



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:	25 January 2023
Centre ID:	OSV-0007995
Fieldwork ID:	MON-0033032

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:	6
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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 25 January 2023	10:05hrs to 17:35hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting with residents, speaking with the person in charge and staff, and reviewing the facilities and documentation, the inspector found residents were receiving a good quality of care and support. Residents chose how they wished to spend their day, and the day-to-day organisation of the centre was planned around these choices.

The inspector met five of the six residents who lived in the centre, and some residents told the inspector about what it was like to live in the centre, and some of the things they like to do. For example, one resident talked about what they were doing for the day, and their plans to go on a foreign holiday later in the year. The resident explained they had been away last year, and had really enjoyed the food, and the company of their keyworker. The inspector met another resident, and while the inspector was not familiar with the resident's communication preference, the staff explained the resident had been out walking in the morning, and that it was one of their favourite activities to do.

One of the residents attended a day service, and staff supported other residents with activities in the centre and in the community. For example, some residents enjoyed swimming and went to a pool in a nearby town regularly. One of the residents had enrolled in a college course, which was starting soon. A staff member told the inspector that some of the residents enjoy regular cinema trips, and explained how they helped the residents to choose and book films online. One of the residents said they were going out for lunch and for a shopping trip, and that staff would help them with this.

The person in charge showed the inspector a picture book, which contained pictures of all the activities a resident had engaged in, in the past few months. This has been developed with the resident, and the resident was planning to send a copy of this book to their family every three months. The person in charge also explained it was envisaged that this would be done for all residents in the centre, to enhance communication with families, as well as providing residents with visual reminders of their achievements.

Staff in the centre were observed to be kind and respectful to residents, they communicated effectively with residents in line with their specific preferences. For example, staff were observed to use and interpret sign language, to follow through on short verbal instructions and per behaviour support guidelines, and to interpret and respond to gestural prompts and vocalisations residents used. There was focus on supporting the communication needs of residents, and accessible information, picture schedules, social stories and assistive technology, were part of the everyday communication modes between residents and staff.

The centre consisted of a five bedroom property and adjoining two-storey apartment, in a rural location. Two cars were provided for residents to access day

services, community activities and amenities. The person in charge showed the inspector around the centre, which was clean and well maintained. Since the last inspection, one room had been converted into a sensory room, and was equipped with sensory lighting, beanbag and blackout blinds. The person in charge told the inspector that residents enjoyed spending time relaxing in this room. Each of the residents had their own bedrooms which were individually decorated to their preferences.

While residents had their own specific interests, and if needed individual staff supports, there was a family-like atmosphere in the centre, and residents liked to spend time in each other's company in the evenings. There was also ample room in the centre if residents preferred to spend time alone. Residents seemed very happy in the centre, and were observed to enjoy chatting with staff, watching programmes on iPads or the television, and listening to music through their headphones.

Regular communication was maintained with families, and staff contacted families every day to tell them how their family member was getting on and of any new developments. Some residents visited home every week, and it was important to these residents that they knew when this was happening. Consequently, visits home were included on weekly visual schedules. Positive feedback had been given in family questionnaires on the communication between the centre and home, as well as families expressing they were very happy with the care their loved ones were receiving.

Overall the inspector found residents had a good quality of life, and were positively supported with their choices, and with their individual needs. 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 positively impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found there were systems in place to ensure residents received a good quality of care and support, and the centre was monitored on an ongoing basis.

The provider had ensured appropriate resources were deployed to the centre, including staffing, facilities and transport resources. There was a clearly defined management structure, and the centre was monitored by the provider through audits, governance meetings, the annual review and the six-monthly unannounced visits. Where issues arose, responsive actions were taken to mitigate any potential risks.

There were sufficient staff in the centre, with the skills and knowledge to meet the identified needs of the residents. Staffing levels were in line with the statement of purpose, and identified needs of residents. Staff had been provided with a range of

mandatory and additional training, which meant they had the necessary knowledge and skills to support residents in the centre.

Residents could raise concerns and a complaints procedure was available in the centre in accessible format. Where a complaint had been made, it had been appropriately investigated, and further actions taken in response to the outcome.

A complete application had been made by the provider in relation to varying one condition of registration, and suitable arrangements were in place on the day of inspection.

