



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

Issued by the Chief Inspector

Name of designated centre:	Cois Fharráige Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	16 January 2020
Centre ID:	OSV-0001765
Fieldwork ID:	MON-0025265

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 9 residents identified as using this service. Residents using the residential house have a full-time service and five residents were using this service on the day of inspection. Each resident has their own bedroom and both houses have ample communal, kitchen and dining facilities. 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, social care assistants and there is a sleep in arrangement to support residents during night time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 16 January 2020	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met with five residents who used the residential service. The inspector spent some time on the morning of inspection in the kitchen area where work practices and interactions could be observed.

The residents who met with the inspector appeared happy and relaxed and all residents spoke with the inspector. Two residents spoke at length and three residents spoke for short periods of time at various stages of the day. One resident stated that they really liked the centre and they lived a busy life going to their day service and also going to local beauty parlours, which they really enjoyed. This resident also said that they liked to keep in touch with their family and they went out every Saturday with a different family member. They were also planning to buy a new dress for an upcoming family wedding which they were really looking forward to. Another resident who met with the inspector was busy getting ready to attend their day service and they spoke as they made a cup of tea and prepared their breakfast. They had recently moved into the centre and they stated that they enjoyed living there as they could easily walk into the local town for a drink, which they enjoyed, or to use the local shops and restaurants.

The inspector met with three residents intermittently throughout the day and one resident had remained home from their day service as they were feeling unwell. These residents were very relaxed throughout the day and on one occasion two of the residents were observed assisting a staff member to make an apple crumble while reading magazines and having a chat. There were very pleasant interactions throughout the day and staff members were observed to promote residents' independents while they were making their breakfasts and they only intervened if they felt that residents needed assistance in regards to choice. Staff members who met with the inspector also had detailed knowledge of the resident's individual needs and comments which were made during these meetings were also highlighted in residents' daily notes and general care planning.

The inspector did not get to meet with any respite users; however, the respite house appeared to be warm and comfortably furnished. Management of the centre described the arrangements which were in place to meet their needs and a review of documentation indicated that residents who used the respite were actively involved in the activities that they wanted to do when using this service. For example, residents had a meeting on the first night of their stay and minutes of the meeting which last occurred indicated that residents wanted to have a "steak night" and also invite a friend over for dinner on another night.

Overall, the residential aspect of the centre appeared to have a very pleasant atmosphere and pictures and artwork which was on display gave a real sense of home. The respite centre also appeared like a nice place to attend and the procedures which were implemented by the staff team meant that residents could

decide on what they wanted to do when using this service.

Capacity and capability

The centre had recently undergone some management changes with a new person in charge and service manager appointed. The inspection was generally facilitated by the person in charge, but the service manager and an additional person involved in the management of the centre also contributed to the inspection process. Overall, these three managers were found to have a very good understanding of the residents' individual care needs and of the structures, systems and resources which were available to support those needs. The managers referred to residents by their name, and on the day of inspection, two of the managers attended additional training with staff members in response to a resident's changing needs. It was apparent that the service manager and person in charge were still transitioning into their roles, but it was clear that this had not impacted on the quality and safety of care which residents received. Senior management of the centre had recently visited and initial notes which were reviewed indicated that a comprehensive review of the integrated and respite service was due to occur, with an emphasis of formalising and improving some aspects of the integrated service.

The service manager had responsibility for the day-to-day management of the centre and staff members who met with the inspector stated that they felt supported by this manager. The service manager also had a range of internal audits in place in regards to areas such as finances, health and safety, adverse events, personal plans and medications. A review of these audits and trends in adverse events had recently highlighted an increase in medication errors which prompted a detailed response from the provider. The inspector found that these arrangements promoted safety of care which ensured that the overall quality of care was maintained to a good standard. The provider had also completed all audits and reviews as required by the regulations with findings generally referring to an overall good level of care. Residents' representatives were consulted in regards to the annual review of the service and a good level of satisfaction with the level of care provided was highlighted in this report. Residents also attended regular house meetings where items such as activities and upcoming events were discussed. The inspector also observed that residents were asked their opinions and choice was offered throughout the inspection in terms of meals or activities they wanted to do; however, some improvements were required as residents were not actively consulted in regards to the formulation of the annual review of the service. The inspector found that some adjustments in regards to this issue would further enhance to good level of care which was provided in the centre.

Staff members who met with the inspector referred to residents in a very kind and professional manner. They had good knowledge of each resident's care needs and they spoke positively about future plans for the integrated service. Two staff members, who met with the inspector, were also present on the last inspection of

this centre which indicated that consistency of care was provided to residents. A staff member who met with the inspector stated that they felt supported by the management of the centre and opportunities to meet with them were readily available. It was apparent that there was a very positive culture within the staff team as a review of minutes of team meetings focused on how the lives of residents could be improved with an emphasis on community access and promoting resident's independence.

Overall, the inspector found that the systems, procedures and resources which were implemented by the provider ensured that residents received a service which was safe and effectively monitored.

