was well maintained and all relevant information was current.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up-to-date. How to make a complaint was displayed in an easy to read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. All complaints had the satisfaction of the complainant noted.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. The inspector had identified three notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider and any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed. The express will and preference of residents was taken into account when addressing incidents.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood. There was evidence that residents relatives signed contracts on their behalf.

The registered provider had not ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner in contravention of Section 48, 3 of the Health Act 2007. The registered provider did apply urgency to requests for the application and all other additional information to be submitted, once requested.

<b>Regulation 14: Persons in charge</b>
The registered provider had ensured that a suitably qualified and experienced person in charge was employed in a full-time capacity.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents, however, mandatory refresher training was required by staff.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had maintained a directory of residents in accordance with Schedule 3 requirements.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The registered provider ensured that there were resources in place to provide both good support and care to residents, the necessary supports to provide a meaningful day and activities for residents.



Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and available in an easy to read format.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. Staff and resident interactions were observed to be warm,

respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere. There had been a marked improvement in the state of repair of the designated centre since the previous inspections especially in relation to the external environment and garden areas. The opportunity for residents to attend work, day services and activation had been greatly impacted by the pandemic, however staff had support measures to replace these activities within the designated centre.

Residents had defined goals that were subject to review by a designated key worker. Annual review of plans in 2019 incorporated the input from the resident, their key worker, families and the multidisciplinary team. Priority goals were agreed with the residents circle of support. All personal care planning documentation was readily accessible and maintained in good order. While an annual review of care plans had not taken place during the current pandemic, the registered provider had put in place a wellness support plan to reflect changes in previously identified goals relevant to each resident. These plans were more meaningful to residents as they reflected the restrictions required by public health guidelines while affording residents the opportunity to set and achieve new goals. The wellness plan introduced residents to yoga and mass through the use of the internet.

A sample of three residents files were reviewed by the inspector. Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Residents had yet to have their annual medical check up with their general practitioner, however residents were attending their dentist if required. Some residents were also attending national screening services. Each resident had a current risk assessment in place in relation to COVID-19. Residents also had an assessment in place to determine whether they could self administer medicines.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. The risk assessments were very clear and outlined the rationale and supports afforded to residents. All restrictive practices had been subject to review by the registered providers restrictive practices committee. The committee comprised of six senior managers who had familiarity with the residents assessed needs as well as oversight of services. The most recent review of restrictive practices had taken place in December 2020. Positive behaviour support plans were subject to review by staff and three sample files reviewed demonstrated that the plans were up-to-date. Any safeguarding issues identified by staff had been escalated through the person in charge to the registered providers designated officer. Appropriate safeguarding plans had been implemented and records reflected communication with and adherence to the instructions given by the health services executive safeguarding team. The designated officer for the services had completed an audit of the service on behalf of the national safeguarding office in May 2020.

Both residents articulated that they felt safe in the designated centre. One resident

indicated that they didn't always like the food but that they always received the food they had chosen. Takeout food was something both residents liked. Alcohol was available in moderation, should residents wish to drink it. Both residents were anxious that current public health guidelines would change to allow them more time with their friends and relatives in the community. Residents said that sometimes they had to get a bus from the day service if they wanted to go for a spin and they were looking forward to a new vehicle that awaited delivery.

The registered provider had an outbreak management committee and a contingency plan specific to COVID-19. This plan was available in an easy to read format and was up-to-date. The committee had prioritised the training of staff in infection prevention controls and had infection protocols in place. Isolation plans were also in place if required. Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. Staff were split into separate rota's to ensure continuity of care and day services staff were supporting residents in their home. Staff recorded and maintained a record of residents, staff and visitors temperatures. The person in charge had completed a self assessment questionnaire in December 2020 to determine the readiness of the service to deal with an outbreak of COVID-19. There had been no confirmed cases of COVID-19 to date in the designated centre. Improvements to address possible identified shortcomings were risk assessed and included in the registered providers risk register. The designed centres risk register had also been recently updated.

The fire and safety systems in place were of good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. Not all staff had up to date fire and safety training as previously described under Regulation 16. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were clearly recorded. The inspector noted that some emergency lights were recorded by the registered providers fire competent person to have failed their inspection. This matter was recorded at the end of a number of quarterly inspections without being addressed. The person in charge arranged for these lights to be repaired the week following the inspection and confirmed completion of these works.

The house visited on the day of inspection was maintained to a good standard. Repairs and painting were required, however, all repairs were of a minor nature and these decorative issues did not impact on residents. Rooms were bright and homely. The cupboards in the kitchen required new doors and this matter was in hand. Residents had been involved with the contractor and decided on the colour and finishes of the replacement doors that were now on order. Residents had direct control over their own possessions and there was space to store personal items.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to a communal television as well as

television within their own bedrooms. Residents had access to telephones within the designated centre and some residents maintained and used their own mobile phones. Each residents communication passport was part of their overall individual care plan. There was easy to read information and notices throughout the designated centre. Residents were utilising virtual forums to meet and make contact with peers, friends and family. All communication with family members was logged by staff.

### Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support taking into account the express wishes and needs of the resident.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was properly maintained, however some minor repairs pertaining to decoration was known to the registered providers maintenance department but awaited completion.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider had in place a guide for residents that was easily accessible and in an easy to read format.

Judgment: Compliant

<b>Regulation 26: Risk management procedures</b>
The registered providers risk register was current and reflected regular review of risks to residents, including the current pandemic.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider ensured that all residents were safeguarded from the risk of healthcare associated infections including COVID-19
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The registered provider ensured that there was effective fire safety management systems in place, however repairs to the emergency lighting system was not addressed at the time of identification by the registered providers competent fire and safety assessor. The person in charge scheduled these repairs to be completed within a week of the inspection.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The person in charge ensured that each resident had in place a personal care plan that was subject to regular review. While an annual review of care plans had not taken place during the current pandemic, the registered provider had put in place a wellness support plan to reflect the changes in previously identified goals relevant to each resident. These plans were more meaningful to residents as they reflected the restrictions required by public health guidelines while affording residents the opportunity to set and achieve new goals.
Judgment: Compliant

## Regulation 6: Health care

The registered provider had appropriate healthcare plans in place for residents

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge ensured that therapeutic interventions were reviewed as part of the personal planning process.

Judgment: Compliant

## Regulation 8: Protection

The registered provider ensured that all residents were assisted and supported to protect them from all forms of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that each residents privacy and dignity was respected and the registered provider ensured that residents had the freedom to exercise control and choice over their daily life. This was further enhanced by the allocation of a vehicle to the designated centre for residents use. A new vehicle had been identified and awaited delivery.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Skibbereen Residential OSV-0003857

Inspection ID: MON-0031609

Date of inspection: 13/01/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All safeguarding training has now been completed by staff on duty in the centre.            All fire training has now been completed by all staff on duty in the centre.            A review of the training provided in relation to Behaviour management that best meets the needs of the residents within the Designated centre is currently underway within the organization. Once determined, the staff within the Designated Centre will complete the training. The identified training that best meets the needs of the residents within the Designated centre will be reflected in the center's Statement of Purpose.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The kitchen cupboards are on order and awaiting delivery. Once delivered and the COVID 19 restrictions allow, the new cupboards will be fitted.            There is a maintenance schedule for works required to be completed and this is completed in consultation with the residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As highlighted in the report, the emergency lighting repairs that were required to be completed were carried out within one week of the inspection.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2021
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	30/04/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/01/2021