

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by CoAction West Cork Ltd
Centre ID:	OSV-0002105
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	CoAction West Cork Ltd
Provider Nominee:	Gobnait Ní Chruaí
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 June 2016 10:30	07 June 2016 19:00
08 June 2016 08:45	08 June 2016 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This report sets out the findings of an announced inspection of a centre managed by CoAction Services following an application by the provider to register the centre. CoAction Services provides residential and day care to people with an intellectual disability in the West Cork area. CoAction Services was overseen by a voluntary board of management which included representatives from the local community and representatives of residents.

Description of the service

This was the fourth inspection of this designated centre which consisted of four houses near the centre of a large town in West Cork and provided residential and respite care (respite care is alternative care for a person with a disability for a short period from their usual accommodation at home). The centre provided both residential and respite services but did not use the rooms of residents who stayed full time to facilitate residents accessing the centre on a respite basis. The person in charge maintained a record of all residents who accessed the service on a respite basis.

The statement of purpose was a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was to "create an atmosphere which enables residents to sustain links with their families, friends and their community, where each resident can grow and develop and have a say".

Some of the residents had complex support needs, including mobility issues and healthcare issues like epilepsy. The statement of purpose outlined that some of the residents "may present with behaviours that challenge".

How we gathered our evidence

The inspector met with each resident. Residents said that they were happy with where they were living. One said that he "loved the food". Four families met with the inspector and were very positive about the supports provided by Coaction. 10 families had completed questionnaires prior to the inspection providing feedback on the centre. In general the feedback was positive. One family said that they "were very happy with the service provided". Another family member said that "we are very happy with the staff who take care of our daughter".

Overall judgment of our findings

There was evidence of good practice. For example, in relation to communication needs one resident had recently had a sensory assessment undertaken by the occupational therapist to assess sensory processing and effects on functional performance. In addition, residents said to the inspector that they felt safe. The social worker was the designated officer if there was any issue relating to protection of residents. There were robust measures in place to manage any safeguarding issue.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include substantial compliance in relation to:

- care planning
- risk assessment
- educational assessment

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with about their care and that residents' privacy and dignity was respected.

The centre provided both residential and respite but did not use the rooms of residents who stayed full-time to facilitate residents accessing the centre on a respite basis.

The service had recently asked residents to complete a questionnaire with the aim of getting residents' opinions on their lives. The review found that in general people were satisfied with where they lived and that their rights were respected.

The inspector found that residents could keep control of their own possessions. There was adequate space for clothes and personal possessions in all bedrooms. The laundry facilities were appropriately set up to facilitate residents in doing their own laundry if they wished.

The inspector reviewed the management of residents finances and found the process to be transparent. There was a policy on residents finances and all items purchased for and by residents were verified by receipt. The inspector found checks in place. In March 2016 the financial controller for the service had reviewed the financial records in each house of the centre. A number of recommendations had been made in this review and there was evidence that this recommendations had been implemented.

There was evidence that residents were consulted with and participated in the organisation of the centre. There were weekly resident meetings where things like meal choices and activities for the week were discussed.

There was a complaints policy that was also available in an easy to read format and was displayed throughout the centre. Inspectors reviewed the records of complaints and saw that there had been 16 complaints from March 2016 to June 2016. The complaints included issues like sausages being too big and a resident's bag going missing. These complaints had all been resolved locally with the person making the complaint being satisfied with the outcome in all cases.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were supported to communicate at all times. In each resident's personal plan communication needs were recorded. For example, information in personal plans included whether residents communicated verbally or by using non-verbal communication means, how residents communicate when they are in pain or if they were happy or sad.

Staff were observed over the course of the inspection to support residents to communicate. Some residents with identifiable communication needs had a communication passport in order to ensure that staff would support residents in a consistent manner. This was a person-centred booklet for those who cannot easily speak for themselves and is a way of recording the important things about a person.

There was a communication board in the kitchen areas which contained pictures of what was for dinner that night and also there was a picture rota of which staff were on duty. During the inspection two residents showed the inspector pictures on an i-pad computer tablet of recent trips and outings they had enjoyed. Music systems and television was provided in the main living room and a number of residents had televisions in their own room.