Regulation 15: Staffing

Staff who met with the inspector had a good understanding of the residents' care needs and the number and skills of the staff members ensured that residents lived a good quality of life. The person in charge maintained a staff rota which indicated that residents were supported by staff members who were familiar to them, some minor adjustments were required to ensure that this document accurately recorded the staffing arrangements during daytime hours.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff members who met with the inspector stated that they felt supported in their roles and a review a documentation indicated that staff supervision was scheduled for 2020. A review of training records indicated that all staff were up-to-date with fire, medication and safeguarding training. One staff member had not completed training in supporting residents who may present with behaviours of concern; however, this training was scheduled to occur in the days following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were robust management arrangements in place and the implementation of internal audits highlighted some issues which were effectively managed through the provider's risk management process. All required audits and reviews were completed, but some improvements were required to ensure that residents were

consulted in regards to the formulation of the centre's annual review.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had signed written agreements in place and additional costs in regards to the use of television services had been included and agreed by the residents and their representatives since the last inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and a person who was involved in the management of the centre was nominated to manage any received complaints, there were no active complaints on the day of inspection.

Judgment: Compliant

Quality and safety

Residents had good access to their local town and the location of the centre promoted a resident's independence as they liked to go for a drink by themselves. The person in charge indicated that this resident was from the local area and knew many of the people who they would meet. This resident had also attended local new year's eve celebrations which they enjoyed and additional measures were implemented by the staff team following these celebrations to ensure that the resident's independence was fully promoted throughout the year. It was also clear that the culture of the staff team was to support residents with their individual preferences and interests and residents who had an interest in beauty and fashion were supported to attend local beauty parlours. A staff member also described how a resident who preferred familiarity was supported to attend their favourite beauty practitioner. Residents also described how they liked to have their nails done and their plans for buying a new dress for a family member's wedding. There was also a very pleasant atmosphere in the centre and residents appeared to interact with staff members in a care-free manner. Staff members were patient when interacting with residents and all interactions appeared to be a pace which residents preferred. The inspector observed that some residents chatted freely with staff members while

staff members interacted in a more considered manner with residents who required some more time to form their response.

Some residents were registered to vote and management of the centre stated that they would be exploring the voting preferences of a resident who was recently admitted to the centre. As mentioned earlier in the report, residents were actively consulted throughout the inspection and a review of resident's meeting indicated that their rights were actively promoted through the culture of the staff team. Residents who met with the inspector had decided to go out for lunch on the day of inspection and one resident stated that they also had a small glass of their favourite beverage, which they enjoyed. A review a resident's daily notes indicated that a consistent approach to care was in place. Where residents had decided on an activity, these was completed as described, for example, when reading a magazine one resident found a recipe for strawberry jam which they wanted to make and they staff member completed the daily notes to include that this would be completed the next day. The next day's daily notes explained how this activity was completed and that the resident really liked making the jam. The inspector found that the daily notes were also written in a very respectful and pleasant manner and it was clear that the residents were the sole focus in the provision of care.

The provider had recently implemented new systems to manage risks in the centre and comprehensive risk management plans were in place for issues which may impact on the quality and safety of care which was provided to residents. Although this system was new, it was recently implemented to good effect in response to an escalation in medication administration errors. Management of the centre had a good understanding of the response mechanisms to risks and individual risk management plans had been implemented for each resident in regards to issues such as modified diets and road safety. Management of the centre had a good understanding of potential risks and additional measures and protocols had been implemented to ensure that residents were safe at all times; however, some minor improvements were require to ensure that all risks fully assessed. For example, a positive area of care was that resident was actively supported to attend the community independently, and a range of measures were implemented to ensure their safety, but a formal risk assessment had not been completed to further ensure that control measures were effective and regularly reviewed.

Regulation 11: Visits

The centre had ample room for visitors including additional reception rooms should residents wish to receive visitors in private. A visitors book was maintained and residents who met with the inspector also stated that they enjoyed going home for visits and their families often visited them in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The staff team maintained records of money which was spent on the residents behalf. The person in charge also conducted regular audits of these records to ensure that residents' finances were safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were active in their local communities and three residents attended day services. An integrated service was offered to two residents who considered themselves retired and additional reviews of this service were underway to include more awareness and access to local community groups.

Judgment: Compliant

Regulation 26: Risk management procedures

Management of the centre had a good understanding of risk management procedures which were implemented by the provider and these had been implemented to good effect when managing an increase in medication errors. Residents' safety was also supported through this process and additional risk management plans in regards to the use of modified diets had been implemented since the last inspection. However, some minor adjustments were required to support the use of positive risk taking.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of a sample of medication records indicated that medications had been administered as prescribed. Protocols for the administration of rescue medication were also found to be in-line with associated prescription records.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place and support meeting had occurred in which the resident and their representatives had attended. At these meetings residents had chosen personal goals for the upcoming year; however, some improvements were required as there was no associated action plan in place to support the resident to achieve their chosen goals.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were actively consulted throughout the inspection and regular residents' meeting were occurring. Residents were also registered to vote.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0025265

Date of inspection: 16/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will make adjustments to the rota to ensure that the staffing arrangements during daytime hours are included on the service roster.</p> <p>The PIC will ensure that times are recorded in the 24hour clock will be recorded using the 24hr clock.</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 PIC will ensure that residents are consulted and the feedback received from this consultation will formulate the 2020 Annual Review Report for the designated centre. This consultation will take place through residents meetings, one to one discussions with residents and through staff observations.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Personal risk management plans will be reviewed and amended to reflect the positive risk taking that is happening in the service.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC will ensure that there is a detailed action plan in place for residents with more specific details on their priorities and actions, as agreed in the persons Circle of Support meeting.

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 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	22/01/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	15/02/2020
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	Substantially Compliant	Yellow	24/01/2020

	responding to emergencies.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2020