



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Fharráige Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0001765
Fieldwork ID:	MON-0032426

## About the designated centre

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

The designated centre comprises of two houses which offer residential and respite services for up to nine residents with an intellectual disability. The respite service is opened on a pre-determined number of nights per month and there are 9 residents identified as using this service. Residents using the residential house have a full-time service and five residents were using this service on the day of inspection. Each resident has their own bedroom and both houses have ample communal, kitchen and dining facilities. Both houses are located within walking distance of a medium sized town and residents are supported to access their local community on a regular basis. A social model of care is delivered in the centre and residents are supported by both social care workers, social care assistants and there is a sleep in arrangement to support residents during night time hours.

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

Number of residents on the date of inspection:	5
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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 - 2015 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 5 May 2021	09:00hrs to 13:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that residents were supported to enjoy a good quality of life and that their wellbeing, welfare and rights were actively promoted.

A review of documentation occurred in the respite house which is part of this centre but was vacant on the day of inspection. The inspection was facilitated by the person charge and a senior manager of the service. The inspector then met with three residents in their home towards the conclusion of the inspection. This approach was taken to allow for social distancing and to meet the individual needs of residents who were using this service.

The inspector met with three residents on the day of inspection and found that they were comfortable and relaxed as they chatted and interacted with a staff member who was supporting them. The inspector was greeted at the door by a resident who chatted freely about wearing a face covering to protect themselves and how they wash their hands when they are out and about. The staff member kindly reminded them about social distancing and the resident responded in a friendly manner. The resident showed the inspector to the kitchen where there was a lovely smell of baking. The staff member explained that they were baking an apple tart and they chatted in a casual and warm manner as they were helping a resident in preparing apples. Another resident was sitting at the kitchen table and they appeared to enjoy the activity and the chat between all parties. This resident used single words to communicate with the inspector, but they appeared very comfortable in their surroundings. At one point they asked the staff member for their hand held electronic device by calling it "the small radio", the inspector noted that the staff member knew exactly what they wanted and they explained that this was their term for the device and that they loved doing puzzles on it. These positive interactions gave a good insight into the care which was provided and clearly demonstrated that staff members had a good understanding of resident's individual needs and preferences.

Prior to COVID-19, residents had good access to their community and their attended paid employment, shopping, beauty treatments and trips to the local public houses and restaurants. Due to national restrictions, residents were cocooning in their home, but the staff members introduced a range of activities to help residents to pass the time. For example, each resident had created their own work station where they enjoyed painting, arts and crafts and exercises. There was also a white board beside each station where resident's activities for the day were laid out which also included time for music, dancing and enjoying their favourite television programmes.

Residents were supported to stay in contact with their families though regular phone calls and a review of daily notes showed that families would drop by, in line with restrictions, and visit their loved ones in the garden. A resident loved doing the national lottery and family members would drop in their draw ticket and scratch cards which they enjoyed. The centre's annual review also included detailed

information in regards to how residents and their families were involved in the running and operation of the centre. Families were asked to give their thoughts in relation to the care and support with was provided and very positive was received and highlighted in the review. Residents were also supported to give their thoughts on the service and the person who completed the review gave a detailed overview of their input and also highlighted how residents were actively consulted throughout the year. As part of the review, staff members took the time to go through individualised user friendly questionnaires which showed a high level of satisfaction with the service. Residents also explained how they would like to improve their lives through independence, holidays and getting back to normal when national restrictions were eased.

As mentioned above, a resident wanted support with their independence and their overall plan was to eventually move into their own accommodation. This was clearly stated in their personal plan and also detailed in their questionnaire which they completed as part of the centre's annual review. The staff team used the national lock down as an opportunity to develop their cooking skills and also their use of household appliances. The resident also had ongoing support with their finances and budgeting and although their was no immediate plans for independent living, the inspector found that the processes which were implemented by the provider and staff team were thought out, considered and reflected to overall wishes and preferences of this resident.

Overall, the inspector found that residents were actively consulted in decisions about their care and their home which promoted their rights and enhanced their quality of life.

## Capacity and capability

The inspector found that residents' safety and welfare was actively promoted by the oversight arrangements which were implemented by the provider.

The person in charge was supported in their role by two senior managers which participated in the oversight of the centre. The inspection was facilitated by the person in charge and by one of these senior managers. Both people were found to have a good understanding of the centre, residents and of the oversight arrangements which promoted their wellbeing.

