



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

Issued by the Chief Inspector

Name of designated centre:	Cois na Gheata
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	02 November 2022
Centre ID:	OSV-0007755
Fieldwork ID:	MON-0029112

About the designated centre

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

The centre is registered to provide residential care and support for up to 12 adults diagnosed as being on the autistic spectrum. The centre is located in a rural setting on a large campus in County Meath. The centre comprises of three houses and two single studio apartments, 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 sensory gardens, mini farm area, orchard, a poly tunnel where some residents engage in horticultural activities and a number of other designated areas for activities such as arts and crafts, cooking and massage. 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.

Number of residents on the date of inspection:	11
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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 (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
Wednesday 2 November 2022	09:30hrs to 16:00hrs	Maureen Burns Rees	Lead
Wednesday 2 November 2022	09:30hrs to 16:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

From what the inspectors observed, there was evidence that the residents in each of the three houses and two apartments had a good quality of life in which their independence was promoted. However, improvements were required regarding the up keep and maintenance of the property and consequently infection control arrangements. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider. The inspectors observed that the residents and their families were consulted with regarding the running of the centre and played an active role in decision-making within the centre.

The centre is located on a large campus in a rural setting. One other designated centre shared the same campus. The centre comprises of three houses and two studio apartments which are each linked to one of the three houses. The centre was registered to accommodate up to 12 residents. However, there was one vacancy at the time of inspection hence there were 11 residents living in the centre. There were three residents living in each of the houses and one resident living in each of the apartments. The residents living in the single apartments availed of the facilities in the houses that they were linked to. These included, kitchen, dining, utility, living room and laundry area. The majority of residents had limited verbal communication. Residents living in the centre ranged in age from 43 to 57 years and had been living in the centre for an extended period.

There were no current plans to de-congregate the centre in line with the HSE's "Time to Move On from Congregated Settings : A Strategy for Community Inclusion, (2011)". Time to Move on. However, it was proposed that if a move was indicated by any service user's changing needs or by their own choice and preference, it would be implemented in partnership with the person, their family/representatives and the HSE, in line with the rights of services users and person centred support.

For the purpose of this inspection, the inspectors visited each of the three houses and the two studio apartments. The inspectors met with seven of the 11 residents living in the centre. The majority of the residents met with were unable to tell the inspectors their views of the service but appeared in good form and comfortable in the company of staff. A number of the residents indicated to one or both inspectors that they were happy living in the centre. Over the course of the day, individual residents were observed to attend organised activities onsite, such as arts and crafts, cookery classes and horticultural activities. Other residents went out for drives, walks and shopping in the local community and town.

There was an atmosphere of friendliness in each of the homes visited. Staff were observed conversing with residents and responding appropriately to their verbal and non verbal cues. Residents appeared relaxed, happy and content in the company of staff and their fellow residents. Numerous photos of residents were on display. Staff

were observed to interact with residents in a caring and respectful manner.

Each of the houses and the studio apartment visited, were found to be homely and comfortable. Since the last inspection, painting on walls and woodwork had been completed throughout the centre and some new pieces of furniture had been purchased. However, the carpet and flooring in a number of areas appeared worn and stained and the surface on doors and worktops in the majority of the kitchens appeared worn and broken in some areas. A number of the bathrooms had been identified to be in need of refurbishment. Generally all bathroom and toilets had worn facilities, stained and worn tile grouting and broken surface on some tiles. Each of the houses had adequate space for residents with good sized communal areas. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There was a garden to the rear of each of the houses which had seating and tables for outdoor dining and the planting of shrubs. The residents also had access to a number of large communal garden areas within the campus. There was an outdoor shed used by residents in one of the houses for woodwork and a chair swing. Within the wider campus, residents had access to a poly tunnel, an arts and crafts room, coffee dock, a massage area, an orchard with apple trees, a sensory garden and a farm area with 2 donkeys, a goat, hens and ducks. A pet cat was also seen wandering between houses. Staff spoke about how many of the residents enjoyed planting and consuming some of the vegetables grown in the poly tunnel and fruits from the orchard area.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices through the use of pictures. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. A number of the residents and or family representatives had completed a questionnaire from the office of the chief inspector in advance of this inspection. The responses from these indicated that families were happy with the care and support being provided.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits, video and voice calls. There was a visiting policy in place and no restrictions on visits.

