



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

Issued by the Chief Inspector

Name of designated centre:	Cois Locha Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2021
Centre ID:	OSV-0001773
Fieldwork ID:	MON-0032455

About the designated centre

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

Cois Locha Residential and Respite Services support four male and female adults with intellectual disabilities, who present with associated complex needs such as physical and sensory disabilities and consequently have high support needs. This service is a combination of full-time residential and respite care.

The centre is a single-storey house on the outskirts of a rural village. All full-time residents in the centre have their own bedrooms, and there is an additional bedroom reserved for respite use. The physical design of the building suits the needs of residents and there is suitable equipment available to support individuals with physical disabilities.

Residents are supported by a staff team that includes a social care leader, social care workers and social care assistants. Staff are based in the centre when residents are present and there are both waking and sleep-in staff on duty at night to support residents.

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 - 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
Thursday 6 May 2021	12:20hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, were supported by staff to be involved in activities that they enjoyed both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well being and quality of life of residents.

The inspector met with all four residents who lived in this centre. Although these residents were not able to verbally express views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in a room which was adjacent to, but separate from, residents' living space.

Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to ensure that residents' support needs were met. Residents traditionally attended day services in other locations, but due to COVID-19 safety precautions, day care staff currently supported residents in the centre. There were four day care staff allocated to the centre each day which ensured that each resident had individualised care and attention during the day. Although the time the inspector spent with residents was limited in line with COVID-19 safety protocols, it was clear that activities were individualised and that residents were enjoying the activities that they were doing. One resident was enjoying a relaxation therapy with music, while another was playing a ball throwing game. The resident was clearly enjoying this game and was laughing and smiling while playing. Residents were also having meals that were suited to their needs and were spending time outdoors with staff, taking exercise, and going for drives in the area.

There were measures in place to ensure that residents' rights were being upheld. The person in charge and staff were very focused on ensuring that residents could communicate. During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included the use of talking tiles to identify staff on duty, clear pictorial information, objects of reference, showing some residents actual foods to offer food choices, and the use of music to signify different times of the day. A speech and language

therapist had been involved in the development of communication plans. Rights assessments for residents' financial, medication management and mobility capacities had been carried and the appropriate supports were supplied in line with the outcomes of these assessments. There was also a quality improvement plan for the use of restrictive practice, as a result of which some restrictive practices had been removed or reduced.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was adequate communal and private space for residents, a well equipped kitchen and access to a sensory garden. Rooms were decorated with suitable colour schemes, and comfortable soft furnishings and decor. There was internet access, television, games, and music choices available for residents. Residents had their own bedrooms which were comfortably decorated, furnished and individualised with residents personal pictures and items of interest. There was adequate furniture in which residents could store their clothing and belongings. Bedrooms were equipped with specialised equipment such as overhead hoists and adapted bathroom facilities which enhanced the comfort and safety of residents with physical and mobility issues.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. However, review of the person in charge's governance arrangements was required, to ensure that the overall good quality of service residents would be sustained.

There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. Management meetings took place, which were attended by persons in charge and their manager. The person in charge also held team meetings with the staff in the centre every six weeks. A range of information was shared and discussed at these meetings such as medication management, COVID-19, staff training and guidance on visiting.

A review of the protected management time allocated to the person in charge required review to establish if this is adequate. The person in charge's time was divided between management functions and delivery of care in the centre. Although she considered the delivery of care to be an important aspect of her role in the oversight of the service, some management functions to be completed within dedicated management hours had not been consistently achieved within the required time frames. For example, the provider required that staff supervision be carried out quarterly. While this had been achieved for most staff, some staff had not received supervision in the first quarter of 2021. The provider also required that

a quarterly review of incidents be carried out, and while these were up-to-date for 2020, it had not been completed in 2021.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. The person in charge and staff carried out audits in the centre such as monthly audits of infection control, finances and infection control, in addition to quarterly health and safety audits. Unannounced audits were being carried twice each year on behalf of the provider. All audit records showed a high levels of compliance and any issues identified during audits were taken seriously and addressed. Annual reviews of the quality and safety of care and support of residents were also being carried out.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received extensive training, such as training in medication management, first aid and food safety in addition to mandatory training. While all staff had received up-to-date training in fire safety and safeguarding, a small number of staff had not received training in managing of behaviour that is challenging. The person in charge explained that as there were no residents in the service with behaviours that challenge, the provider had prioritised staff training in areas that were of specific relevance and value to the residents of this service. These included training in feeding, eating, drinking and swallowing, oxygen management, percutaneous endoscopic gastrostomy (PEG) feeding, wheelchair clamping and supporting people with epilepsy. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date and informative.

