



Office of the Chief Inspector

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

Name of designated centre:	Coill Darach
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	23 July 2019
Centre ID:	OSV-0002572
Fieldwork ID:	MON-0022480

About the designated centre

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

This designated centre provides 24 hours nurse led residential care for up to seven adult both male and female with an intellectual disability. The centre is based on the outskirts of a large town in Co. Meath. The centre consists of a kitchen/dining room, a sitting room, two offices, seven bedrooms (six bedrooms share three en-suite facilities, one bedroom has a private en-suite) and one separate bathroom. There is a patio area at the back of the house overlooking a large garden. The centre has its own transport which is wheelchair assessable. There is a full-time person in charge employed in this centre along with seven nurses and twelve care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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
23 July 2019	10:00hrs to 18:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The residents in the centre used verbal and non-verbal communication and where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from the centre's annual review, residents' weekly meeting minutes, the Health Information and Quality Authority's questionnaires and various other records that endeavoured to voice the residents' opinions.

On the day of inspection the inspector met with five of the seven residents and sat and talked with them over a cup of tea in the resident's kitchen. Throughout the day the inspector observed elements of the residents daily lives. The residents were on a two week break from their day service and as such were supported by staff to take part in activities either in the house or out in the community.

Overall, feedback on the residents' questionnaires noted that they and their family members were happy with the service they received and the care and support received from staff. Many of the residents were content with their home and their bedrooms however, the sizes of the bedrooms and the storage facilities within the rooms had mix reviews of positive and not so positive. One resident advised on the feedback form, and also told the inspector, that they would like a bigger room with more storage space to accommodate their personal belongings and clothes.

On the day of inspection the inspector observed that two residents were capable of mobilising around the house and between rooms independently however, neither resident was able to mobilise through the kitchen or sitting room patio doors due to a raised metal lip on the ground. The inspector saw how one resident was supported by two staff members to come through the patio doors and how it required a lot of effort due to the raised metal lip on the ground and the narrow space either side.

Residents advised the inspector on the day of inspection, and through their questionnaires, that they knew how to make a complaint and who to go to about something they were unhappy about. A feedback form advised that where a complaint had been made that it was dealt with in a timely manner and resulted in positive outcomes for the resident.

The inspector observed that residents' needs were very well known to staff. The residents appeared happy in their home and relaxed in the company of staff. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions. All of the residents' feedback questionnaires relayed positive comments about the staff.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that overall, a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where for the most part, each of the residents' needs, wishes and intrinsic value were taken into 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 responsibilities and who they were accountable to.

The inspector found that governance and management systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in an satisfactory quality assurance system. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery.

However, in relation to the governance and management systems in place in this centre, the inspector saw that improvements were required by the provider to ensure sufficient resources were available to ensure that effective delivery of care and support was provided at all times. On the day of inspection the inspector was advised that agreed structural and decoration related projects within the house had not commenced due to lack of funding. A number of these projects involved making the centre more accessible to residents, ensuring the dignity and rights of residents and providing systems to support the use of assistive technology by residents.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The person in charge provided one to one supervision and support meetings with staff twice a year to support them perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The inspector saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre and which reflected the size, layout and purpose of the service being delivered. From

observations, the inspector saw that staff were always available to ensure the safety of residents. Furthermore, there were contingency plans in place in the event of a shortfall of staffing levels. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

Registration Regulation 5: Application for registration or renewal of registration

All required information was submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that centre was managed by a suitably skilled person in charge who was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that on the day of inspection there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. All Schedule 2 requirements were adhered to.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available when requested and included all the required information.

Judgment: Compliant

Regulation 22: Insurance

The provided had submitted an up-to-date insurance certification for this centre in line with regulation requirements .

Judgment: Compliant

Regulation 23: Governance and management

The annual report and six monthly unannounced review had been completed and overall there were appropriate governance and management systems in place. However, the inspector found that there were insufficient resources available to this centre to ensure that the needs of all residents were met at all times.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents admissions were in line with the statement of purpose. There were written contracts for the provision of service which were agreed and signed by the residents or where appropriate, their family.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were made available to staff and reviewed when required.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspector looked at a sample of personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the residents, relevant keyworker and where appropriate, allied health professionals and family members.

The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that residents were supported to progress their goals through regular one to one key-working sessions and that after each session residents' personal plans were updated to take in to account any changes, progress or achievements made by the resident.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. On the day of inspections the residents were on a two week break from their day service. During this time residents were supported to part-take and enjoy activities in their local community. Residents advised the inspector of an upcoming concert they were looking forward to attending. They told the inspector that the concert specifically catered for people with disabilities and ensured access for all.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety.