As mentioned earlier, the provider had completed the centre's annual review which was very much focused on the residents' opinions and thoughts on the quality of the service. The inspector found that this review was also robust in nature and gave a good insight to care practices and where improvements could be made. The unannounced audits were also completed as required and additional auditing was occurring in response to COVID-19.

The provider had also produced a contingency plan in response to COVID-19.

Although this plan was robust in nature and gave clear guidance in regards to preparing and monitoring for signs and symptoms of the disease, the actual listed response for supporting residents should they become ill did not reflect what had occurred when the provider had successfully managed an outbreak in the recent past. For example, the plan detailed how residents would move to a respite house if they contracted COVID-19; however, residents who had become ill were actually supported to stay in their own home as this best suited their individual needs and residents who did not contract the disease moved to the respite house which promoted their safety. This was discussed with a senior manager who amended the plan to reflect the person centred care which would be offered should an outbreak re-occur.

The inspector met with one staff member who was found to have a good understanding of residents' care needs and observed interactions were warm, caring and friendly in nature. The staff member stated that management of the centre had been very supportive of staff and residents when providing oversight of care during an outbreak of COVID-19. The provider had also provided additional training to staff in regards to COVID-19 with all staff completing training in infection prevention and control, the use of personal protective equipment (PPE) and hand hygiene.

Overall, the inspector found that the provider had ensured that residents enjoyed a good quality of life and that oversight arrangements ensured that their safety was maintained.

### Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place which assisted in ensuring that staff could support residents with their individual needs. The provider had also ensured that staff had completed additional training in hand hygiene, personal protective equipment (PPE) and infection prevention and control which also promoted the quality and safety of care which residents received.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had governance arrangements in place which ensured that residents received a service which met their needs. All audits and reviews as required by the regulations had been completed and the information which was gathered for these processes was used to improve the overall quality and safety of care.

Judgment: Compliant

## Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents enjoyed living in the centre which they considered their home and that they had a good quality of life.

It was clear that residents enjoyed living in the centre and there was a very pleasant atmosphere when the inspector met with them. The rights of residents were also actively promoted and some positive risk taking was occurring which promoted residents' overall independence. For example, a resident was from the locality and prior to COVID-19 they enjoyed going to their local public house for a drink and meeting up with neighbours and people from their local town. Residents attended weekly house meetings in which they discussed COVID-19, meals and recently a general information session had been introduced which discussed the area of self care and protection which promoted residents' safety and welfare.

Residents were also supported to understand what COVID-19 was, and how it was impacting on their lives. Easy read information was also discussed with residents which examined subjects such as communication, setting time aside to discuss worries and the importance of exercise, activity and routines. Residents had also received their COVID-19 vaccine and staff members had discussed with them their wishes and the area of consent in regards to this vaccine.

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to issues and where required additional measures



such as risk assessments had been implemented to address any safety concerns. Risk management procedures were generally well managed and additional risk assessments had been implemented in response to COVID-19 and associated safety concerns.

The centre had one safeguarding plan in place which had been introduced following an incident in the centre. The inspector found that the provider had responded in a swift manner when implementing safeguarding procedures which promoted residents' safety. Staff who met with the inspector had a good understanding of the safeguarding plan and they were also aware of a further incident which had been recorded on the centre's reporting system the evening before the inspection. The inspector found that these measures ensured that residents were safe and that staff were well informed when incidents had occurred.

Overall, the inspector found that residents enjoyed living in this centre and that their rights, well-being and welfare were actively promoted.

### Regulation 26: Risk management procedures

The provider had detailed risk assessments in place which promoted residents' safety. The person in charge had also responded in a prompt manner to incidents which had occurred.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had been assessed and supported to manage their own medications; however, a risk assessment had not been completed to ensure that a resident could safely manage their medications at all times.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which clearly outlined their care requirements and how they preferred their needs to be met. As mentioned earlier, residents were supported to identify and achieve personal goals and the staff team regularly updated resident's and their personal plans with progress notes on their chosen goals.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to enjoy a good quality of health. Residents had regular access to the general practitioner and also to allied health professionals as required.

Judgment: Compliant

### Regulation 8: Protection

Residents were supported in the area of self care and protection and the provider had responded in a prompt manner to recent safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to enjoy a good quality of life and their rights were actively promoted.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had enhanced infection, prevention and control measures in place which were kept under regular review by the person in charge.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 27: Protection against infection	Compliant

# Compliance Plan for Cois Fharráige Residential & Respite Services OSV-0001765

Inspection ID: MON-0032426

Date of inspection: 05/05/2021

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC has included the risks associated with the medication management Assessment in one resident’s Personal Risk Management Plan.	

## 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 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	21/05/2021