Registration Regulation 8 (1)

The provider had made an application to the Health Information and Quality Authority (HIQA) to vary Condition 1 of the registration, and all required documentation had been submitted. The arrangements in place on the day of inspection, were in line with the application to vary, and the inspector found these arrangements were suitable for their intended purpose.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient levels of staff in the centre, with the knowledge and skills to meet the identified needs of the residents. The centre was staffed by social care workers and direct support workers. There were four staff in duty during the day in the main house, and two staff in the apartment. At night-time two staff were on duty and one staff on duty in the apartment. Two social care workers were appointed as team leads and formed part of the staff on duty during the day. The staffing levels were in line with the statement of purpose and the identified supervision needs of residents. Staff knew the residents well and described some of the care and support residents required to meet their needs.

The inspector reviewed a sample of rosters for two months and found regular staff were employed, and the rosters were appropriately maintained. There were no staff vacancies in the centre, meaning continuity of care was maintained. A community nurse provided support in relation to any specific healthcare needs, and was available by phone.

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training. For example, all staff had up-to-date training in safeguarding, fire safety, and in managing behaviour that is challenging. Staff had also been provided with training in therapeutic interventions, diabetes management, sign language, medicines management, and in active listening, specific to the individual needs of residents.

There was ongoing review of staff training needs, and the person in charge had identified the need for additional training in visual supports, and staff were currently completing training in human rights.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured the service provided was suitably resourced, was safe, effective and was monitored on an ongoing basis. There was clear and effective responses to the changing needs of residents and to issues as they arose in the centre.

Sufficient resources were available in the centre including staffing, staff training, transport, and premises and facilities. The provider had ensured that staffing levels were in line with the needs of residents, and with the specific supervision levels as per safeguarding plans.

There was a clearly defined management structure and staff reported to the person in charge. Two team leads were on duty during the day, and supported the person in charge in supervising the care and support provided to residents. The person in charge was solely responsible for this centre, and worked in the centre five days a week. The person in charge reported to the assistant director of services who reported to the director of services.

The assistant director and the person in charge met monthly and reviewed the services provided to residents. These governance meetings included a review of for example, restrictive practices, individual supports for residents, incidents and risk management, staffing and staff training, and premises issues. Where needed, actions had been implemented in response to issues raised. For example, medicine competency training had been scheduled for some new staff, a review of some restrictions by the multidisciplinary team was scheduled with a view to reducing these restrictions, and the removal of decking from the back of the premises was underway. Similarly a range of audits were also completed, and actions were completed or in progress on the day of inspection. The person in charge had completed audits following admissions of residents to the centre over the past year.

This included reviewing the procedure to ensure all required steps of the admission procedure had been completed, and completing a post transition review to evaluate how the residents were settling in to the centre.

A six-monthly unannounced visit had been completed in July 2022, and all actions arising from this review were completed or in progress. For example, blinds had been replaced, painting had been completed in the centre, and refresher training had been completed where needed for staff. As mentioned, decking was in the process of being removed from the centre.

An annual review of the quality and safety of care and support for 2022 had recently been completed, and included the views of residents and their representatives. The inspector reviewed questionnaires from two residents' families, who outlined they were very satisfied with the care and support their family member received, there was good communication from the staff team, and were complimentary of the staff team.

Staff meetings were facilitated monthly and included a review of practices and policies in the centre, for example, health and safety, safeguarding, risks, restrictive practices and residents' meetings. There was also a review of any incidents which had occurred in the preceding month, and any learning was discussed and agreed. It was evident that staff had the opportunity to raise concerns about the quality and safety of care and support during these meetings, and two staff confirmed they could also raise any concerns with the person in charge at any time if needed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a system in place for dealing with complaints. An accessible complaints procedure was available for residents, and was displayed in the hall. The person in charge was the nominated person to deal with complaints made by or on behalf of residents. The inspector reviewed complaints records, and one complaint had been made since the last inspection. This complaint had been investigated and the complainant had been informed of the outcome of the investigation to their satisfaction. Actions were taken in response to the outcome of the complaint.

The provider had also nominated the director of services, to ensure that all complaints were appropriately responded to.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the provider's policies available in the centre, and Schedule 5 policies had been reviewed within the past three years. One policy related to staff training and development was due for review in January 2023. A policy relating to food safety was not reviewed as part of this inspection.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support in line with their preferences and assessed needs.

Residents' healthcare needs had been assessed, and personal plans were in place to guide the practice in the provision of healthcare. Residents had access to a range of healthcare professionals and timely healthcare was provided by these professionals, as well as through monitoring and healthcare interventions in the centre. Suitable medicine management practices were also in place, which meant that these prescribed healthcare interventions for residents were safely provided for in practice.