The inspector found that design and layout of the premises did not always ensure that each resident could enjoy living in an accessible, safe and comfortable environment. As a result this impacted on the promotion of independence, recreation and leisure for the residents in the house. To the back of

the house there was a patio area with a gazebo where residents could enjoy the outdoors, gain access to a sensory communal garden and also tend to their fruit and flower pots. However, not all residents could access this area as independently as they could do due to insufficient accessible thorough-ways from two external doors. The person in charge had submitted plans to the provider for an upgrade of the kitchen so that the environment was stimulating and provided opportunities for recreation and inclusion for all residents. However, the inspector was advised that funding was not available to complete this work.

Overall, procedures were in place for the prevention and control of infection. These procedures were ensured by cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that improvements were required in the centre to fully ensure the prevention and control of infection. The kitchen required structural work to prevent and minimise the occurrences of healthcare-associated infections. However, the inspector was advised that the funding was not available to complete this work.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident's health and well-being. Medication was reviewed at regular specified intervals as documented in residents' personal plans. Overall, the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate however, some improvements were required to the location of the centre's medicine cabinet to ensure minimum distraction and maximum privacy and dignity of residents medical information.

Regulation 17: Premises

The storage facilities in a number of the residents' rooms were not fit for purpose. One resident advised the inspector they did not have enough wardrobe space and that their room was too small to contain all their clothes and personal possessions.

The floor in one of the shared en-suite shower rooms had an uneven surface and was sloping from one entrance to the other; increasing the risk of slipping on wet floors.

The kitchen cupboards were in a poor state of repair with the laminate cover peeling

off a number of doors.

The designated centre was not adhering to best practice in achieving and promoting accessibility. Required alterations had not been carried out. Two residents who have the ability to freely move around the house internally were unable to enter/exit two patio doors due to a raised mental lip on the bottom of the door frames.

Since the inspection in 2016 there has been limited internet access to support assistive technology to promote the full capabilities and independence of residents. Internal cables have been placed throughout the house however, connectivity has not yet been achieved.

The person in charge had been advised by the provider that planned structural and decorative refurbishments to the premises, which would better meet the needs of residents and enhance their wellbeing, have not commenced due to lack of funding.

Judgment: Not compliant

Regulation 27: Protection against infection

Overall, protection against infection was effectively managed in the centre however, the inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped and broken tiles in a number of bathrooms and in the kitchen, peeling laminate off kitchen cupboards and missing grout and sealant around the kitchen sink. Furthermore, there were raw plug holes left open in bathrooms, no toilet seats for three toilets and no toilet seat lids for four toilets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured that overall, precautions implemented reflected current best practice. Fire drills were being carried out as appropriate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Evaluation of the effectiveness of medicine management consisted of an element of the continuous quality improvement cycle, which in turn formed part of the annual review. The storage of medicines required review however, this is dealt with under Regulation 17 Premises.

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.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coill Darach OSV-0002572

Inspection ID: MON-0022480

Date of inspection: 23/07/2019

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 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 Provider Nominee acknowledges that there are works required to address the structural and premises related issues identified in the report. These have been included in the minor capital submissions for 2019. Regrettably at present there is no funding available and the Provider Nominee has received an instruction that there is no authorization for any expenditure outside of the agreed financial plan.</p> <p>These works will remain on the prioritised list for capital investment.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider Nominee acknowledges that there are works required to address the structural and premises related issues identified in the report.</p> <p>Kitchen:</p> <p>The replacement of the kitchen has been included on 2019 capital submissions and also identified on the prioritised list for capital investment. Regrettably at present there is no funding available and the Provider Nominee has received an instruction that there is no authorization for any expenditure outside of the agreed financial plan.</p> <p>Access to Patio:</p> <p>The premise has been approved for a retro fit from the Sustainable Energy of Ireland Authority. These works involve the fitting of new windows and doors and this will</p>	

address the issues regarding access and egress to the patio area identified in the report. It is anticipated that these works will be completed by June 2020.

Internet Access:

These works required to ensure connectivity are underway and it is anticipated will be completed by December 2019.

Medicine Cabinet:

A new medication cabinet has been ordered and will be relocated to a quieter environment ie. The Nursing office.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Provider Nominee acknowledges that there are works required to address the structural and premises related issues identified in the report.

Kitchen:

The replacement of the kitchen has been included on 2019 capital submissions and also identified on the prioritised list for capital investment. Regrettably at present there is no funding available and the Provider Nominee has received an instruction that there is no authorization for any expenditure outside of the agreed financial plan.

The PIC will continue to ensure that all measures are taken to maintain protection from infection in the centre. This will be achieved through the continued implementation of cleaning schedules, monitoring and auditing.

Bathroom:

The removal of existing tiles in the bathroom and replacement has been included on 2019 capital submissions and also identified on the prioritised list for capital investment. Regrettably at present there is no funding available and the Provider Nominee has received an instruction that there is no authorization for any expenditure outside of the agreed financial plan. The replacement of toilet seats and lids will be actioned immediately by HSE maintenance staff.

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 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.	Not Compliant	Orange	31/12/2020
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	31/12/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Not Compliant		30/06/2020

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2020
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	31/12/2020
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/12/2020

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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