Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | Cois na hAbhann |
| Name of provider: | Inspire Wellbeing Company Limited by Guarantee |
| Address of centre: | Kildare |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 10 June 2020 |
| Centre ID: | OSV-0005451 |
| Fieldwork ID: | MON-0029100 |

## About the designated centre

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

The centre provides residential care and support for 21 adults on the autistic spectrum. The centre is located in a rural setting on a large campus in County Meath. The centre comprises of five buildings, supporting both male and female adult residents. Residents all have their own bedrooms and each house while configured differently, contains a kitchen, sitting room and adequate numbers of bathrooms. The campus has a large grounds, with gardens and a poly tunnel where some residents engage in horticultural activities. The centre is staffed by a mixture of social care staff, care workers and has nursing support available.

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

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| Number of residents on the date of inspection: | 21 |

## 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 |
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| Wednesday 10 June 2020 | 09:50hrs to 16:15hrs | Andrew Mooney | Lead |
| Wednesday 10 June 2020 | 09:50hrs to 16:00hrs | Louise Renwick | Support |
| Wednesday 10 June 2020 | 09:50hrs to 15:30hrs | Marie Byrne | Support |

## What residents told us and what inspectors observed

In line with public health guidance and residents assessed needs, inspectors did not spend extended periods with residents. However, inspectors did have the opportunity to meet and briefly engage with residents during the inspection

In one part of the centre, a inspector was greeted at the door by a resident who then showed them around their home. They showed the inspector some of their art work and personal possessions, which were important to them. They told the inspector what was for dinner, including all the vegetables that went into making it and talked about how much they were looking forward to it.

Residents were observed engaging positively with staff in the centre. Residents were observed using gestures and body movements to indicate to staff when they required support. Staff were observed picking up on residents' cues and supporting them appropriately. Additionally, residents were observed spending time in their preferred areas of their home. One resident was observed guiding staff to support them to go outside and then later they were observed relaxing and listening to a staff member playing the guitar. Some residents were also observed spending time doing horticulture.

From a review of recent team meeting minutes, inspectors found that team leaders were promoting more inclusion of residents' views into day to day decisions and promoting a more person-centred approach to care and support. For example, encouraging residents to make their own decisions around meal planning, and ensuring residents had safe access to food and drink during the night, if required.

## Capacity and capability

The purpose of this inspection was to assure the Office of the Chief Inspector that improvements identified during the centres last inspection had been sustained. Overall, inspectors found that the the provider was broadly adhering to the submitted compliance plan and the capacity and capability of the centre had been enhanced through the strengthening of governance and management arrangements. This ensured appropriate resources were available within the centre and this led to an improvement in residents lived experience within the centre.

There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Since the last inspection the provider had reconfigured the centre in line with the centres submitted compliance plan. These new structures were now supporting the person in charge to ensure the effective governance, operational management

and administration of the designated centre. There were clearly defined management structures which identified the lines of authority and accountability within the centre. The provider responded to the national COVID-19 pandemic by ensuring all relevant public health guidance was adhered to. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre. For instance the provider had on-going monthly audits of the centre. Where deficits were identified, time bounded plans were devised to address these deficits. On review of a sample of these plans, inspectors observed that most issues were resolved in a timely manner. This showed that the provider was self identifying issues within the centre and was able to drive improvement.

The provider and person in charge had made improvements in the staffing resources since the previous inspection. There was a large team of staff identified to work in the five units of the designated centre. Overall, there were improved supervision systems, leadership and oversight. For example, there was regular team meetings, an improved induction programme for new staff and regular formalised supervision with individual staff members. The provider had recruited a number of new staff, and this had reduced the requirement for agency staffing in the designated centre. Where agency staffing were required to fill vacancies or absenteeism, for the most part, the person in charge ensured the same consistent agency staff were used. These staff were given an appropriate induction into residents' needs and the operation of the centre. Staff spoken with were knowledgeable regarding residents needs and were very clear on the centres measures relating to COVID-19.

There had been improvements in the system of oversight of staff training needs since the previous inspection, with training requirements being identified and planned for in advance. However, there remained some gaps in the provision of training which required improvement. For example, not all staff had completed formal infection control or hand hygiene training at the time of the inspection.

## Regulation 15: Staffing

There was an adequate number of staff working in the designated centre in line with residents' needs, the size of the centre and the written statement of purpose.

Residents were receiving continuity of care and the provider had reduced their reliance on the use of agency staffing since the previous inspection.

The person in charge maintained a planned, and actual staff rosters that showed staff on duty during the day and night time.

The person in charge had access to the required information and documents as specified in Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

The oversight and management of staff training needs had improved since the previous inspection. Staff had access to training, along with refresher training as identified through the provider's policies and procedures. However, there were some gaps in pertinent training at the time of inspection.

Staff were appropriately supervised both formally and informally. Each unit of the designated centre had a team leader who was present each day and individual staff completed formal one to one supervision with their manager routinely. Staff took part in regular team meetings.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

## Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. However, concerns relating to long standing premises issues remained and this negatively effected the quality and safety of the centre.

In response to non compliance identified on consecutive inspections, the provider had identified substantial renovation of the premises as a key priority. This included significant renovations of bathrooms, to ensure they were suitable to meet residents assessed needs. During the inspection, inspectors noted that the physical environment was clean and homely in parts. Additionally, inspectors observed some painting and decorating had been completed. On review of correspondence between the provider and The Health Service Executive (HSE), inspectors acknowledged that the provider was proactively working to address these premises concerns. However, despite this, the main refurbishment of bathrooms within the centre had yet to

begin and this negatively impacted the quality and safety of the centre.