Residents could access the support of a behaviour specialist and psychologist, and where required behaviour support plans and guidelines were in place, to guide staff in providing support to help residents manage their emotions. Some of these plans also related to measures to reduce safeguarding incidents, and a significant reduction in safeguarding incidents were reported more recently as a consequence.

The rights of residents to participate in decisions about their care and in the organisation of the centre was respected, and the choices of residents were upheld, Residents made choices about how they would like to spend their day, and were supported with their preferred communication style to make these choices. There was a focus of providing a meaningful days for residents in line with their choices, and enhancing their opportunities for further education, skills development and social and community participation.

Suitable arrangements were in place for the prevention and control of infection, including regular environmental cleaning, the use of personal protective equipment, hand hygiene facilities, and good food safety practices.

Regulation 10: Communication

Residents' communication needs had been assessed, and the communication preferences and needs of residents were supported through practices in the centre. Communication plans were outlined in, for example, behaviour support plans, or individual support plans, and included the use of sign language, visual schedules,

and verbal communication strategies. The inspector observed that staff communicated with residents using these strategies, interacting with residents in sign language, picture communication, and specific verbal instructions with actions. Staff were also observed to interpret non-verbal gestures residents used, and respond to residents' requests or queries in this regard. A staff member described some of the ways residents communicated their choices, for example, using pictures to choose a preferred activity.

All staff had received training in sign language and in active listening, specific to the needs of the residents. The person in charge had identified the need for staff training in visual supports, and had recently requested this training from the provider.

Residents had access to assistive technology, and to the phone, internet and television.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable procedures were in place for infection prevention and control (IPC). Both units of the centre were observed to be clean, well maintained, and environmental hygiene was attended to regularly throughout the day. The inspector reviewed cleaning records for one unit of the centre, and all cleaning records were complete. For example, cleaning of high touch areas was completed four times in 24 hours, and daily cleaning of bathrooms, the centre cars, and clinical equipment such as blood pressure monitor and oxygen saturation monitor were also completed. Mattress checks were completed weekly where needed.

Staff were observed to wear surgical masks, and there was ample supply of personal protective equipment and IPC supplies available in the centre, for example, masks, gloves, aprons, alginate bags and hand sanitiser. Hand sanitising dispensers were all filled, and there were ample handwashing sinks throughout the centre.

Residents' and staff temperatures and were monitored twice a day, and residents' needs and risks in terms IPC had been assessed, and management plans included the details in the event of a risk relating to self-isolation. The person in charge also described the supports and plans to support residents who may find it difficult to self-isolate.

Appropriate procedures were in place for the management of laundry. Waste management procedures included procedures for the disposal of general and clinical waste. On the morning of inspection, it was identified that while pedal bins were available in bathrooms, they were not in use in the kitchen. This was pointed out to the person in charge who sourced pedal bins for the kitchen by the end of the inspection.

There was a range of easy-to-read documents on infection control procedures and COVID- 19 available for residents in the centre, and social stories had been developed to support communication of information, for example, vaccination, hand hygiene, self-isolation, social distancing and testing. Residents had been offered opportunities to avail of vaccinations programmes such as COVID-19 and annual flu vaccinations.

The provider had developed a contingency plan which outlined the actions to be taken in the event of a suspected or confirmed case of COVID-19 in the centre. The plan also considered the preventative IPC measures, on call management arrangements, the management of an outbreak in the centre, and the governance structures for IPC management in the service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable procedures were in place for the ordering, receipt, storing, prescribing, administration and disposal of medicines. The inspector reviewed medicines management procedures with two staff. Residents availed of services of community pharmacists, and a stock record of all medicines received into the centre was maintained.

Medicines were stored in individual locked medicines cabinets, and the keys were securely stored. The inspector observed that the fridge used for storing medicine did not have a secure lock installed, and the person in charge ensured a fridge with a key lock was provided by the end of the inspection. Medicine prescription charts were complete, and all medicines had been recorded on administration sheets as administered as prescribed. PRN (as needed) medicines outlined the circumstances under which such medicines should be administered and the maximum dosage in 24 hours was documented on prescription charts, and PRN protocols.

Suitable procedures were in place for the disposal of medicines, and a separate locked press was available to store medicines required to be disposed of. A staff member described this process, and all medicines for disposal were recorded, and returned to the dispensing pharmacist if needed.

Residents' needs had been assessed in terms of medicine management, and medicines management plans outlined the support residents needed with their prescribed medicines. Residents had also been assessed as to their preference and capacity to self-administer medicines.

Judgment: Compliant

Regulation 6: Health care

Residents had access to timely healthcare, and their healthcare needs were met through ongoing interventions and monitoring, both in the centre, and by the relevant health-care professionals.

Residents' healthcare needs had been assessed, and personal plans were developed which outlined the care to be provided to residents to meet their needs. Healthcare plans took into consideration the recommendations of medical and allied healthcare professionals, and were sufficiently detailed to guide practice. The inspector spoke to two staff members who described the day to day care, as well as the emergency interventions, to support a resident with a specific healthcare need.

Residents' healthcare needs were monitored on an ongoing basis, and all recommended monitoring interventions were found to be completed as required. Residents were supported to attend healthcare reviews and accessed a range of healthcare professionals, for example, a general practitioner, dietician, dentist, speech and language therapist, and psychiatrist.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were positively supported with their emotional needs, and there was a focus on developing the social, communication, coping and independent skills of residents, all of which formed part of proactive strategies in behaviour support plans. Behaviour support plans and guides had been developed following assessment by a behaviour support specialist and a psychologist, and clearly outlined these proactive and preventative supports, as well as detailing the reactive strategies to be implemented should residents need additional support to manage their emotions.

Staff had been provided with training in managing behaviour that challenges, as well as in therapeutic interventions. This meant that staff had the necessary knowledge to safely respond to known risks relating to behaviours of concern. Staff had also been provided with additional training in active listening specific to the support needs of a resident.

There were some restrictive practices used in the centre, the rationale for which was clearly set out in behaviour support plans and in risk assessments. A detailed guide for the implementation of a specific restriction was in place, and this was reviewed on a three monthly basis by the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

There had been a significant number of notifications made to HIQA relating to safeguarding concerns in the first few months of 2022. The provider was subsequently requested to provide assurances, outlining the measures they were taking to ensure residents were protected. Since May of 2022, there was a considerable reduction in the number of safeguarding incidents occurring in the centre, and all actions which had been outlined in the provider's assurance report were found to have been implemented on the day of inspection.

The inspector reviewed documentation pertaining to safeguarding incidents, and all incidents had been reported to the safeguarding and protection team, and investigated. Where required safeguarding plans had been implemented, and the person in charge described some of these measures. For example, the use of a visual planner for a resident, and psychology support to support a resident with managing their emotions. Staff described the safeguarding plans for some residents, and the inspector observed that the required supervision levels were in place in line with these plans.

All staff had up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents participated in and consented to decisions regarding their care, both in terms of day-to-day supports, and support regarding their long-term wellbeing. For example, a resident had been supported to develop a wellbeing support plan, and with the help of an allied healthcare professional, outlined their choices and strategies to help them develop and maintain coping skills. In another example, a resident had recorded they preferred not to self-medicate, and staff then supported them with their prescribed medicines.

It was evident that the choices residents made in terms of their daily life, were central in the organisation of the centre. For example, a resident described to the inspector what they had chosen to do for the day, and was going out shopping and for lunch. They also described how staff help them with getting their hair styled every day, and how they liked going to the town to get their nails done. The inspector met another resident, and their daily plan included a specific choice relating to a meal purchase daily. The inspector observed that staff supported the resident to purchase this meal on the day of inspection. Some residents enjoyed swimming and regularly went to a pool in a nearby town. The provider had ensured the resources were in place to support these choices, for example, sufficient staffing

and transport.

As mentioned, picture communication was used for some residents to support their choices, and meal planners and daily activity plans were developed with residents. Some residents had expressed a preference to know their plans for the upcoming day or week, and individual visual planners were in word or picture format, according to the preferred communication style of residents. This allowed for residents to make choices as to what they would like to do, when this choice was happening, and to know when they next would be visiting their families at home.

Staff were observed to be respectful in their interactions with residents, and actively listened to their requests and concerns. For example, staff were observed to assist a resident with finding their choice of music on their iPad. The person in charge was also observed to actively listen to a concern a resident had, with regard to a specific communication preference, and outlined to the resident how they would deal with this concern, while respectfully acknowledging the right of the resident to be communicated to in an age appropriate manner.

Staff had commenced training in human rights, and one staff outlined how they were focused on the quality of life for residents, and in broadening their opportunities and choices for community and social engagement. The inspector observed that this was evident in practice, for example, while some residents preferred predictable and structured routines, staff had gradually introduced new opportunities and activities, which residents had enjoyed, some of which now formed part of daily activities for 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	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant