



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

## Issued by the Chief Inspector

Name of designated centre:	Coastguards
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	10 March 2025
Centre ID:	OSV-0002567
Fieldwork ID:	MON-0037837

## About the designated centre

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

This designated centre can provide residential care and support for up to six residents with disabilities, both male and female. The centre is a large two-storey house which accommodates six residents downstairs and one resident in a self-contained apartment upstairs. The downstairs accommodation comprises a well-equipped kitchen, a dining room, a utility room, a sunroom, five bedrooms (one of which has an en-suite bathroom) and three communal bathrooms. The apartment upstairs comprises a kitchen and sitting room, a bedroom, a bathroom, a storeroom and an office. There is a garden to the front of the house with a private parking space. To the back of the house, there is a large garden with a patio area. Transport is available to residents so that they can access both community-based facilities and undertake longer trips. There is a full-time person in charge who is supported by a team of nursing staff and healthcare assistants

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

Number of residents on the date of inspection:	5
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 10 March 2025	08:40hrs to 15:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection, and the findings were positive. During the inspection, sixteen regulations were reviewed. Fourteen were found to be compliant, while two were deemed substantially compliant with regulations and standards.

Reviewing residents' information and assessing the staff training records indicated that improvements were needed in certain areas. The inspector examined two residents' information and discovered that they required communication support; however, a qualified individual had not assessed their communication abilities. Additionally, the inspector noted that one resident's condition had changed, and they had received a diagnosis of dementia in September 2023. Despite this, only four of the seventeen full-time staff members had undergone dementia training. These two areas require improvement in order to ensure that the residents' communication needs were met and that the staff were appropriately trained on how to address the changing needs of one resident.

Throughout the inspection process, the inspector met with three residents, the person in charge, and various staff members. The residents' home was well-presented, clean, and free from clutter.

In the past year, the person in charge and the provider had made changes to the layout of the house. Conversations with staff members, information reviews, and observations on the day of inspection revealed that these layout changes positively impacted the group of residents. One resident now had their own space due to the adaptations, which resulted in reduced negative interactions among peers. This will be discussed in more detail later in the report.

The inspector engaged with the residents early in the inspection. One resident was relaxing with a staff member during breakfast. Initially slow to engage, the resident eventually shared their plans for the day with the support of the staff member. They were scheduled to attend their day service program and mentioned looking forward to seeing their friends. The resident appeared comfortable and at ease in their surroundings.

The inspector greeted a second resident, who was also having breakfast. This resident did not wish to engage with the inspector, which was respected.

The third resident approached the inspector and discussed their college course, including some subjects they were studying and friends they had made. They also shared experiences from a recent concert, highlighting their happiness in the environment and their interactions with the staff member.

One resident had left for their day service program before the inspector's arrival, and another resident was unwell during the inspection, leading to their absence

from the meeting.

The inspector met with two staff members who had been supporting the residents for an extended period. They were knowledgeable about their needs and provided responses consistent with the residents' care and support plans.

The review of information also confirmed that the rights of residents were upheld and respected by the staff team. The staff had completed training in human rights, and the inspector found evidence from a sample of residents' meetings that residents were encouraged to voice their concerns. The person in charge had ensured that residents were satisfied with the responses they received. It was noted that staff sometimes acted as advocates for residents, raising issues and ensuring they were addressed.

Residents were actively participating in regular activities and were encouraged to express their interests during resident meetings. For instance, some residents had recently gone on a short holiday and attended a concert. The review indicated that a structured routine was essential for some residents, and the inspector found evidence that the staff team supported these routines, leading to positive outcomes.

The inspector noted that three family members had provided feedback regarding the quality of care and support during the annual review for 2024. The feedback from families was positive, praising the staff's approach and the variety of activities available to residents.

In summary, the inspection findings were encouraging. The provider and the person in charge ensured that the residents' needs were assessed, and appropriate care and support were provided. The staff members interviewed were well-informed about how to best support the residents, who appeared comfortable in their home. The review of information confirmed this positive environment.

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

## Capacity and capability

The inspector reviewed the governance and management arrangements of the provider and found them to be appropriate. They confirmed that the service provided to each resident was safe, tailored to their needs, consistent, and effectively monitored.

As mentioned in the opening section, the inspector noted that a resident's needs had changed due to new diagnoses in 2023. However, the provider had not ensured that all staff working with the resident received suitable training on how to best

support them. This area required improvement.

The inspector also evaluated the provider's arrangements regarding staffing, the statement of purpose, the management of complaints, and the notification of incidents. The review of these areas indicated compliance with regulations.

Additionally, the inspector examined a sample of staff rosters and found that the provider maintained safe staffing levels. The person in charge made sure that the staff team had access to and completed training programs to support their care of the residents.

In summary, the review demonstrated that the provider had systems in place to ensure that the services offered to residents were person-centered and safe.

