



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

Issued by the Chief Inspector

Name of designated centre:	The Coach House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	08 February 2022
Centre ID:	OSV-0007995
Fieldwork ID:	MON-0033030

About the designated centre

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

The centre provides a residential service for adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries. The centre is located in a rural setting, within driving distance of nearby towns, and transport is provided for residents' use. The centre can accommodate up to six residents, and comprises of a five bedded two storey house and an adjacent one bedroom apartment. The service aims to maximise residents' independence and quality of life, through the provision of person centre care and support. Residents are supported by a person in charge and a team of direct support workers, and can access a range of healthcare professionals both in the service and in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 8 February 2022	11:05hrs to 18:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents and staff and from what the inspector observed it was clear that residents were enjoying a good standard of care and support, and were key participants in the running of the centre. Residents were supported to make positive choices in their life, including actively participating in activities in the centre and in the community.

This centre was registered as a new centre in May 2021, and this was the first inspection of the centre since opening. The centre had admitted some residents in 2021 however, following a serious incident, admissions to the centre were temporarily suspended. Following an external review of this incident, the provider commenced new admissions in December 2021, and three residents moved into the centre at this time. This inspection was carried out to monitor compliance with the regulations and to review actions following the serious incident review.

The centre was located in a rural setting close to a town, and comprised two units, both of which were located on the same grounds.

There were four residents living in the centre on the day of inspection, three of whom lived in the main house, and one of whom availed of residential services on a part-time basis in the apartment. From speaking with residents, observing residents and staff engaged in activities, and from a review of documentation, the inspector found residents were provided with a good standard of care and support. Residents had moved into the centre shortly before the New Year, and the inspector found they had been well supported to settle into their new home, with information and advice adapted into social stories to aid with the transition.

Residents were enjoying a variety of experiences, and further plans were in progress to enhance their opportunities to engage in the community. These included a phased introduction to day services for a resident, seeking support from an employment officer with a view to gaining employment for another resident, and joining the local GAA club.

The inspector spoke to a resident in the morning before they left for an appointment. The resident appeared happy in the centre and told the inspector they got on well with the other two people that lived in the house. The resident had plans to go out to lunch that day, and later in the day told the inspector they had enjoyed their meal out. They also told the inspector about their favourite GAA team, and that they enjoyed arts, crafts and writing. The inspector joined two of the residents in the evening as they were taking part in a craft activity.

Two of the residents attended day services, with one of the residents having recently commenced on a phased basis. Another resident was staying in the apartment up to two nights a week, and this formed part of the transition plan for the resident into residential services. The inspector briefly met this resident, who

appeared comfortable in the centre, and was supported by two staff during their stay.

The inspector observed that staff had warm and supportive interactions with the residents, and knew the residents well. Residents seemed very comfortable with staff and with the person in charge. Staff told the inspector of some of the supports put in place to help residents settle into the centre. For example, social stories relating to personal care and health care. In addition, two residents had a planned transition into the centre which had included meeting staff, visiting the centre and picture guides before moving into the centre. Two staff had moved into the centre, from a centre where a resident had previously lived, and the provider had arranged for new staff to be inducted by these staff members.

The centre was spacious and warm and each of the residents had their own bedroom, and from observing three of the four bedrooms, the inspector found bedrooms were tastefully decorated with sufficient storage for residents' belongings. Where required, changes to the centre had been made, for example, where a resident preferred, a walk-in shower facility was made available. There were large communal spaces in the main house such as two sitting rooms, a large kitchen dining room, and a large rear garden. In the apartment, there was a double bedroom, sitting room and a kitchen cum dining room. A car was also provided for residents' use.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

The inspector found the provider had the appropriate management systems and resources in the centre to ensure the residents received an effective, safe and consistent service. There were systems in place to monitor the service provided, and to respond to changes or identified risks as they emerged. One area for improvement was identified in infection prevention and control precautions.

There was a clearly defined management structure in place. There was a full-time person in charge in the centre. The inspector found the person in charge had the required skills, qualifications, knowledge and experience to fulfil their role in accordance with the regulations. Staff reported to the person in charge, and a team leader had been appointed to provide management support in the absence of the person in charge. The person in charge reported to an assistant director of services and director of services, who in turn reported to the chief executive officer. The person in charge also had responsibility for one other designated centre, and the inspector found these arrangements were satisfactory in ensuring the effective

operational management of the centre.