Residents with communication needs had access to allied health professionals as required. For example, one resident had recently had a sensory assessment undertaken by the occupational therapist; another resident was due to have this assessment also. The head of psychology had completed an assessment report for another resident and recommendations were in place around communication, the use of sign language and

the use of photographs.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Families were encouraged to be involved in the lives of residents. Positive relationships between residents and family members were supported. All families who met with the inspector were happy with the level of involvement they had with the centre. One family outlined to the inspector that they "use a communication book that travels with our daughter. It is an incredibly important tool and works both ways between us, the staff and my daughter". In the feedback received prior to the inspection one family of a resident who attended the service on a respite basis said there was excellent communication between the service and the family, "particularly in relation to healthcare needs".

The service had recently asked families to participate in a survey with the aim of seeing if families were satisfied with the quality of care provided. The review found that in general people were satisfied with the attitude of staff, the level of consultation/communication with families and the level of choice offered to residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While there had been no recent admission to the centre, there was a policy on admission which described the admission process including assessment, access and the transition period that would be agreed with the resident.

Each resident had a contract and those seen by the inspectors were all in writing, had been signed either by the resident or their representative and the terms on which each resident resided there including:

- services and supports
- food and nutrition
- fixed closures
- clothes/personal possessions
- visits
- personal planning
- management of finances including the nightly rate charged to residents and the housekeeping rate
- resident rights/responsibilities.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were two sets of resident records; the person centred planning folder and a separate recording of medical and allied health reviews kept electronically on computer.

The development of the person centred planning folder was a process involving the resident, their key worker, family and anybody else the resident wished to be involved.

This process was to help support the resident in relation to their strengths, their support network, their vision for their lives and the necessary supports required to achieve this vision. In the feedback received by HIQA one family confirmed that "yes I am involved in the development of the personal plan".

In the person centred planning folders reviewed by the inspectors there was a summary profile of "how you can support me" that staff and carers must know about the resident including health needs, nutrition, personal care and mobility.

There were assessments of residents' healthcare needs and social care needs in the personal planning process. For identified healthcare needs, there was evidence that care plans were being developed to direct the care and support to be provided to residents. However, because there were two systems in use, the personal planning folder and the separate electronic recording of medical/ allied health reviews the information for an assessed healthcare was available but was not always immediately clear in the care plan.

In the feedback received by HIQA prior to the inspection one family said that "as she is only going to these houses for respite, decisions about her care and support are largely taken care of by her and her parents and staff follow on". This was discussed with staff, the area manager and person in charge on inspection. Staff confirmed that this practice meant they may not have all information relevant to the resident's healthcare needs and any treatment or other intervention.

There was evidence of residents being supported by a multidisciplinary team to review changing needs. In records seen by the inspector a number of residents had such reviews attended by relevant allied health professionals, the person in charge and the area manager.

In relation to social care needs the service had reviewed the way person centred plans were developed to ensure that each resident was supported to develop an individual lifestyle plan. One family did say in feedback submitted to HIQA that "for the plan the time lapse can be slow at times but things do go to plan". In the person centred plans seen by the inspector the lifestyle plan outlined the person's vision for their life with goals in place and identified the supports to help the person achieve their goals. The service did acknowledge that the process may involve setting incremental goals leading to the achievement of the overall vision for the person's life. For example, the inspector saw one person's goal included independent living skills. The steps identified to support the resident to achieve this included input from speech and language therapist on choice making and the resident being supported to go shopping.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre met residents' individual and collective needs in a comfortable and homely way.

Accommodation was provided in four houses in three separate locations near the centre of town. Some of the residents in the centre had complex support needs, including mobility issues and healthcare issues like epilepsy. The statement of purpose outlined that some of the residents "may present with behaviours that challenge".

One family in the feedback submitted to HIQA said that there was a need for "proper ceiling hoists and beds". The first house was a detached house which could accommodate a maximum of six residents. Two of the bedrooms in this house on the ground floor could cater for individuals with mobility issues; one of these bedrooms had a ceiling track hoist and the second bedroom had enough space for a free-standing hoist.

The centre also consisted of two semi-detached houses together on the edge of a small estate within walking distance of the town. A number of residents walked daily to the nearby day centre managed by CoAction Services. Each of these houses could accommodate three residents; the downstairs bedroom in each of the houses could cater for individuals with mobility issues with hoists and en-suite facilities available. The fourth house in the centre could accommodate five residents in a semi-detached house on a small estate near town.

At the previous inspection a number of maintenance issues had been identified and all of these had been completed. Each of the houses was clean, bright and had separate sitting rooms, kitchens and outside garden space.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The arrangements for risk management were adequate. However, some improvement was required, particularly in relation to risk assessment of readily identifiable hazards.