#### Regulation 14: Persons in charge

The person in charge was responsible for only this service. Through discussions and the review of information, the inspector found that the person in charge had good oversight of practices and the care provided to the residents.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management. Throughout the inspection, the person in charge showed their knowledge of the resident's needs. They spoke to the inspector about the various supports in place and plans for the residents.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed a sample of staff rosters, and found that the person in charge maintained planned and actual rosters. The inspector examined the current staff roster and rosters from two weeks in November 2024. The appraisal of the rosters showed that a staff nurse was rostered each day and was supported in their duties by care assistants.

During the opening meeting at the beginning of the inspection, the person in charge informed the inspector that there were staff vacancies at the staff nurse and care assistant level, as well as two staff members being on long-term sick leave. This resulted in the prolonged use of agency staff to maintain safe staffing levels. The inspector found that consistent agency staff members were being used, ensuring continuity of care for the residents.

The inspector was informed by a member of the provider's senior management

team that funding had been granted to begin recruiting for one role but identified delays in recruiting.

The inspector also reviewed information on two staff members. The inspector found that the person in charge had ensured that the required information listed under schedule 2 of the regulations had been gathered and was available for review.

In summary, the review of staffing arrangements showed that the provider had ensured that the skill mix and staffing levels were appropriate to the needs of the residents. The staff members that the inspector met with were also knowledgeable about the resident's needs. They were seen to support the residents respectfully.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. Upon reviewing a training matrix developed by the provider, it was evident that the provider and the person in charge had ensured that staff members were offered a comprehensive range of training.

However, concerns were raised during the review of the training matrix. A resident had received a diagnosis of dementia in September 2023, yet at the time of the inspection, only four out of the seventeen staff members had received dementia training, despite the changing needs of the resident. This highlighted an area that required improvement to ensure the staff team had the necessary training to effectively support all residents.

The review also indicated training on dysphagia was required as two residents were on modified diets due to swallowing difficulties. The person in charge provided evidence that the majority of staff members had completed this training, with only two staff members pending completion.

The inspector noted that the staff team had received training in the following areas:

- Safeguarding
- Children First
- Fire Safety
- Manual Handling
- Infection Prevention and Control Measures
- Basic Life Support

- Medication Management

In summary, while the staff team received training, improvements were needed to ensure all staff are trained in accordance with the evolving needs of the residents.



Judgment: Substantially compliant

### Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them to be appropriate. These arrangements ensured that the service provided was safe, relevant to residents' needs, consistent, and effectively monitored. The management structure was clearly defined and led by the person in charge, who was supported by a team of staff nurses and care assistants. The inspector reviewed the minutes from the previous two staff meetings, which focused on information sharing to ensure that all staff members provided consistent support and care to the residents.

The provider had completed the required annual review and six-monthly reports, which concentrated on the safety and quality of care and support offered in the centre. If any concerns were identified, action plans were created to address them, and there was evidence of the person in charge responding promptly to these actions.

Additionally, the person in charge conducted monthly audits. The inspector reviewed the audits completed in December and January, which included the following areas:

- Fire safety
- review of adverse incidents
- review of residents' finances
- Medication management
- complaints review
- Person-centered plan review.

These audits identified areas needing improvement, and there were examples of the person in charge addressing the required actions promptly.

In summary, the review of the governance and management arrangements found them to be appropriate, with the person in charge demonstrating good oversight of the service provided to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the

inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the service's complaints log. The review revealed that residents had been encouraged to submit complaints. During resident meetings, residents identified various issues, and the person in charge met with each complainant to ensure their concerns were addressed effectively. There was also a complaint regarding communication with a family member, and the person in charge was actively liaising with the complainant. The review of the information indicated that residents were supported in raising complaints. Furthermore, there was clear evidence that the person in charge was responsive to these complaints and consistently followed up with complainants to ensure they were satisfied with the outcomes.

Judgment: Compliant

## Quality and safety

The review of information and observations indicated that residents received a good quality of service provided in a manner that respected their rights.

The provider ensured that residents' needs were thoroughly assessed and that support plans were developed accordingly. Guidance documents were created to assist staff in supporting the residents. However, the inspector identified one area requiring improvement: the communication needs of some residents had not been appropriately assessed. Addressing this issue is essential to ensure that residents

receive support that matches their communication skills and needs.

The inspector evaluated various aspects, including risk management, healthcare, positive behavior support, safeguarding, general welfare and development personal possessions and the residents guide. The review found these areas to be compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe and high-quality service to the residents

## Regulation 10: Communication

During the review of two residents' information, the inspector found that guidance documents had been developed to improve communication with the residents. One resident had limited verbal communication skills, while the second resident exhibited more advanced verbal abilities but still required daily support for effective communication. The inspector noted that the staff team had created the guidance documents without consulting a speech and language therapist.