There was ongoing monitoring of the services provided and a monthly schedule of audits were completed. For example, audits of fire safety, health and safety, individualised supports and care, incidents and restrictive practices. Where issues arose from audits actions were developed, for example, a recent audit of fire safety had identified the need for a night time fire drill, which was scheduled to be completed the day after the inspection. The outcome of all audits formed an overall action plan for the centre.

The provider had taken action in response to a serious incident in July 2021, and an external review had been commissioned at the time. The inspector reviewed the recommendations following this review, and found the measures were implemented in response to presenting risks. For example, debriefing of staff following a further incident was completed by the person in charge, and the provider was finalising plans to roll out a new standard operating procedure on serious incidents. A new incident reporting procedure had also been implemented. As per the recommendations, a dynamic risk assessment at the time of the subsequent incident had informed the actions taken.

The person in charge met with their manager on a monthly basis, and two meetings had been completed since services recommenced in December 2021. The inspector reviewed actions from these meetings and found all actions were either completed or in progress. For example, training in active listening had been scheduled for staff in response to a specific need for a resident, a needs assessment had been completed for a resident following admission, and the supplying pharmacy had been contacted to complete an audit of medicines management in the centre. A six monthly unannounced visit by the provider was due to be completed in the coming weeks.

Staff meetings were scheduled on a monthly basis and a range of areas were discussed at these meetings, such as COVID-19, training needs, restrictive practices, fire safety and incidents. Actions were developed where required, for example, a review of a recent significant incident had resulted additional safety measures being implemented for residents. Staff spoken with told the inspector they could raise concerns about the quality and safety of care and support should the need arise with the person in charge, and they had good support from the management team.

There were sufficient staff with the right skills and qualifications to meet the assessed needs of the residents. The centre was staffed by direct support workers, and in the main house there were two staff on duty during the day and two staff in a waking capacity at night time. In the apartment there were two staff on duty during the day time and one staff at night time specific to the resident's needs. Staffing rosters were appropriately maintained.

Mandatory training had been provided to staff including safeguarding, fire safety and managing behaviour that is challenging. Staff had been provided with training specific to the needs of residents, including medicines management, feeding, eating, drinking and swallowing, manual handling and emergency epilepsy care. Up-to-date

training in a range of infection prevention and control measures had also been provided.

There had been three recent admissions to the centre in December 2021. Two of these admissions had been planned, and residents had been given the opportunity to meet staff and visit the centre before moving in. Assessments of the residents needs and impact assessments had also been completed prior to admission. One admission was an emergency admission, and a multidisciplinary team had met the day before this admission, and considered the needs of the resident. The need for a possible transfer of this resident into the centre had also been identified as a contingency plan nine days prior to admission.

While an impact assessment had not been completed, the provider had informed the inspector at the time that no risk had been identified relating to peer to peer issues with this admission, and the inspector found this was the case on the day of inspection. In addition, this emergency admission was not in line with the criteria for admission, as the statement of purpose outlined emergency admissions were not accepted into the centre. The statement of purpose was subsequently amended to reflect emergency admissions may be accommodated in the centre.

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre, and the person in charge was responsible for one other designated centre. The person in charge was in attendance in the centre regularly, and the inspector found the arrangements ensured the effective operational management of the centre. The person in charge had the required experience and qualifications for their role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre with the right skills and qualifications to meet the needs of the residents. In the main house there were two direct support workers on duty during the day and two at night time. In the apartment there were two direct support workers on duty during the day and one at night time. Nursing support was provided by a community nurse employed in the service. Regular staff were provided in the centre ensuring continuity of care and support for residents could be maintained. Planned and actual rosters were appropriately maintained.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with mandatory and additional training to meet the needs of residents. For example, safeguarding, fire safety and managing behaviour that is challenging, as well as medicines management and emergency epilepsy care. Where required, refresher training had been provided or was planned for. One staff was scheduled for refresher training in therapeutic techniques, and all staff had up-to-date training in a range of infection control measures.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put arrangements in place to ensure the service provided was safe, effective and monitored on an ongoing basis. Sufficient resources in terms of staffing, facilities and transport had been provided to meet the needs of the residents. There was a clearly defined management structure and staff could raise concerns about the quality and safety of care and support with the management team if required. There was ongoing monitoring of the service, with a schedule of audits completed monthly, and monthly meetings with the person in charge and their manager. Actions arising from audits and management meetings were either complete or in progress on the day of inspection.

The provider had put arrangements in place to implement recommendations, following an external review of a serious incident which had occurred in July 2021.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been two recent planned admissions to the centre which were based on the criteria set out in the statement of purpose. Residents had been given the opportunity to meet staff and visit the centre prior to admission, and risk impact assessments had been completed prior to these admissions. One recent admission had been an emergency admission, which was not in line with the statement of purpose; however, the inspector found the decision to admit the resident was based on a prior contingency plan for the resident, and proceeded in line with the risk presented. The statement of purpose was subsequently revised.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was recently updated to reflect the changes to management personnel in the centre. On the day of inspection the criteria for admission to the centre was not reflective of the practice; however this was subsequently revised, outlining emergency admissions were accepted into the centre in specific circumstances.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, enabling their needs to be met, their welfare and wellbeing to be maintained, and their rights to be upheld. A person centred approach to the planning and provision of care, ensured the specific communication style and individual interests of residents were promoted, and their identified support needs were provided for.

A multidisciplinary assessment of need had been completed for residents following admission, and personal plans were developed based on the assessments and on the preferences of residents. Health, personal and social plans outlined the support residents required to meet their needs, and staff were knowledgeable on residents' needs and support requirements. For example, staff described healthcare plans in place for two residents, and also the plans for residents to realise their goals. Individual goals were developed by residents and staff supported residents with the steps to achieve these goals. For example, one resident had a specific interest in transport and was planning a trip on a steam train, and another resident wished to get a job and was meeting an employment officer in the coming days.

Residents' healthcare needs were met and residents could access a general practitioner (GP) in the community. Residents were also supported by healthcare professionals such as an occupational therapist, community nurse, speech and language therapist, dentist, and psychiatrist. Social stories were used with residents to support them with upcoming appointments.

Residents were supported with their emotional and behavioural needs. Where required behaviour support plans were in place, and a review of a resident's plan had recently been organised in light of a change of circumstances. The person in charge described the supports in place for residents to manage their emotions. There were some restrictive practices in place in the centre, and were used as required relative to the risk presented. One restrictive practice was due to be

reviewed in the coming weeks. The use of restrictions in the centre had been discussed individually with residents and social stories used to support residents' communication needs. As mentioned, staff had been provided with training in managing behaviours that challenge and in therapeutic techniques.

Arrangements were in place to ensure residents were protected in the centre. There had been one recent safeguarding concern reported, and the inspector observed that the measures in the safeguarding plan were implemented to mitigate the risk of re occurrence. This incident had been reported to the relevant personnel. Staff had been provided with training in safeguarding and were knowledgeable on the types of abuse and the actions to take in the event of an allegation of abuse. Intimate care plans outlined the support to ensure residents specific personal preferences and needs were met, while maintaining their privacy.

Residents' rights were upheld in the centre and residents participated in decisions about their care and support. The day to day organisation of the centre was centred around the expressed preferences of residents, either through personal planning processes, keyworker sessions or weekly residents' meetings. The inspector observed that residents were offered choices in what they would like to eat, how they wished to spend their day, and the places they would like to visit. Access to advocacy had also been discussed with residents at a recent residents' meeting, and information was available for residents on how to access this service. Personal information was securely stored, and residents' privacy and dignity was promoted in the provision of intimate care and individual bedrooms.

There was a system in place to manage risks in the centre, and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. For example, staff described the support measures for a resident to prevent them falling. There was evidence that incidents were reviewed and learning taken, for example, following a recent incident more secure arrangements were put in place for keys, and plans to focus on positive experiences for the resident were in progress.

Measures were in place for the prevention and control of infection, however improvement was required in recording of environmental cleaning. The centre was clean and well maintained and cleaning was to be completed four times a day. However, cleaning records were not consistently recorded as being complete.

There was sufficient personal protective equipment (PPE) available in the centre and staff were observed to adhere to public health guidelines including wearing face masks and carrying out hand hygiene. Residents had been provided with information on COVID-19, hand hygiene, self-isolation, testing and vaccinations and a demonstration of hand hygiene was completed with residents in a residents' meeting. The provider had developed a contingency plan outlining the response to a suspected or confirmed case of COVID -19, and there were suitable procedures in the event of an outbreak of COVID-19 in the centre. Staff had up-to-date training in infection prevention and control, hand hygiene, and donning and doffing PPE.

