



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Cuain
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	11 June 2020
Centre ID:	OSV-0004663
Fieldwork ID:	MON-0029588

## About the designated centre

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

Cois Cuain is a designated centre that provides support to adults, male and female with intellectual and physical disability. The property is a 7 bed roomed dormer style community home, located on the outskirts of a village in Co.Wexford. Local amenities include shops, café's, restaurants and beaches. It provides full-time residential care for up to 8 adults. The ground floor of the centre consists of a large sitting room, a bright and spacious dining room with double doors opening out onto an enclosed garden area, a large kitchen, 5 bedrooms, 3 of which have en-suite facilities, one assisted bathroom, a laundry room and an airing cupboard. There are large gardens surrounding the home and it is on a stand-alone site in a quiet area. The facility is wheelchair accessible. Cois Cuain supports people with high support needs in activities of daily living, intimate care, health and wellbeing and accessing the community. Staff support residents in line with their individual care plans. The staff team consists of nursing staff and multi-task workers. Further multi-disciplinary supports are also available through a referral system.

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

Number of residents on the date of inspection:	5
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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 11 June 2020	11:00hrs to 16:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with four residents on the day of inspection. Residents met with used non verbal methods to communicate their thoughts. The inspectors interactions with staff and residents was facilitated at a two metre distance and personal protective equipment (PPE) was used in line with national and service guidance.

The inspector observed familiar, warm and respectful interactions between staff and residents throughout the inspection day. Staff spoken with, appeared knowledgeable and understanding of the residents individual needs.

Residents appeared to enjoy different activities daily. One resident was enjoying a foot bath, with support from staff, on arrival to the centre. This appeared to be an experience they were enjoying. Two residents went out for a walk with staff in the afternoon. Another resident was observed enjoying a cup of tea and listening to some music in a quiet area of the centre. Prior to the COVID-19 lockdown period, residents had enjoyed attending day services and different individual daily activities. One resident regularly attended horse riding. The centre had implemented an enhanced in-house activation program during the COVID-19 lockdown period.

Improvements were required to ensure that residents were supported to be involved in the process of buying, preparing and cooking fresh wholesome meals on an everyday basis. Furthermore, while residents appeared to have choice and control in many aspects of their lives, residents lived in a centre where there was a level of environmental restrictions in place. While these were required due to identified risks for some residents, other peer residents did not need this level of restriction.

## Capacity and capability

Overall, the inspector found that the registered provider was endeavouring to promote a safe and effective service. Actions from the centres most recent inspection had been appropriately addressed.

A clear management system was in place. The person in charge was on leave on the day of inspection and a suitable person had been nominated to oversee the governance of the centre in their absence. The person in charge was supported by a number of nurse managers. Systems were in place for consistent oversight and monitoring of the designated centre. Monthly unannounced thematic audits were being completed by persons in charge from other centres with the same registered provider. Areas audited included fire safety, safeguarding, restrictive practices, residents privacy and dignity, risk, medication management and activities. Six

monthly unannounced inspection were also being completed by a person nominated by the provider. Actions, due dates and responsible people were identified in these.

The staff team consisted of nursing staff and care support workers. Staffing levels were in place to meet the needs and numbers of residents living in the centre. There was a rota in place that clearly identified staff on duty. Regular scheduled supervisions were taking place with line managers. The inspector reviewed a number of staff files and found that all items set out in Schedule 2 were in place including Garda vetting, records of previous experience, identification and references. A staff relief system was in place to cover any staff leave, familiar staff were used which supported continuity of care for the residents. Contingency staff plans were in place during the COVID-19 lockdown period.

Training was provided in line with residents assessed needs. This included training in fire safety, manual handling, safeguarding, behaviour management and epilepsy management. Following a review of training records, it was observed that one staff member was outstanding on refresher training in fire safety and another staff member was outstanding on refresher training in the safeguarding and protection of vulnerable adults.

Management issued annual satisfaction questionnaires to residents and their families, these highlighted levels of satisfaction with the service provided. The provider considered these views as part of their annual review of the service. The complaints procedure was prominently displayed in the designated centre and the process was clear. There was a designated complaints officer in place to manage any complaints and concerns. Complaints appeared to be addressed by the complaints officer and management in a serious and timely manner. There were no open complaints on the day of inspection.

The inspector reviewed a number of incident records and found that incidents required to be notified to Chief inspector had been notified within the required timeframes.

### Regulation 15: Staffing

Staffing levels were in place to meet the needs and numbers of residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided in line with residents needs. Following a review of training records, it was observed that one staff member was outstanding on refresher

training in fire safety and one staff member was outstanding on refresher training in the safeguarding and protection of vulnerable adults.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Systems were in place for consistent oversight and monitoring of the designated centre. There was a full time person in charge in place who was supported by a number of nurse managers.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a number of incident records and found that incidents required to be notified to Chief inspector had been notified within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was prominently displayed in the designated centre. There was a designated complaints officer in place to manage any complaints and concerns. Complaints appeared to be addressed by the complaints officer and management in a serious and timely manner.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents appeared to enjoy living in the designated centre, however some improvements were needed to ensure that mealtimes were an enjoyable experience and residents had choice and control in all aspects of their life.

All residents had individualised assessments of needs and personal plans in place. These included personalised social goals. The inspectors observed a number of personal plans. One resident had goals in place to attend aroma therapy sessions. A key working system was in place and key workers were responsible for updating and developing social goals and plans. Some goals and been altered and adapted to better suit the COVID-19 lockdown period.

Residents presented with a range of health and behavioural needs. Residents had access to multi-disciplinary and nursing support as was required. Plans were in place to guide staff on the provision of care for identified healthcare needs. The inspector observed that all residents living in the centre had altered diets. Staff and management communicated that this was due to identified swallowing risks. However, records did not evidence appropriate input from speech and language therapists to support this risk being identified. For example, swallowing care plans in place did not evidence any input from speech and language therapy.