The risk management policy included the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. All of these issues were also identified as hazards on the centre risk register and had been separately assessed and risk rated. Since the last inspection the risk register also identified specific hazards in each location, for example epilepsy management and walking to day service. However, a risk assessment had not been completed for all identifiable hazards. For example, for residents with mobility needs, an assessment of specific tasks that involved moving and handling in relation to these residents was not available.

Each resident had also participated in identifying specific hazards relating to their lives. These were contained in an individual risk profile and included things like communication, safeguarding, behaviour, food & nutrition and medical needs. However, individual risk assessments were not always updated to include the most up to date information. For example, one resident's risk assessment outlined a review with a consultant specialist. This review had been completed but the risk assessment had not been updated.

As part of the audit schedule for the service an annual health and safety review had taken place in March 2016. This looked at issues like housekeeping, infection, first aid, electrical/fire safety and hazardous substances. Issues identified on this audit that required action had been completed.

There was an incident reporting system. From January to June 2016 there had been 17 reported incidents including five falls and five episodes of a resident having an epileptic seizure. There was evidence that all of these incidents had been followed up by the person in charge and measures put in place to minimize recurrence.

Since the last inspection the centre had been upgraded to take account of fire safety precautions. During this inspection the main fire safety installations of fire alarm panel, emergency lighting and fire extinguishers were all within their statutory inspection schedules with all relevant certificates available on site.

Fire evacuation drills were being undertaken involving the residents every three months. Each resident had a personal emergency evacuation plan in place which indicated what supports, if any, residents needed to leave the building in the event of a fire.

In relation to control of infection one resident had a commode in their bedroom which they used at night time. However, there was no hand washing facilities available in this resident's bedroom. There were shower chairs which had "tubing" attached to prevent injury to residents while using the shower chair. However, this "tubing" could not be adequately cleaned to prevent any cross infection.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found evidence that adequate systems were in place to protect residents from being harmed. A restraint free environment was promoted in the centre.

There was an up to date policy on, and procedures in place for, the prevention, detection and response to abuse. The social worker was the designated officer if there was any issue relating to protection of residents; and her contact details were available throughout the centre.

It was a requirement that all serious adverse incidents were reported to HIQA, including any issues relating to safeguarding residents. There were two safeguarding issues submitted to HIQA since January 2016. Documentation in relation to these incidents was reviewed during the inspection. Both had been referred to the designated officer and who completed a comprehensive investigation in each case. Safeguarding protocols had been approved by the designated officer and these were available to guide staff. Training records indicated that all staff had received training on the protection of vulnerable adults.

The centre promoted a restraint free environment. There was a service wide restrictive practices committee available to review any restrictions that limited a resident's life. In this centre approval had been sought from this committee for environmental restrictions for a number of residents including the use of bedrails and lap belts for when residents

were using a wheelchair.

For any resident who required positive behaviour support guidelines these had been prepared by a clinical psychologist. These guidelines provided clear guidance to staff on how to adequately support people. One resident's behavioural support guidelines had not been updated since 2010 but the person in charge outlined that these were for review.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

It was a requirement that all serious adverse incidents were reported to HIQA. A record of all incidents occurring had been maintained and all notifications had been sent to HIQA as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on access to education, training and lifelong learning. All residents attended a day service in the town centre also run by CoAction Services. However, it

was not clearly demonstrated how residents' personal skills and development were assessed and how support was provided in accordance with those assessed needs and their wishes and abilities, as required by Regulation 13(1). In the feedback from families submitted to HIQA prior to the inspection, one family said that they felt CoAction Services "could create more jobs that they could keep the service users occupied, other than sitting around".

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were supported on an individual basis to achieve and enjoy the best possible health.

The person in charge outlined that residents had the option of attending a general practitioner (GP) of their own choice. The inspectors reviewed a sample of resident healthcare files and found evidence of regular GP reviews. The GPs requested review of residents' healthcare needs by consultant specialists as required. There was correspondence on file following these appointments and reviews. In the feedback submitted to HIQA prior to the inspection one family said that "I'm told all about her health and any visit to the doctor".

There was evidence that residents were referred for support as required to allied health professionals including speech and language therapy, psychology, physiotherapy and occupational therapy. There were clear and up to date guidance available to staff following any such review. For example, there were swallow care plans available following dysphagia (swallow) assessments; one resident who use a comfort chair had guidelines in place from an occupational therapist to support here in a comfortable position while eating and drinking. One resident had recently had an assessment by the occupational therapist to get a seating system to cater for the resident's specific seating needs. At the time of the inspection there were cushions in place in the resident's wheelchair to support them.

