



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

Name of designated centre:	Bantry Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 August 2018
Centre ID:	OSV-0002105
Fieldwork ID:	MON-0024468

About the designated centre

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

Bantry Residential consists of four houses in a rural town setting. Each of the houses contains kitchens, sitting rooms, bedrooms, bathroom facilities and outdoor areas. The centre provides a mix of residential and respite services for up to 17 people, who over the age of 18 years, both male and female, with a diagnosis of intellectual disability. Staff support is provided by social care workers/leaders and support workers. This centre does not provide nursing support. Emergency admissions are only possible where no alternatives are identified. Residents are supported to avail of day service facilities.

The following information outlines some additional data on this centre.

Current registration end date:	09/10/2019
Number of residents on the date of inspection:	17

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
21 August 2018	11:30hrs to 20:30hrs	Cora McCarthy	Lead
21 August 2018	11:30hrs to 20:30hrs	Liam Strahan	Support

Views of people who use the service

This inspection focused on two of the four houses that constituted this designated centre. These two houses could accommodate six persons. Inspectors met with all six residents and spoke with four residents. Two residents had limited verbal communication. In the majority residents communicated that they liked the service, and told inspectors about activities that they were undertaking, showed photos of a trip, showed inspectors around their home and showed inspectors some of their interests on their tablet computer. One resident told inspectors of an issue that upset them and this was passed to the person in charge.

Capacity and capability

The registered provider had ensured a clear governance structure was in place with clear lines of accountability and responsibility ensuring a person centred service was afforded to residents.

The registered provider organisation was managed by a suitably qualified person with significant experience in the disability sector. She was supported by an (acting) Adult Services Manager, who represented the provider organisation in their interaction with the regulator. A suitably qualified and experienced person in charge managed the centre.

A social care leader was appointed to each of the four houses with responsibility for the day-to-day running of each house. This ensured that each house was operated and managed in a consistent manner, with an on site management presence for the majority of the week. Documents reviewed across the course of the inspection demonstrated each person as exercising their responsibilities in accordance with their lines of accountability.

The person in charge had completed a number of audits to ensure the safety and quality of service being provided. These included audits of accidents and incidents, medication, residents' files and health and safety. Financial audits of resident's accounts had been completed. Additionally the registered provider had undertaken unannounced inspections of the service on a six-monthly basis and had completed an annual review for the year April 2017 to March 2018. These audits and reviews had resulted in improvement action plans; the actions being time-bound with responsibility to implement actions assigned to an appropriate person. Due to these audits some actions listed within this report had already been identified by management for action, although some additional actions were identified.

The registered provider had ensured systems were in place for the receipt and management of complaints. While one verbal complaint had not been logged, the complaints procedure was seen to effectively resolve complaints when utilised.

Staff had access to a range of training so as to ensure that they had the skills necessary to meet residents' assessed needs. Training records indicated that there was a need for several refresher training courses, most of which were scheduled. The provider also had a system to enable staff to up-skill and develop. Staff knowledge and competence to respond to residents' needs was further supported by input from multidisciplinary supports. That said the geographical area had limited access to dietetic support, a difficulty known to the service. Staff meeting records demonstrated that while some residents were awaiting dietitian appointments staff were actively taking positive daily steps to address dietary needs through meal options and awareness.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in a management role and had a good understanding of the regulations. She engaged in professional development and had recently completed an intensive management course and demonstrated implementation of learning from that course within the centre.

Judgment: Compliant

Regulation 15: Staffing

Staff files were not reviewed on this occasion.

The centre had access to a range of staff. There was a roster in place.

Minutes of staff meetings contained discussions around arranging staff to support a resident with a particular activity. This featured on a number of staff meeting minutes and remained an open action at the time of inspection. Consequently the deployment of staff required review so that the provider could be assured that staffing arrangements were meeting the needs of residents.

