



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

Name of designated centre:	Cois Fharráige Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	15 May 2018
Centre ID:	OSV-0001765
Fieldwork ID:	MON-0021606

About the designated centre

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

The designated centre comprises of two houses which offer residential and respite services for up to nine residents with an intellectual disability. The respite service is opened on a pre-determined number of nights per month and there are 10 residents identified as using this service. Residents using the residential house have a full-time service and four residents using this service on the day of inspection. Both houses are located within walking distance of a medium sized town and residents are supported to access their local community on a regular basis. A social model of care is delivered in the centre and residents are supported by both social care workers and social care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	11/10/2018
Number of residents on the date of inspection:	4

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:

Date	Times of Inspection	Inspector	Role
15 May 2018	09:00hrs to 17:00hrs	Ivan Cormican	Lead

Views of people who use the service

Inspectors met with four residents on the day of inspection. Each resident appeared relaxed and considered the centre their home. Residents had free access to all areas of their home and their individual rooms were decorated with pictures of family and friends. Questionnaires, which were completed by residents and their representatives, indicated that residents were happy with the quality of the service and were offered choice in regards to meals and activities. Residents also indicated in their responses that they could go to any member of staff and the person in charge if they had any concerns. Residents indicated that they liked staff in the centre, who were observed to interact with residents in a kind and caring manner. Staff members had a good understanding of the care needs of residents and a resident appeared to enjoy participating in baking, which was occurring on the day of inspection. Residents were assisted to attend their day centres and two residents were supported to remain in the centre where individual programmes were facilitated.

Capacity and capability

Inspectors found that a good level of care and support was offered to residents in the centre and that sustained improvements had occurred since the last inspection.

The governance arrangements in this centre ensured that effective arrangements were in place to monitor the quality and safety of care provided to residents. The provider had conducted all required reviews and audits as stated in the regulations and the person in charge and area manager were completing on-going reviews of the care practices within the centre. Inspectors found that information gathered from these audits and reviews were used to drive improvements in the centre and also to ensure that consistency of care was provided to all residents.

The provider ensured that a competent workforce supported residents in a manner which met residents' needs by facilitating both mandatory and refresher training in areas such as fire, safeguarding and positive behavioural support. Inspectors also found that care was provided to residents by staff which were familiar to them. The provider had also assured that recruitment practices in the centre promoted the safety of residents by ensuring that all required information as stated in Schedule 2 of the regulations was available for review.

There was a written contract for the provision of services for each resident; however, these documents did not ensure that the residents or their representatives were fully informed of the service provided as they did not include sufficient detail of

the services provided by the centre, or if the resident will incur charges for additional services, such as television subscriptions.

Overall, inspectors found that residents enjoyed a good quality of life and were supported in line with their individual likes and preferences. Some residents were assisted to attend their respective day services and some residents were supported to remain and home with individualised programmes implemented to meet their needs. Residents also enjoyed a good social life and regularly attended their local community for leisure activities and everyday experiences such shopping.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the care needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff in the centre, with the right skills and experience to meet the assessed needs of residents. All information and documents required under Schedule 2 were present. The planned roster did not match the staff on duty; the Person in Charge had been relieved of sleepover duty and replaced by familiar relief staff to fulfil other duties; however, the Person in Charge was not identified on the roster as working alternative hours.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff received mandatory and additional training that is relevant to the needs of the residents. There was a training needs analysis conducted to identify gaps in training, and refresher training scheduled where necessary. There was evidence of regular supervision conducted in line with the centres own policy.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information and was updated contemporaneously.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements in this centre ensured that residents received a service which was safe and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a written contract for the provision of services for each resident; however, these did not include sufficient detail of the services provided by the centre, or if the resident will incur charges for additional services such as television subscriptions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which accurately described the designated centre's intended use and the services which would be offered.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers identified in this centre at the time of inspection

Judgment: Compliant

Quality and safety

Residents in this centre received a good quality of care and were supported to be valued members of their local community.

Fire arrangements in the centre ensured that residents' safety was promoted at all times. The provider had ensured that suitable fire precautions were in place and staff in the centre were conducting regular fire drills which indicated that sufficient staff were on duty at all times to support residents to evacuate in a prompt manner. Regular checks and servicing of fire equipment in the centre was also occurring to ensure that fire precautions were maintained to a consistently high standard.

There were no safeguarding concerns identified on inspection and the provider had systems in place to ensure that residents' safety was promoted at all times. Staff had a good understanding of these systems and had received training in regards to the identification and reporting of suspected abuse. Residents who met with the inspector indicated that they felt safe in the centre and could go to any member of staff if they had a concern. Some residents had also been support to attend the provider's internal safeguarding training which aided them in developing skills in regards to self awareness and protection; however, similar supports had not been facilitated with other residents in the centre.