Each resident had a personal plan which outlined their care and support needs. There was evidence that these plans were reviewed and updated in line with residents' changing needs. A number of residents' comprehensive assessments required review or development, to ensure they were fully completed and detailed in relation to their health, personal and social care needs. In addition, these comprehensive assessments required review on an annual basis, to demonstrate that these reviews were used to inform residents' care and support plans.

Residents were being supported to enjoy best possible health. They had health care plans developed in line with their assessed needs. Each resident had access to a general practitioner (GP) as required, and had an annual health check completed with their GP. Following this review, referrals were made to relevant allied health or medical professionals as required. A number of residents had accessed the supports of an occupational therapist or speech and language therapist since the last inspection. In addition, plans were in place for a number of residents to have assessments completed by these allied health professionals. Residents were being supported to consider accessing, or to access national screening programmes in line with their age profile.

There were suitable arrangements in place to support and respond to residents' assessed needs. This included the development and ongoing review of behaviour support plans and the regular review of adverse incidents. Staff were familiar with residents' needs and any agreed strategies used to support them. Restrictive practices were logged and regularly reviewed to ensure the least restrictive were used for the shortest duration. There had been a reduction in the use of restrictions within the centre since the last inspection.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding. Staff had received safeguarding training and had a good understanding of how to recognise and respond to allegations or suspicions of abuse. From a review of documentation in the centre, it was clear that incidents, allegations and suspicions of abuse were investigated and followed up on in accordance with the centre's and national policy.

The provider had put systems in place to promote the safety and welfare of residents. The centre had a risk management policy in place for the assessment, management and ongoing review of risk.This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. The provider had updated their emergency plan and risk register to account for risks related to COVID-19. This included individual risk assessments and pathways of care for residents, in the event of an COVID-19 outbreak. The provider also had a robust adverse incident management system in place. When incidents occurred, they were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Colour

coded cleaning equipment was in place and stored appropriately. Inspectors observed that all areas of the centre were clean. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks. The person in charge engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff. Specific on site training in relation to the proper use of personal protective equipment (PPE) and effective hand hygiene was provided to staff within the centre. Disposable surgical face masks were available and being used by all staff in line with national guidance. Inspectors observed staff engaging in appropriate social distancing. However, as previously identified, some improvements were required in relation to formal staff training.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

## Regulation 17: Premises

The premises was clean and some improvements had been made to the aesthetics of the building. However, while there was a plan in place to address the condition of the overall designated centre, considerable building improvements were still required to ensure the centre was suitable to meet the needs of all residents.

Judgment: Not compliant

## Regulation 26: Risk management procedures

There was a risk management policy in place, as required by the regulations to guide practice. The provider had created a risk register for the designated centre of all identified risks along with their control measures.

Judgment: Compliant

## Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing

and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting. Staff were suitably trained and knew what to do in the event of a fire.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported to enjoy best possible health. They were being supported to access allied health professionals in line with their assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Support plans were in place and implemented to support residents in line with their assessed needs.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

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| Each residents had a personal plan in place. A number of residents' comprehensive assessments required review to ensure they were fully completed and guiding the development of care and support plans as required. |
| 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 |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Not compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |

# Compliance Plan for Cois na hAbhann OSV-0005451

## Inspection ID: MON-0029100

## Date of inspection: 10/06/2020

**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 |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>During the Covid-19 outbreak all face-to-face training was suspended which has led to a backlog in training and a reduction in compliance. In addition there has been online training on areas of risk in relation to Covid 19 which all staff have not completed at this time.<br>An audit of the staff training has taken place since the inspection and instructions issued to staff in relation to the online training with deadline dates issued to staff for completion. The service is in discussion with the organizational Performance and Development unit to progress a plan of training to be rolled out over the remainder of the year. This will target all mandatory training across the service. It will also identify any training specific to individual residents or units in order to ensure compliance levels return to the pre Copvid-19 levels and improve further.<br>In relation to mandatory training online modules are available to all staff where possible with direction in place for completion of same by 31/08/2020 | |
| Regulation 17: Premises | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>On the same day as the inspection the provider was meeting with the HSE regarding the issues related to the premises. There has been a previous commitment to a schedule of works on the site at Cois na hAbhann through to the end of 2021 submitted to the regulator. There have been some delays in this progress of this plan since Covid 19 restrictions came into place. However, this plan remains the commitment of the provider | |

and the HSE. On 20/07/2020 the HSE and Provider agreed a commitment to finance a number of the priority works on site in the remainder of 2020 to include improvements to roads, lighting, kitchens, bathrooms and windows. This will be broadly in line with the previously submitted schedule of works agreed between the provider and the HSE and previously submitted to the regulator for approval. The commitment for 2020 will then inform the ongoing commitment to bring the premises in line with the regulations through 2021 as previously agreed.

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| Regulation 5: Individual assessment and personal plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The provider has initiated a process of assessment and planning for residents as evidenced by the plans inspected on the day of inspection. The provider has outlined a prioritization plan for all residents and has engaged with an external company for the provision of MDT supports to ensure full assessment and personal plan is in place for all residents. The engagement with the external MDT provider was stalled due to Covid 19 but has been re-engaged since 03/06/2020. Instruction is in place for full MDT assessment of all residents by 31/12/2020, with monitoring of progress on a monthly basis.

## 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 | 31/08/2020 |
| 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 | 31/12/2021 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social | Substantially Compliant | Yellow | 31/12/2020 |

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| | care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | | | |