



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

Name of designated centre:	The Coastguards
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	11 September 2018
Centre ID:	OSV-0002567
Fieldwork ID:	MON-0022478

## About the designated centre

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

This designated centre currently provides residential services for two elderly male adults and four females with intellectual disabilities (however, the centre is registered for 7 adults). The centre is a large two story house with an extension to the left of the main house and a sunroom extension to the back of the house. The ground floor has a kitchen, a dining room, a utility room, three toilets, five bedrooms, one of which has an en suite toilet. Upstairs there is a kitchen cum sitting room with a bedroom, toilet, storeroom and office. There is a garden to the front of the building with a parking area. At the back of the house there is a large garden with patio area and polytunnel. There is a car available to residents at this centre. There is a full-time person in charge, seven nurses and fourteen Health care staff employed at this centre.

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

Current registration end date:	29/08/2019
Number of residents on the date of inspection:	6

## 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
11 September 2018	11:00hrs to 16:15hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with the four of the six residents throughout different times of the day. During these engagements some of the residents relayed their views to the inspector. Residents' views were also taken from observations, HIQA questionnaires, minutes of residents' meetings and various other records that endeavoured to voice the resident's opinion.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. Where appropriate staff supported communication between residents and the inspector so that their views could be known.

A number of residents advised through feedback forms that they liked the layout of their home, in particular their bedrooms and that there as there was plenty of space in the house for them to enjoy.

One resident commented that they were happy with the of choice food they were offered and that staff knew what particular foods they liked and disliked.

Three residents commented that they enjoyed the in-house music sessions and sign-a-longs with staff.

Two residents advised that they were supported and assisted in making a complaint and that staff advocated on their behalf to ensure the matter was resolved. Most residents commented that staff were aware of their likes and dislikes and how they communicated this.

One resident noted that they enjoyed the social interaction with staff and their peers. Another resident mentioned that they enjoyed interacting with other residents but were happy too that they had the choice to have their own space if they so wished.

The inspectors observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value were taken in to account. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to.

The inspector had carried out an inspection of this centre in May 2018 and found that governance and management systems in place ensured the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. Further to the annual and six monthly reviews senior management carried out monthly reviews to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

There were sufficient numbers of staff with the necessary experience and competencies to meet the needs of the residents living in the centre. Staff had the necessary capabilities and skill to support the specific residents that live in the centre and had developed therapeutic relationships with the residents. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of the residents needs and the supports required to meet these needs.

Staff ratios enabled flexibility to respond to residents' changing needs and the way they wished to live their lives. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships was promoted. As per previous inspection, arrangements had been made for the same staff members to work and support the specific needs of one resident to ensure consistency of care and promote positive outcomes for them. Furthermore, due to the further changing needs of one resident, an addition staff member had been employed to ensure their needs were met and that effective and safe care was provided at all times.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. Since the last inspection the person in charge had implemented improvements to the complaints process which empowered residents to self-advocate their satisfaction of the complaint outcome.

## Regulation 15: Staffing

A sample of staff files were inspected and met the requirements specified in Schedule 2. The person in charge ensured the roster included flexibility to meet the

needs and required supports of residents.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
This regulation was not addressed on this monitoring event however, on the last inspection in May 2018 the inspector found that staff were supported to develop professionally in an atmosphere of respect and encouragement.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The registered Provider had a directory of residents in place and was maintained in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
This regulation was not fully addressed on this monitoring event however, on the last inspection in May 2018 the inspector found that Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The service being delivered was in line with the current statement of purpose.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>

The inspector found that effective information governance arrangements were in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints procedures and protocols were evident and appropriately displayed and available to residents and families.

Judgment: Compliant

### Quality and safety

The inspector found that the residents' well-being and welfare was maintained to a high standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and overall, the residents living in the centre received care and support which was of a good quality, safe and promoted their rights.

The inspector looked at a sample of personal plans and similar to a recent inspection in May 2018 residents were found to have up-to-date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health care professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The health and well-being of each resident was promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities. Management and staff were proactive in referring residents to healthcare professionals and had an excellent working partnerships with them.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspector saw evidence that there was clear, correct and positive communications which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis and more often if



required.

The person in charge and registered provider were proactive in continuous quality improvement and monitoring of behaviour support plans was carried out on a routine basis. The evaluation was carried out by the appropriate allied healthcare professionals, keyworking staff and a member of the resident's family. Each evaluation identified positive alternative interventions to be put in place in an effort to discontinue or reduce the current restrictive practice in place for the resident.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety. Residents were supported to develop their knowledge, self-awareness understanding and skills required for self care and protection through accessible information and through weekly residents' meetings that promoted safeguarding information. Where there had been a recent and noticeable change to one resident's behaviour and mental health the inspector found that there was proper levels of scrutiny and oversight to guarantee that safeguarding arrangements ensured the resident's safety and welfare.

### Regulation 17: Premises

The inspector observed that the house had recently been painted and that it was accessible and promoted the privacy, dignity and welfare of each resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

Overall, there was an effective system in place for the management of risk in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The last inspection in May 2018 found that there were systems in place for the prevention and detection of fire and that fire drills had been carried out however, since September 2017 the recording of fire drills had not included the names of residents who participated in the drill or if there were any follow up actions from the

drill.

On the day of inspection the inspector found that, while there had been some improvements to the documentation, there were still gaps evident in the recording of the fire drills.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

As per previous monitoring event in May 2018 the inspector saw that residents were supported to engage activities and goals which promoted meaningfulness, personal development, independence and community inclusion..

Judgment: Compliant

### Regulation 6: Health care

Residents received support at times of illness and at the end of their lives which met their physical, emotional, social and spiritual needs and respected their dignity, autonomy, rights and wishes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that in relation to consent, there was a gap in the documentation however, care was delivered to high standard and did not result in a medium to high risk to residents.

Judgment: Substantially compliant

### Regulation 8: Protection

The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

### Regulation 9: Residents' rights

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Coastguards OSV-0002567

Inspection ID: MON-0022478

Date of inspection: 11/09/2018

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: New Fire Register implemented 12.09.2018. Fire drill carried out on 12.09.2018 & relevant information recorded in Fire Drill section of fire register. Individual PEEP's reviewed & updated as relevant	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Individual meetings held with residents regarding their positive behaviour support plans & administration of PRN medication. Easy read documentation on file. Discussed administration of PRN medication with individual family & they have consented & signed PRN Protocol & positive behaviour support plan & same on file	

## 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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12.09.2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	03.10.2018