The premises was well laid out with sufficient communal and personal space for

residents' use. Each of the residents had their own bedroom, and the inspector observed that bedrooms had sufficient storage and were decorated with residents' personal items. There was a large sittingroom and a sunroom, and a utility room had facilities for residents to launder their clothes. Sufficient numbers of bathrooms were provided, and the kitchen was equipped for residents to cook food if they so wished. The apartment was sufficiently spacious to accommodate one resident, and there was a kitchen with dining area, a sittingroom, a bathroom, and a double bedroom.

Suitable measures were in place relating to fire safety. Fire doors with self-closing devices were in place in the centre, along with a fire alarm, fire extinguishers and emergency lighting. All fire equipment was regularly serviced. Most fire exits were clear; however, one fire exit to the front of the premises was not easily opened. This issue was attended to by maintenance by the end of the inspection. Residents' needs had been assessed and there were personal emergency evacuation plans in place. Three day time fire drills had been completed recently, and residents had been evacuated in a timely manner. A night time fire drill was scheduled for the following day.

Regulation 17: Premises

The premises was clean and well maintained and laid out to meet the needs of the residents. There was adequate communal and private space for residents' use.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks in the centre had been assessed and measures were in place to mitigate the risk of harm to residents, staff or visitors. Incidents in the centre had been reported and there was evidence of learning following adverse incidents in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Improvement was required in one aspect of infection prevention and control. While the centre was clean, the required environmental cleaning was not consistently recorded as complete. Staff were observed to adhere to measures in line with public health guidelines. There was sufficient PPE in the centre, and adequate hand hygiene facilities. Residents had been provided with information related to the

pandemic and the associated precautions. Staff had been provided with up-to-date training in hand hygiene, use of PPE and in infection control. A contingency plan had been developed outlining the preventative and responsive measures to the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place. Equipment for the detection and containment, and for fire fighting had been provided and all equipment had been regularly serviced. One fire exit could not be easily opened; however, this issue was rectified by the end of the inspection. All exits were clearly marked, and emergency lighting was in place in the centre. Personal emergency evacuation plans were developed based on the specific support needs of residents. Regular daytime fire drills had taken place since the centre recommenced services in December 2021 and a night-time drill was scheduled for the following night.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessment by multidisciplinary team members had been completed since residents were admitted to the centre, and health, personal and social care plans were developed based on residents' assessed needs. Residents were supported to develop goals and plans outlined the steps to be taken for residents to achieve their goals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs, and had access to a range of allied healthcare professionals. Residents attended their general practitioner in the community. Staff were knowledgeable on residents' healthcare and support requirements. Residents were supported to understand healthcare interventions by the use of social stories.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' emotional and behavioural needs had been assessed and where required behaviour support plans had been developed. A review of one behaviour support plan had recently been organised in light of changing circumstances. There were some restrictive practices in use in the centre, which were implemented relative to the risk presented. Staff had been provided with training in managing behaviours of concern and in therapeutic techniques. Refresher training for one staff was scheduled in therapeutic techniques.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to ensure residents were protected. A recent safeguarding incident had been responded to appropriately, and measures were in place to mitigate the risk of reoccurrence going forward. Staff were knowledgeable on the types of abuse and the procedure to follow if a safeguarding concern arose. Staff had up-to-date training in safeguarding. Arrangements were in place to ensure residents' privacy and dignity was maintained during intimate care procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents participated in decisions about their care and support, and the day to day organisation of the centre was based around the expressed preferences and assessed needs of residents. Residents were supported to choose how they wished to spend their day and their preferences of activities or meals. Information about advocacy services had been communicated to residents.

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 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 The Coach House OSV-0007995

Inspection ID: MON-0033030

Date of inspection: 08/02/2022

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Environmental cleaning was brought up as an agenda item at the following team meeting and discussed with staff at length. The recording in relation to cleaning of touch points which previously had been recorded on two separate documents has been reviewed and touch point cleaning is now documented by staff in only one record sheet. This will streamline the process and lessen the opportunity for gaps in documentation in the future.	

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 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.	Substantially Compliant	Yellow	18/03/2022