Improvements were required to ensure that residents were supported to be involved in the process of buying, preparing and cooking fresh wholesome meals on an everyday basis. The inspector observed lunchtime in the designated centre. Meals were transported to the centre from an external kitchen that was situated 45 minutes from the designated centre. Food was transported in large catering containers. Food was hot on arrival. Some food for later in the evening had been transported at lunchtime too. Residents were not supported to buy, prepare or cook lunch. Access to the centres kitchen was restricted to residents due to identified risks. Management communicated that cooking all meals in the centre would require some further work to ensure appropriate food safety standards. Staff supporting residents appeared familiar and supportive of the residents individual dietary needs and preferences.

Residents had clear plans in place to support them to manage their behaviours. Plans detailed triggers and precursors for behaviours that challenge and used a risk system to identify potential different presentations. Clear descriptive strategies were also identified to support residents to manage their behaviours. Residents had access to behavioural support specialists including psychology and a behavioural nurse specialist. Restrictive practices were implemented due to identified risks and were regularly reviewed. Every use of restrictive practices were clearly recorded and individualised risk assessments were in place to evidence reasons for their use.

Appropriate systems were in place for the assessment, management and ongoing review of risk in the centre. The inspector observed a centre risk register which identified all potential and actual risks in the centre. Staff and management had completed individualised risk assessments and appropriate measures were in place to mitigate potential risks when possible. Emergency trolleys were observed in place, secondary to potential health risks and regular health and safety checks were being completed by staff.

The registered provider had ensured effective fire safety management systems were in place. Containment systems, emergency lighting, detection systems and fire extinguishers were observed in the centre that were all subject to regular servicing



with a fire specialist. Staff and residents were completing regular simulated evacuation drills and residents had personalised emergency evacuation plans in place which supported their mobility needs. All staff had completed fire safety training.

Appropriate measures were in place in the designated centre for infection prevention and control. Staff and management had assessed and considered risks associated with COVID-19 and had restricted visitation to the centre. The centre had appropriate supplies of personal protective equipment (PPE) and staff were appropriately using face masks and implementing social distancing when possible. Hand washing facilities and alcohol gels were available around the centre. The centre was visibly clean on the day of inspection and specific cleaning schedules were implemented in all areas of the building. Clear protocols and plans were in place for in the event that a resident or staff member presented as symptomatic of COVID-19. Regular symptom checks were being completed by staff. Staff had supported residents to communicate with their families with video calls during the lockdown period. Staff and residents had undergone mass screening for COVID-19. Management were exploring the possibility of re-opening the centre to visitation on the day of inspection. Management had established local contacts with local infection prevention and control specialists.

The inspector found that residents were protected from abuse. Staff and management were familiar with national safeguarding policy and measures in place to safeguard residents. Staff had received training in the safeguarding and protection of vulnerable adults and residents had personal plans in place to guide staff on the provision of safe intimate care. There was a designated officer in place to investigate and manage any allegations or incidents of abuse.

### Regulation 18: Food and nutrition

Improvements were required to ensure that residents were supported to be involved in the process of buying, preparing and cooking fresh wholesome meals on an everyday basis.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Appropriate systems were in place for the assessment, management and ongoing review of risk in the centre

Judgment: Compliant

<b>Regulation 27: Protection against infection</b>
Appropriate measures were in place in the designated centre for infection prevention and control. Staff and management had assessed and considered risks associated with COVID-19
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The registered provider had ensured effective fire safety management systems were in place.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
All residents had individualised assessments of needs and personal plans in place. These included personalised social goals.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents presented with a range of health and behavioural needs. Residents had access to multi disciplinary and nursing support as was required. However, records did not evidence appropriate input from speech and language therapy to support swallowing risks identified.
Judgment: Substantially compliant
<b>Regulation 7: Positive behavioural support</b>
Residents had clear plans in place to support them to manage their behaviours. Residents had access to behavioural support specialists. Restrictive practices were

implemented due to identified risks and were reviewed and recorded appropriately.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected from abuse. Staff and management were familiar with national safeguarding policy and measures in place to safeguard residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Some residents required some restrictions in their environment due to identified risks. This meant that peers living in the same environment, experienced a high level of environmental restrictions and did not always have choice and control of their environment in their daily lives.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cois Cuain OSV-0004663

Inspection ID: MON-0029588

Date of inspection: 11/06/2020

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1 Staff member outstanding refresher fire training completed same 17/07/2020. 1 Staff member outstanding refresher Safeguarding training completed same 23/07/2020.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Residents are supported to plan for breakfast, dinner, evening meals and for baking activities scheduled as part of activation, at their resident's weekly meetings. The menu for the following week is decided and ingredients, items or choices requested/preferred by residents are included on the weekly shopping list. All food will be prepared and cooked fresh in the centre on a daily basis. Pre Covid-19, staff in the centre supported one of the residents to go and do the weekly shop (this has been suspended due to Covid-19 to reduce risk of residents and staff contracting Covid-19 and will resume when it is safe to do so). Choices are available at each meal. Residents are supported to be involved in food preparation and cooking in so far as practical and in adherence to risk assessments and support plans.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Private referral to Speech and language therapist has been completed and we await appointment for same.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will review the in-house activation plan to reduce the impact of the internal environmental restrictions for residents who do not require them. Environmental restrictions that are in place for two particular residents, will be removed for specific periods of time during the day by ensuring these two residents whom require the restrictions are absent at co-ordinated times for activities outside the home.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	23/07/2020
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	03/10/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(2)(b)	The registered provider shall	Substantially Compliant	Yellow	31/08/2020



	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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