Staff met were knowledgeable of residents' needs and preferences and seen to interact with residents in a respectful manner.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was made available to inspectors. While refresher training was being actively scheduled some refresher training had not been scheduled.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory fo residents was in place within the service. This contained most information required by Schedule 3 of the regulations, it did not record residents' genders. Additionally some information listed in the directory was out of date. At the time of inspection the Person in Charge had already begun to revise the Directory of Residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had arranged for six-monthly unannounced visits of the centre and for an annual review. This review considered a range of areas and audits, as well as interviews with residents and relatives. Both the unannounced inspections and annual review resulted in actions to drive service improvement. A number of audits had also been completed, to include medication audits, health and safety audits, incident audits and reviews of resident files. However the provider had failed to ensure effective oversight of goal attainment and access to communication assessments.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The centre had no recent admissions. A policy was in place to inform the admission process. A sample of residents' files were reviewed and suitable contracts for provision of service were in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre was operating in line with its statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

All information that was required to be notified to the Office of the Chief Inspector had been notified.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There had been no periods when the person in charge was absent for 28 days or longer. The registered provider was aware of the duty to notify the Office of the Chief Inspector should such a period of absence occur.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place and residents were supported to access the complaints process. Complaints listed in the complaints log were seen to be responded to. One verbal complaint raised informally during the provider's review of the service in February 2018 had not been recorded as a complaint. Nevertheless the complaint had been acted upon.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 were reviewed during the inspection. While most were in place three were out of date. Of these three two had been reviewed and were going through approval stages. The policy regarding provision of intimate

care required review.

Judgment: Substantially compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a good standard.

The provider had systems in place which promoted the safety of residents, which included ensuring that staff had received appropriate training. Staff had a good understanding of these systems and were observed to interact with residents in warm and caring manner.

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place. The provider also had systems in place for recording and responding to adverse events in the centre which ensured that the safety of residents was monitored at all times. The person in charge had a good understanding of this system and had addressed all adverse events in a prompt manner.

The centre had appropriate fire precautions in place and staff were conducting regular checks of emergency lighting, exits, fire doors, fire extinguishers and the fire alarm panel. The provider had ensured that all fire precautions were serviced as required and emergency procedures were on display. Each resident had an adequate personal emergency evacuation plan in place. While fire drills were being conducted regularly records indicated that the number of staff on duty for drills were day-time staffing levels. The centre had not completed drills at night staffing levels.

The designated centre appeared to be a pleasant place to live and was comfortably furnished and decorated throughout.

Residents had opportunities for community integration and to attend day facilities. The residents also had opportunities to participate in activities in accordance with their interests.

Residents were facilitated to access a pharmacist and GP of their choice and there was evidence of medication audits. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration. However there was inadequate storage of

medicines, medicines were not stored securely in line with best practice.

Some residents had individual communication supports as recommended by an allied health professional; however, not all recommendations had been implemented. All residents had access to television, newspapers and radio.

The health of residents was promoted in the centre and residents enjoyed a good quality life. Residents were supported by healthcare professionals such as general practitioners, dietitians, speech and language therapists and occupational therapists.

The inspector observed that there were adequate quantities of food and drinks and snacks available to the residents. The residents were supported with eating and drinking.

Regulation 10: Communication

One resident had a communication assessment completed by an allied health professional outlined in their personal plan. However, the recommendations outlined had not been fully implemented. Examples of these would be the introduction of communication supports such as visual aids to alleviate anxiety and frustration at not being understood.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents had access to facilities for occupation and recreation. The residents were facilitated to develop and maintain relationships with family and friends.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the centre was maintained to a good standard and was warm and homely. However the exterior of the building required some maintenance in terms of garden and paintwork.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The person in charge ensured that residents' guide was available for the residents, which included information regarding the services and facilities provided and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

Daily, weekly and monthly fire precautionary checks were taking place within the centre. Quarterly and annual services were up to date. Each resident had an adequate personal emergency evacuation plan in place. While fire drills were being conducted regularly records indicated that the number of staff on duty for drills were day-time staffing levels. The centre had not completed drills at night staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had inadequate practices relating to the storage of medicines in the centre. The inspectors found on the day of inspection that medicines were not stored securely. All records viewed were in line with the providers policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had a personal plan in place which included an assessment of their health and social care needs and which was reviewed on an annual basis following consultation with the resident and their representatives. The personal plan reflected the needs of the residents as assessed by appropriate health care professionals. Personal goals were identified as part of the personal planning process; however, the goals were not clearly outlined and there was no indication of either progression or achievement. For example goals were from 2016 with no indication of who was responsible for supporting the resident to achieve them.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that where intervention was necessary, there was an appropriate behaviour support plan in place for the resident. This plan was comprehensive and included setting events, proactive and reactive strategies. Staff with whom the inspector spoke were knowledgeable regarding the support plan.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially 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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bantry Residential OSV-0002105