Records viewed during the inspection, such as staff training records, healthcare plans, risk management assessments, COVID-19 and infection control, were comprehensive, informative and up to date.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, the work structure of the person in charge required review, as some essential management functions were not being met within the protected administrative time allocated to the person in charge.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that ensured that each resident's health and well-being was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe. However, improvement was required to the recording of some aspects of residents' personal plans.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. While some of the plans viewed during the inspection were clearly recorded and up to date, some had not been updated to capture all progress that had been made in achieving goals, or how plans had changed due to COVID-19 restrictions. However, this information was known to staff and was discussed during the inspection. This presented a risk that some valuable information and learning could be lost.

The centre was located in a rural area which was close to both a village and a large town. The centre was warm, clean, comfortably furnished and decorated, suitably

equipped and well maintained. There was a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the house. Since the last inspection works had taken place to improve comfort and safety for residents. New flooring had been fitted in much of the centre, and a landscaped accessible sensory garden had been developed at the back of the house. Internal and external doors had also been adjusted so that all residents could be evacuated directly to the outdoors while in their beds. This provided for faster evacuation at all times, especially at night when there were less staff on duty.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. Residents traditionally attended day services, at which a range of activities were taking place. However, due to COVID-19 restrictions, day service activities were now taking place in the centre. Residents took part in activities that they enjoyed in the centre, such as spending time in the garden, going for walks and drives with staff, music, television, relaxation therapies and use of sensory facilities.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed and required care was delivered by staff. To maintain good health, staff arranged healthcare visits for residents which included annual medical checks by the general practitioner (GP), and reviews by dentists, chiropodists and audiologists as required. Staff encouraged and supported residents to keep fit and take exercise. Residents' nutritional needs had been assessed, with involvement of dieticians and speech and language therapists as required, and staff ensured that residents received nutritious food suited to their preferences and assessed needs. None of the residents were currently eligible to attend national health screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been updated to include risks associated with COVID-19. Arrangements were also in place to safeguard residents from any other form of harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer if required.

Measures were in place to ensure that residents' rights were being upheld and that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences and these were being supported. There were measures in place to supply information to residents in a suitable format that they could understand. For example, staff used suitable techniques such as choice boards, talking tiles and pictorial cues to communicate with residents and establish their wishes, and easy-to-read versions of important issues such as the complaints process and coronavirus information were available to residents.

Regulation 17: Premises

The design and layout of the centre met the aims of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were suitable arrangements in place to manage risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, including robust practices in relation to COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan
<p>Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for all residents based on their assessed needs. However, some improvement was required to personal planning documentation as some personal planning records had not been updated to reflect changes in circumstances such as those arising from the COVID-19 pandemic.</p>
<p>Judgment: Substantially compliant</p>
Regulation 6: Health care
<p>The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.</p>
<p>Judgment: Compliant</p>
Regulation 8: Protection
<p>The provider had arrangements in place to safeguard residents from any form of harm.</p>
<p>Judgment: Compliant</p>
Regulation 9: Residents' rights
<p>Residents' rights were supported and that they had freedom to exercise choice and control in their daily life.</p>
<p>Judgment: Compliant</p>

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Locha Residential Service OSV-0001773

Inspection ID: MON-0032455

Date of inspection: 06/05/2021

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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A comprehensive review and analysis of the Person in Charge's off roster time will take place examining hours, funding and staffing available to facilitate an increase in administration time.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Each Individual's Quarterly progress update in their personal plan will be furnished with more precise detail and information with regards to the steps and actions taken around achieving the goals to date. Details will be broken down into steps taken and the dates and time frames around this as opposed to a general update of the status. • Named staff will be supported by the PIC to do this to ensure all the details around progress or delays/obstacles with achieving goals are being captured on the progress updates of the Personal Plans. • Any deviations from the Goals due to Covid will be noted and the work that has been done in its place. • The PIC will support each Named staff to ensure the records around goal progress to date and for the remainder of the year reflect the detail required. 	

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/07/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/06/2021