Residents were supported to engage in meaningful activities in the centre. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual resident's needs. The provider had a day service coordinator and four activity trainers who worked with residents across the campus on a seasonal basis. In addition, a horticulturist was part of the staff team and supported residents to grow a range of fruit and vegetables in the

poly-tunnel and large communal gardens. Examples of activities that residents engaged in included, walks and cycles within the campus and to local scenic areas, drives, arts and crafts, pottery, baking and cooking, literacy skills, music therapy, eating out in local restaurants, swimming, attending football matches, overnight hotel stays, board games, jigsaws, massage, water and sensory games and gardening. A number of residents had membership of a local fitness centre and swimming pool which they were reported to enjoy. A number of residents were using pedometers to monitor their daily steps which was being encouraged by the staff team.

The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. Some areas for improvement are identified in relation to the maintenance and up keep of the premises and consequently infection control arrangements as outlined in the quality and safety section.

The centre was managed by a suitably qualified and experienced person. The person in charge was in an interim position and also held the role of assistant director of operations. Recruitment was underway for a new permanent person in charge. The interim person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. She held a degree in psychology and a certificate in front line management. She had more than 12 years management experience and was supported by two team leaders. She was found to have a good knowledge of the requirements of the regulations. The interim person in charge reported that she felt supported in his role and had regular formal and informal contact with her manager. The interim person in charge was in a full time position and was found to be consistently and effectively involved in the governance and management of the centre despite her other responsibilities.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. There had been a number of changes to the overall governance and management arrangements in the centre in the preceding seven year period. Overall, it was felt that the staff team and residents had adapted well to the changes. The interim person in charge reported to

the director of operations who in turn reported to the chief executive officer. The interim person in charge and director of operations held formal meetings on a regular basis. In addition, the interim person in charge had regular formal meetings with the team leaders which promoted effective communication across the centre.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. Monitoring visits and other audits and checks were also completed in the centre, in areas such as finance, medication and health and safety. The output of these were used to inform a service improvement plan. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. At the time of inspection, the full complement of staff were in place. Although one staff member was on extended leave, this vacancy was being covered by a small number of regular relief staff. This provided consistency of care for the residents. Staff members spoken with reported that they felt supported her in her role. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Records showed that staff had completed all mandatory and refresher training. There was a training and development policy in place. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. This was considered to support staff to perform their duties to the best of their abilities. A sample of staff files reviewed were found to contain all of the information required by the regulations.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The interim person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. Recruitment was underway for a new permanent person in charge.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. Although one staff member was on extended leave, this vacancy was being covered by a small number of regular relief staff. This provided consistency of care for the residents. A sample of staff files reviewed were found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Suitable staff supervision arrangements were in place. This was considered to support staff to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. There were clear reporting structures in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for individual residents which detailed the services provided and fees payable. Contracts of care had recently been reviewed for all residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line

with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. There was evidence that residents and or their representatives were aware of the procedure. There had been no complaints logged in the preceding six month period but there were a number of compliments recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had made all of the policies and procedures as set out in schedule 5 of the regulations available to staff. Staff spoken with had a reasonable knowledge of the policies in place. All of the policies were found to be updated regularly as required and to be centre specific.

Judgment: Compliant

Quality and safety

The residents living in the centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However some improvements were required regarding the upkeep and maintenance of the premises which consequently impacted on infection control procedures.

Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. All about me and support plans reflected the assessed needs of individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been set for residents and there was good evidence that progress in achieving the goals set were being monitored. An annual personal plan review for each of the residents whose file were reviewed had been completed. These reviews involved consultation with family members.

