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

Name of designated centre:	Cois Fharraige Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	02 April 2024 and 03 April 2024
Centre ID:	OSV-0001765
Fieldwork ID:	MON-0040747

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:	3

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 (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
Tuesday 2 April 2024	10:00hrs to 17:00hrs	Mary McCann	Lead
Wednesday 3 April 2024	09:00hrs to 10:00hrs	Mary McCann	Lead
Tuesday 2 April 2024	10:00hrs to 16:15hrs	Stevan Orme	Support

What residents told us and what inspectors observed

This centre is run by Western Care Association in Co. Mayo. Due to concerns about the governance and oversight of Western Care Association centres and its impact on the well-being and safety of residents, the Chief Inspector undertook a targeted safeguarding inspection programme which took place over two weeks in March 2023 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection), regulation 23 (Governance and management) and regulation 26 (risk management procedures). The overview report of this review has been published on the HIQA website. In response to the findings of this review, Western Care Association submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors have now commenced a programme of inspections to verify whether these actions have been implemented as set out by Western Care Association, but also to assess whether the actions of Western Care Association have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Mayo.

At the time of the inspection, Cois Fharraige comprised of two houses, one residential house with a capacity to accommodate five residents and a respite dwelling which can acccomodate up to four residents on any one occasion. The respite house is open for 14-16 days per month. A cohort of 12 residents utilise this service.

This inspection was an unannounced follow up inspection to monitor whether the provider had implemented the actions as agreed and to assess if these actions are effective in improving governance, oversight and safeguarding in centres managed by the provider and to assess compliance with the regulations. On this inspection, inspectors found that a number of actions had been been implemented with regard to governance and management arrangements, safeguarding, positive behaviour support and risk management and other actions were in progress and some had not been addressed. These actions will be discussed further throughout this report

On arrival to the centre, inspectors met with the person in charge and staff on duty and were welcomed into the centre by staff. Inspectors gave the person in charge a document entitled 'nice to meet you' which is a Chief Inspector devised accessible document to assist residents to understand the purpose of their visit. There were three residents living in the centre at the time of this inspection and no residents were availing of respite.

The residents were in the process of getting up and dressed assisted by staff when the inspectors arrived. Inspectors found that residents were supported by caring knowledgeable staff to enjoy a good quality of life. A bespoke day care service was available to residents which staff described met the needs of the residents better than attending the day centre, as residents could have a lie in, in the mornings and go for a nap in the afternoon if they wished. Activities were available to the

residents Monday to Friday. Residents were observed engaging in meaningful activities which included knitting and art supported by staff. Residents also attended knitting and art classes and music sessions in the community. There was a relaxed atmosphere in the centre and residents and staff were chatting as they completed these activities.

At weekends residents were actively engaged in the community, having coffee or lunch out, going shopping or relaxing in the centre. The centre had exclusive access to an accessible vehicle and respite services had a vehicle available to them. One resident told the inspectors that she enjoyed having a glass on Guinness in one of the local hotels and had lunch and a glass of Guinness in this hotel on Easter Sunday. Residents had good links with their families and two residents had gone to their families for the Easter break. Residents were appreciative of these arrangements and expressed how they enjoyed this.

There were photographs displayed in the centre showing their enjoyment of various activities and visits with family members. Items of art completed by one of the residents were also displayed in the centre.These added a homely touch to the centre and the resident was very proud that her art was displayed. One resident had a significant interest in cats and many ornaments in one of the sitting rooms reflected this theme. Residents meetings were held monthly and minutes of these were reviewed by inspectors, which supported that residents had choice regarding the daily menus and were engaged in community activities supporting their autonomy, choice and dignity. Residents confirmed to inspectors they enjoyed the activities they were engaged in. The number of staff on duty was appropriate to ensure that residents were supported with their care needs and their activities in the wider community.The actual and planned rosters were available and reflected the staff on duty at the time of inspection. A full complement of staff was available. Staff met with were knowledgeable of the resident's needs, preferences and communications. Staff were observed chatting and assisting residents in a relaxed manner throughout the inspection.

All had worked in the centre for considerable periods of time and this provided consistency of care for the residents. They told inspectors that staff got on well together and they enjoyed working in the centre. They described how the person in charge was freely available in the centre and was supportive of them.

The centre was purpose built and the respite house had been adapted to meet the needs of residents attending it,For example in the respite house an extra fire escape had been added and a ramp was available to the rear of the premises.. Both houses were clean and well maintained. There was adequate communal space available for relaxation and to respect the privacy of residents. A visual schedule was in place in the kitchen to inform and remind residents of the weekly food choices. On the first day of inspection, inspectors observed that staff were cooking the evening meal in the kitchen and residents were at the kitchen table chatting with staff. The food being cooked looked healthy and wholesome.

Overall, the centre was found to be person-centred and met the needs of the residents. Inspectors found that the health and wellbeing of each resident was

promoted and supported in a variety of ways, through suitable premises, swift access to medical care, good nutrition and meaningful activities.

The next two sections of this report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Governance and management arrangements in the centre ensured that a good quality safe service was provided to residents.

There were clear lines of authority and accountability in this service.Staff numbers and skill mix was suitable to meet the assessed needs of residents and to ensure that residents could access the community. all staff had completed mandatory training . Recording of independent reviews of incidents,revision of the statement of purpose regarding complaints management and provision of neuro-diversity training to all staff was required,The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post. She displayed a good knowledge of the residents and their assessed needs. Staff described her as supportive and freely available to them.

The person in charge met monthly with her line manager and minutes were available of these meetings. The provider maintained oversight of the service through audits and incident reviews. With regard to incident reviews, which was an action the provider had committed to completing in the compliance plan from the last inspection of this centre, the person in charge clearly outlined that a review of incidents was occurring. However, there was no documentation to support this, except a file note by the person in charge detailing that this had occurred in March 2024 and the next review was planned for June 2024. Due to the lack of a review report of the incidents it was difficult to see how trends were identified and improvements occurred.

The person in charge stated she completed audits, recent audits completed related to residents' finances and infection, prevention and control. An action plan was in place to address any deficits, detailing the person responsible and time lines for completion. The outcome of these audits was shared with her line manager and staff.

Minutes were available of staff meetings covering issues discussed, residents' needs, the premises and staff training.The provider ensured that unannounced six monthly visits were completed by personnel independent of the centre and a plan was in

place to address any deficits identified.

An on-call out of hours management support and advice system was in place. Although the person in charge had identified that there was on call system risk relating to an over reliance on their role and had escalated this to senior management, but to date had received no response on this issue.

Regulation 15: Staffing

There was adequate staff on duty with the required qualifications and skill mix to meet the needs of the residents. The staff team were well established which provided good continuity of care for residents. A planned and actual rota which reflected the staff on duty on the days of inspection was in place. A sample of staff files were reviewed by inspectors and found to have all required documents as required under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed found that training had been provided to staff to support them in their roles and to improve outcomes for residents. For example, staff had received up to date training in areas such as first aid, falls prevention, nutritional care and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

In response to the targeted inspection programme, the provider had committed through its compliance plan to complete 12 actions aimed at improving governance arrangements in the centre. The provider had aimed to have all actions completed by 31 January 2024. At the time of this inspection, nine actions had been implemented and three were not been completed. Those completed included a review of the senior management structure had taken place

- a reconfiguration of service areas had occurred
- a service improvement team had been developed
- six-monthly unannounced audits of centres by independent personnel of the centre were being completed
- Most staff had attended regulatory information sessions and plans were in

place for other staff to attend
- an assessment and review of front line staff was ongoing and on-call arrangements required review in this centre
- the incident review committee had been re-established
- a review of audits had commenced and was ongoing.

Completion of these actions had enhanced support for the person in charge, improved communication in the service, created learning for staff and improved the quality of the service delivered to residents. The six monthly unannounced audits had led to a comprehensive schedule of improvements with regard to maintenance issues and plans were in place to enhance the garden.

Actions not completed included:

- a standardised monthly reporting template had not been developed
- the neuro-diversity training had been piloted, but had not been rolled out to all staff at the centre
- an improvement plan for the centre had not been developed

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure it contained all of the information detailed in Schedule 1 of the regulations as it did not clearly reflect the complaints procedure at the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no complaints in process at the time of this inspection. Inspectors reviewed the template form for recording complaints and the complaints policy and found that an effective procedure was in place. There was access to advocacy services and details of this were displayed on a notice board in the centre.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life living in this centre.

Inspectors found that staff and management in this centre were ensuring that each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. While comprehensive behaviour support plans were in place there was no specific corresponding log of the behaviours exhibited.

Residents were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

Residents were also being supported with their healthcare-related needs and access to a range of allied healthcare professionals was available as and when required. Hospital appointments were facilitated and health promotion services such as bowel screening was available to residents. Residents were supported to experience positive mental health and where required had access to psychiatry, behavioural support and psychology services

Positive behavioural support plans where required were in place for residents. Plans were person-centred and clearly supported and guided staff on how to provide agreed care to residents.

Systems were in place to safeguard residents, these included an up to date safeguarding policy, staff training in safeguarding and access to the provider's safeguarding team. At the time of the inspection, there was no safeguarding concerns at the centre.