Communication difficulties were identified as a concern in the first resident's person-centered plan; however, the provider had not arranged for an assessment of the resident's communication skills. For the second resident, a review of their behavior support plan and documentation of incidents involving behaviours of concern revealed that they faced communication challenges. A risk assessment indicated that the resident often struggled to express their needs and wishes effectively. Despite this, the resident's communication needs had not been formally assessed. Therefore, there is a need for an appropriate professional to assess the residents' communication abilities and needs, ensuring they have every opportunity to enhance their communication skills.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

The inspector reviewed the systems to support residents with their financial matters. The provider was supporting three of the residents with their finances. The inspector reviewed two of the resident's information alongside the person in charge.

The inspector reviewed the system to ensure that the money stored in the house was under review. Staff members checked the residents' finances daily, and receipts were stored alongside the funds. The inspector reviewed the receipts and the sum of money for two residents and found that the records matched, demonstrating good oversight in this area.

The review of the information showed that there were appropriate measures in place, residents had access to finances when needed, and the staff team checked finances daily to reduce the potential for financial abuse.

Judgment: Compliant

### Regulation 13: General welfare and development

As mentioned in the opening section of the report, residents were supported to attend day service programs, and one resident participated in an education program.

A review of the daily notes for two residents over the past 10 days indicated that they were active outside their home on a daily basis. Residents engaged in a variety of activities, with some attending sporting and social groups.

Additionally, the review of person-centered plans showed that residents were encouraged to identify social goals they wanted to pursue. There was evidence of the staff team supporting the residents in achieving these goals, and goals for the upcoming months had also been identified.

Judgment: Compliant

### Regulation 17: Premises

The person in charge guided the inspector through the residents' home. As previously mentioned, the layout of the house had been modified to accommodate the needs of the residents. The inspector noticed pictures of the residents displayed throughout the home, and some areas had recently been decorated.

Overall, the residents' home was well-presented and clean.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide had been developed. The inspector reviewed this and found that the document contained the information per the regulations and was readily available for residents to review.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed two residents' risk assessments and records of adverse incidents. The inspector also reviewed staff meeting minutes, during which incidents were discussed and learning was promoted. The appraisal of the information showed that appropriate risk management arrangements were in place.

The appraisal of the risk assessments showed that they were linked to the resident's assessment of need and support plans. The risk assessments were concise and well-written, giving the reader the required information to maintain the safety of the residents. The inspector found that the risk control measures were also proportionate to the level of risk.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. The inspector found that there was guidance for staff to follow on best supporting the residents. When speaking with staff members, the inspector was assured they had good knowledge of the residents and their needs.

The provider was introducing new person-centred plan documents for the residents; the inspector reviewed two of these and found that the new documents detailed information regarding areas such as the resident's interests and things they wanted to achieve.

In summary, the inspector found that there were systems in place to assess the residents' needs appropriately and that the provider was developing care plans to help staff support the residents best. As noted, there were two areas where the provider needed to improve regarding their support to residents, and these were addressed under regulations 10 and 16.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector reviewed two of the residents' behaviour support plans. The appraisal

showed that the plans focused on understanding the residents' presentation, how to support them to have positive outcomes, why they may engage in the behaviours, how best to help them if they were to do so and how to support them post-incident. The plans were well written and gave the reader clear guidance on supporting the residents. The staff team was also provided with appropriate training.

After reviewing residents' behaviour, changes were made to the staff team's approach to supporting the residents. The inspector found scripted responses on how to interact with the resident around a number of topics. Furthermore, the person in charge and the provider had identified that adaptations to the resident's home were required. As mentioned earlier, this has resulted in reduced incidents and more positive experiences for the residents.

In summary, the inspector found that the provider had systems in place to assess and meet the behavioural needs of residents.

Judgment: Compliant

### Regulation 8: Protection

The inspection process identified that the provider and person in charge had ensured that appropriate safeguarding arrangements were in place. The staff team had been provided with appropriate training, and a staff member clearly responded on how to manage a safeguarding incident.

When aware of a safeguarding concern, the person in charge initiated investigations and notified the appropriate bodies.

There had been periods in the past where residents' behaviours had negatively impacted each other; as noted earlier, a number of changes had been made, and this had resulted in a reduction in incidents; staff members told the inspector that there were still occasions where residents annoyed one another but that their relationships had improved following the changes.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Coastguards OSV-0002567

Inspection ID: MON-0037837

Date of inspection: 10/03/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:  Training in relation to Dementia and dysphagia have been completed by all staff in the designed centre.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:  The PIC has sourced a Speech and Language Therapist who specialises in Communication. Dates have been secured for this Speech and Language Therapist to assess residents' communication abilities and needs within the designated Centre. Any recommendations from the Speech and Language Therapist will be implemented for residents.	

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	27/06/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	02/04/2025