Residents' personal plans had been made available in an accessible format since the last inspection and a review of these plans indicted that residents were supported to achieve personal goals which were meaningful to them. Residents were consulted in the review of their plans and there was evidence that multidisciplinary supports were available to residents if they were required. However, some improvements were required in regards to assessments of need for full-time residents of the centre to ensure that all potential care requirements would be identified.

Residents received a good quality of healthcare in the centre and were regularly referred and reviewed by professionals such as general practitioners, occupational therapists and speech and language therapists. Inspectors also found that recommendations following reviews by these professionals had also been implemented by the staff team to ensure that residents health was actively promoted.

Risk management was generally managed appropriately and there was evidence that residents were safe. However, some improvements were required to ensure that risks were appropriately managed at all times. There were some gaps in documentation, as some identified risks had not been reviewed and updated contemporaneously (for example a risk assessment for a resident on a modified diet was not present on the most recent risk register). Some other pertinent risks had not been identified or addressed in the centres risk register, for example risk of

scalds, despite being named as a risk in a resident's care plan.

Regulation 12: Personal possessions

The provider had addressed the actions from the last inspection and additional guidance was introduced in supporting residents with their finances; however, some improvements were required in regards to supporting residents when purchasing personal items for their respective bedrooms such as bedding and heating appliances.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided with care and support to meet identified needs. There was evidence of access to recreation and occupation facilities in accordance with residents interests and needs. Residents are supported to develop and maintain personal relationships and links to the wider community.

Judgment: Compliant

Regulation 17: Premises

The premises appeared like a nice place to live and was warm and comfortably furnished. Residents' bedrooms were of a suitable size and there was adequate communal areas in which to relax.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management was generally managed appropriately and there was evidence that residents were safe. However, some improvements were required in regards to the review and identification of risks in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was suitable fire precautions in place to ensure that residents' safety was promoted at all times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place in regards to the storage and administrations medications in the centre. However, some improvements were required in regards to guidance for the administration of rescue medications to ensure that consistency of care was provided to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Safe care was being delivered by staff who are familiar with the residents' care needs; there was evidence of some specific needs assessment for residents (for example communication needs & minimal handling needs). However, there was no clearly recognisable comprehensive assessment of need carried out to inform care plans for residents. There was a more detailed assessment of need carried out for respite users prior to admission; however, similar assessments had not been conducted for full-time residents to ensure that consistency of care was provided.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident had a comprehensive health action plan which guided staff in regards to supporting residents with identified health care needs. Residents were also supported to attend their general practitioner on a regular basis and in times of

illness.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some some restrictive practices in place; however, there was evidence that these practices were under regular review and recent adaptations had been made in the centre which assisted in reducing the restrictive practices for a resident.

Judgment: Compliant

Regulation 8: Protection

The systems in place ensured that the safety of residents would be supported at all times. Staff were up-to-date with training needs and had a good understanding of reporting procedures within the organisation. Some residents had been supported in regards to developing skills in regards to self care and protection; however, similar supports had not been provided to all residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Fharráige Residential & Respite Services OSV-0001765

Inspection ID: MON-0021606

Date of inspection: 15/05/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The person in charge will ensure the roster will reflect all staff on duty with the times specified.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The person in charge will ensure all Individual Services Agreements are reviewed and clearly set out all charges/payments. This will specifically include any additional charges such as for a television subscription. In each case, the completed agreement will be formally agreed in the Circle of Support meeting and thereafter reviewed annually or as changes arise.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All expenditure will be reviewed and discussed at each person's Circle Of Support meeting. This will specifically include all significant purchases, including any decision to purchase furniture for the personal use of the resident. Decisions made in relation to finances will be documented both in the Circle of Support minutes and in each resident's Individual Service Agreement.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The risk assessment and register process for both the individual's concerned and the overall service has been updated to ensure it is fully reflective of all relevant risks including specific references to choking risks, which may arise due to Feeding and Drinking Difficulties and any potential scalding risks due to hot water taps in the service.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The person in charge will ensure that the specific guidance in the PRN protocol is consistent with the epilepsy management plan and is as per the prescriber's instructions. This will ensure consistent guidance is on file for staff across both documents.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge will ensure that a comprehensive Assessment of Need will be completed for each resident and reviewed annually at a minimum to ensure it fully reflects each person's needs and can inform the development of their individual plan and ensure a consistency in supports provided.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	26/06/2018
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	17/05/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Substantially Compliant	Yellow	26/06/2018

	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/06/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	05/06/18
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	30/06/2018

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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