Systems were also in place to manage and mitigate against risk and keep residents safe at the centre. There was an up to date policy on risk management and each resident had a number of individual risk assessments in place to support their overall safety and well being.

Overall this inspection found that the individual choices and preferences of residents were promoted and residents appeared happy and content in their home. Both houses were also found to be clean, warm and welcoming on the day of this inspection.

Regulation 13: General welfare and development

The residents had good access to facilities for occupation and recreation. Varied activities of the residents choosing were available to residents. Staff supported residents to develop and maintain personal relationships and links with wider community and their families according to wishes. Two residents had spent the Easter break with their families

Judgment: Compliant

Regulation 26: Risk management procedures

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete three actions aimed at improving governance arrangements in the centre. The provider planned to have all actions complete by 31 October 2023. At the time of this inspection, two actions had been completed and one had not been addressed.

The action that had been completed were:

- The registered provider had an up to date risk management policy in place which met the requirements of the regulations.
- A quarterly review of incidents had occurred by the incident monitoring and oversight committee, however although the person in charge confirmed that this occurred in March 2024 and was planned again in June 2024. No documentation from the committee had been received to confirm the review outcomes and next review from the provider's committee.

The action still to be completed by the provider related to staff attending planned incident management training which had not occurred.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive person-centred support plan was available for all residents which was reviewed annually. Residents had access to multidisciplinary input were required, and there was evidence that each resident was involved in the development and review of their personal plans.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was in place for all residents. Residents had swift access to local medical practitioners of their choice. Residents had good access to allied health professionals, including, psychology, occupational therapy and behaviour support.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements in the centre . The provider aimed to have all actions complete by 30 June 2024. At the time of this inspection, five actions had been completed and two were in progress.

The completed actions included:

- an interim head of clinical and community support had been appointed
- access to appropriate multi-disciplinary supports were in place
- the behaviour oversight committee had been re-established
- the policy on the role of psychology and interdisciplinary team working had been developed.
- Multidisciplinary supports required by residents in relation to positive behaviour support were in place, this included, access to psychology and behaviour support services.
- All restrictive practices in use in the centre were the least restrictive option and had been reviewed and sanctioned by the provider's human rights committee.
- All staff had undertaken training in the management of challenging behaviour.

Completion of the five actions had improved services to residents who required behaviour support input. Staff skills had been enhanced through training completed, there was greater oversight of incidents and residents had improved access to multidisciplinary services.

Actions commenced but still in progress included;

- Neuro diversity training had been piloted , but not completed by all staff at the centre, and no dates were available as to when this would occur.
- A review of resident placement of residents had not been completed.

Judgment: Substantially compliant

Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete five actions aimed at improving governance arrangements in the centre. The provider aimed to have all actions

complete by 31 October 2023. At the time of this inspection all actions were complete.

The completed actions included:

- a new system was in place to improve staff awareness of the safeguarding process. The person in charge reported that safeguarding was discussed at all team meetings and included in supervision sessions.
- Evidence was available that all staff had read the safeguarding policy. All staff had completed safeguarding training online training and in person training for all staff was scheduled for the 8 April 2024.
- Arrangements were were in place to ensure that residents' safeguarding plans were reviewed every three months.
- A safeguarding oversight committee had been established.
- An up to date safeguarding policy was in place at the centre.

Inspectors found that staff at the centre were knowledgeable of the steps that should be taken should a safeguarding incident occur as well as how to access the provider's designated safeguarding officer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were protected at the centre as well as residents being involved in decisions about their care and support and the day-to-day running of the centre. Residents had freedom to exercise choice and control over how they spent their time, weekly meal menus and activities they partook in. Residents meetings were held monthly and minutes of these reviewed supported that the residents' right to choices was respected. Residents had access to advocacy services and details of advocacy services were displayed in the centre.

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 (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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0040747

Date of inspection: 02/04/2024 and 03/04/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Current on call arrangement is in place using the line management structure. An interim arrangement is under development with PIC's through Area teams.- 30/06/2024 Neuro diversity Training has commenced and is currently being rolled out. This will be completed – 30/09/2024 with refresher training every three years A quality Improvement Plan is in place in the centre- 05/04/2024 Service Improvement Plan in Place – 10/04/2024	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The details of Complaints Policy is included in the SOIP – 04/04/2024	
Regulation 7: Positive behavioural	Substantially Compliant

support	
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Neuro diversity Training has commenced and is currently being rolled out. This will be completed – 30/09/2024 with refresher training every three year	

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 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	30/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/04/2024
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the	Substantially Compliant	Yellow	30/09/2024

	cause of the resident's challenging behaviour.			