The health and safety of the residents, visitors and staff were promoted and

protected. There was a risk register in place and individual and environmental risk assessments had been completed and were subject to regular review. Risk management and minimisation plans were in place which had been informed by the risk assessments. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in each of the houses. Self closing devices had been applied to fire doors throughout the centre which were linked to the fire alarm system. There were adequate means of escape and a fire assembly point was identified in a suitable area within the campus. A procedure for the safe evacuation of residents in the event of fire was prominently displayed in each house. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. However, there were a significant number of areas in the centre which were in need of refurbishment. For example, some worn and broken furniture and bathroom utilities, stained and worn flooring in some areas and the surface of kitchen presses and work tops in a number of kitchens was worn. This meant that these areas could be difficult to clean from an infection control perspective. It was noted that each of the houses and apartments had recently been repainted throughout. A COVID-19 contingency plan was in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge and team leaders. There was colour coded cleaning equipment available and new secure areas for the storage of cleaning equipment had recently been put in place. 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. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre, in line with national guidance.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been a small number of safeguarding concerns in the preceding period and these had been appropriately reported and responded to. There were safeguarding plans in place for residents identified to require same. The provider had a safeguarding policy in place. Intimate care plans were on file for residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and

their assessed needs were appropriately responded to. Support plans were in place for residents as required, and from a sample reviewed, these provided a good level of detail to guide staff. A restrictive practices register was in place and subject to regular review. It was noted that there had been a reduction in some restrictions in the preceding period. There was some evidence of in-house analysis and observations of behavioural incident reports were completed so as to manage any incidents and prevent re-occurrence.

Regulation 17: Premises

Each of the houses visited was found to be comfortable and homely. However, the carpet and flooring in a number of areas appeared worn and stained and the surface on doors and worktops in the majority of the kitchens appeared worn and broken in some areas. A number of the bathrooms had been identified to be in need of refurbishment. Generally all bathroom and toilets had worn facilities, stained and worn tile grouting and broken surface on some tiles. It was noted that each of the houses and apartments had recently been repainted throughout.

Judgment: Not compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments were in place and subject to regular review. Risk management and minimisation plans were in place which had been informed by the risk assessments. There was an incident reporting system in place with arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. However, significant maintenance and repair was required to a number of areas and this consequently negatively impacted on the effective cleaning of these areas from an infection control perspective.

Judgment: Not compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed in each of the houses. Self closing devices had been applied to fire doors throughout the centre which were linked to the fire alarm system.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Individual support plans reflected the assessed needs of the individual resident and outlined the support required in accordance with their individual health, personal and social care needs and choices. Annual reviews of the personal plans had been completed.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health assessments and plans were in place. There was evidence residents had regular visits to their general practitioners (GPs). Residents had access to a registered nurse who was based on the campus. There was evidence that dietary guidance for individual residents was being adhered to. A number of residents were being encouraged to monitor their daily steps using a tracker device.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require

same and these were subject to regular review. All staff had received appropriate training. A register of restrictive practices in place was maintained and it was noted that there had been a reduction of some restrictions in the preceding period.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. Intimate and personal care plans in place for residents identified to require same, provided a good level of detail to support staff in meeting individual resident's intimate care needs. Safeguarding information was on display and included information on the nominated safeguarding officer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was easy to read information on human rights and advocacy services available. There was evidence of active consultations with residents regarding their care and the running of the house. Residents' house meetings and 'voice and choice' meetings were completed on a regular basis. Staff were observed to treat residents with dignity and respect on the day of this inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois na Gheata OSV-0007755

Inspection ID: MON-0029112

Date of inspection: 02/11/2022

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Reg 17(1)(b)</p> <ul style="list-style-type: none"> - The Provider has identified a programme of premises upgrades to be delivered in partnership with an Estates Project Manager appointed by the Landlord (HSE) on 1/12/22. - The works will be phased for the centre, sequenced throughout 2023, with a focus on minimum disruption to the residents. - Preliminary completion date is 31/12/23, pending appointment of subcontractors and will include: <ul style="list-style-type: none"> o Replacement for worn carpets and flooring in 3 houses and 2 apartments o Upgraded bathroom suites in 2 houses and 1 apartment (full refit) o Replacement for identified kitchens and worktops in 1 of the houses and respraying of kitchens in two of the houses. - Updates to the schedule of works can be provided to the Regulator when available throughout the year; 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> - The phased programme of premises upgrades (detailed under Reg 17 above) will be completed by 31/12/23; This will facilitate the continued implementation of the Providers' Infection Prevention and Control cleaning schedule and prevention procedures. - Discussions between the Provider, The Landlord (HSE) and the property owner are 	

ngoing in relation to future premises maintenance.

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	31/12/2023
Regulation 27	The registered provider shall 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.	Not Compliant	Orange	31/12/2023