Inspection ID: MON-0024468

Date of inspection: 21/08/2018

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: Within the designated centre statement of purpose there are identified staffing levels and skills mix appropriate to the number and assessed needs of the residents. Where there are staff vacancies these are actively being recruited for. Positions are being reviewed to ensure the correct skills mix and grade are available within the designated centre as vacancies occur. There is a planned and actual staff roster available in the houses at all times. Schedule 2 information is held on file by HR and is available for review if required. Weekly staff and residents meeting minutes will be reviewed monthly to ensure any staffing issues are dealt with effectively.</p>	
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: All refresher training for mandatory training has been scheduled for quarter 4 of 2018. Work has commenced on scheduling training for quarter 1 and 2 of 2019. This process is being monitored by the A/Adult Services Manager. Staff receive supervision from their direct line manager and any additional training or support needs are identified through this process. Staff have access to both the standards and the act within each residential house.</p>	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>There is a directory of residents available in the designated centre the review of this will be linked to the annual review process to ensure it is updated annually.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The action plan as agreed in the annual review and 6 monthly unannounced visits are being worked on. There is an organizational review of the PCP process taking place and a clear action plan and guidance to staff will be in place by the end of December 2018. This will link with the updating of the current record keeping system which will be developed during 2019.</p> <p>Communication assessments are being accessed by referral to SLT the tracking of progress in attaining these is being developed and any new referrals and progress made will be tracked via adult services Multi-disciplinary meetings – the notes of these meetings are submitted to individuals files.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The organization has a complaints policy in place, there are easy to read posters on display in all centres for individuals who access supports and their families to view which illustrate the process and give clear information regarding the complaints procedure. These were reviewed and updated on 31st August 2018.</p> <p>There are complaints books in all houses and these are accessible to individuals and their families. Audits of complaints, compliments and concerns occur quarterly for the purpose of the HSE complaints return and for the CoAction board of trustees quality and risk committee. In addition review of complaints form part of the annual review and 6 monthly unannounced visits. Outcomes of complaints are tracked and monitored by the PIC.</p> <p>During provider reviews complaints are logged centrally this information will be</p>	

communicated to all relevant parties.	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The review schedule for policies has been agreed at the policy review group meeting on 3rd October – all policies relating to the 21 standards have been discussed and plans put in place to ensure they are updated in a timely manner.</p> <p> </p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Communication assessments are being accessed by referral to SLT the tracking of progress in attaining these is being developed and any new referrals and progress made will be tracked via adult services Multi-disciplinary meetings – the notes of these meetings are submitted to individuals files.</p> <p> </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Works are budgeted for on an annual basis – the completion of these is scheduled to ensure any other work which may affect the outcome is completed first. The residential house is being insulated further and then exterior paintwork is being completed (weather permitting).</p> <p>Gardening is completed by an identified maintenance person who works to a schedule agreed with the center management.</p> <p> </p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills at night staffing levels will be completed and will form part of the regular fire drill occurrences within each of the residential houses.</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: Medicines previously stored in the filing cabinet will now be stored in a separate storage cupboard to ensure sufficient space and security of storage.</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: Where an individual has a long-term ongoing goal to complete an activity on a regular basis or maintain skills in a specified area this will be explicitly stated within their PCP. The tracking of this goal will also be detailed.</p> <p>The action plan as agreed in the annual review and 6 monthly unannounced visits are being worked on. There is an organizational review of the PCP process taking place and a clear action plan and guidance to staff will be in place by the end of December 2018.</p> <p>A new recording system will be in place and operational by June 2019.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/10/2018
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	9/10/2018

	refresher training, as part of a continuous professional development programme.			
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	21/12/2018
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	26/10/2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	26/10/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/12/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	24/11/2018

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	26/10/2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	11/10/2018
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	2/10/2018
Regulation 05(2)	The registered	Substantially	Yellow	30/06/2019

	provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Compliant		
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