There was a policy and guidelines for the monitoring and documentation of residents' nutritional intake. The inspector noted that residents were referred for dietetic review as required. However, as the service did not have a dietician there was a delay in residents

receiving reviews. For example, one resident had been referred for review in March 2016 but had still not been seen.

All meals were prepared by staff in the kitchen on site. A copy of the menu in picture format was available on the notice board. Staff were knowledgeable about residents likes and dislikes and also knew which residents were on special diets. Residents and staff had their meals together and mealtimes were observed to be relaxed with residents and staff engaging in a relaxed way.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the last two inspections a number of actions were not satisfactorily implemented including:

- not all drugs had the maximum 24hr PRN (when necessary) dose included on the prescription
- effective medication audits were not available for review by inspectors
- allergies were not identified on all medication administration charts
- not all medication administration charts contained the date of birth of the resident and the current date.

These issues had all been addressed. Similarly a clinical nurse specialist had undertaken a medication management audit in April 2016. Issues identified including the use of PRN medication and the recording of doses in the medication administration and recording sheets. All of these issues had been addressed.

In the feedback submitted to HIQA prior to the inspection one family specifically commented on medication management saying that there was "an epilepsy care plan and med forms are fully up to date outlining how and when certain PRN meds can be administered".

Medications for residents were supplied by a local community pharmacy. In the sample prescription sheets reviewed it was clear that a record of each drug and medication was signed and dated by the doctor.

As an example of good practice, each resident had an individual medication plan. This plan had information available for non-nursing staff on each resident's medication administration record with details of the medication and the reason why the resident was taking the medication.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines and each resident had completed a self medication assessment guideline.

The inspector reviewed medication incident forms from January 2016 to June 2016 and saw that five errors were identified; two related to incorrect dose in a blister pack; two related to a missed dose of medication; and one related to a tablet found on a bedside locker. There were arrangements in place for investigating incidents and there was evidence of appropriate action being taken.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose was a document intended to describe the service and facilities provided to residents, the management and staffing and the arrangements for residents' wellbeing and safety. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. The stated aim of the centre was to "create an atmosphere which enables residents to sustain links with their families, friends and their community, where each resident can grow and develop and have a say".

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. CoAction Services was overseen by a voluntary board of directors which included representatives from the local community and representatives of residents. The board maintained oversight of the organisation and service development. There had been a recent appointment of an adult services manager for CoAction Services. She had been appointed in November 2015 and had previously worked as a manager for another service provider. The adult services manager reported to a Chief Executive Officer. In the feedback received from families prior to the inspection three families had said that they would like more access to the decision makers and senior management of the organisation.

The person in charge was employed full time and was found to have the skills and experience necessary to manage the centre. The nominated person in charge had a diploma in disability studies from University College Cork (UCC) and a degree in social science also from UCC.

CoAction Services had engaged in consultation with residents on the quality of care provided by the centre. Issues surveyed included are you happy living here; personal goals; controls and choice over your life; privacy and safety. They had undertaken a similar survey with the families of residents seeking comments on quality of care, staffing, consultation, choice, communication with staff and the complaints process. The results from these surveys had informed the annual review of quality and safety of care undertaken by the services manager.

The provider annual review in relation to quality and safety of care in April 2016 had reviewed a number of "themes" also: supports, effective services, safe services, healthcare, leadership and the use of resources. This was a comprehensive review of quality and safety of care in the centre.

The provider nominee had ensured that one unannounced visit to the designated centre in relation to the quality and safety of care had been completed in February 2016. There was a prepared written report available in relation to the "themes" that had been reviewed namely: supports, effective services, safe services and healthcare. The review

had a detailed action plan to address any deficiencies identified. Each action had a timeline with a named person having responsibility to implement the action.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were adequate arrangements were in place through the appointment of a named person to deputise in the absence of the person in charge.

The person in charge had not been absent for a prolonged period since commencement and there was no requirement to notify HIQA of any such absence. The provider was aware of the need to notify HIQA in the event of the person in charge being absent.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with its current statement of purpose.

The centre was maintained to a good standard inside and out and had fully equipped kitchens, bathrooms and laundry facilities. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly.

The person in charge outlined that due to identified gaps in medication management practices throughout CoAction services a clinical nurse specialist had been resourced for adult services to provide support to staff for three days per week.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs.

Inspectors met with staff during the inspection and observed their interactions with the residents. Staff had good knowledge of each resident's individual needs and were seen to support residents in a respectful and dignified manner.

One family in feedback submitted to HIQA said that "there is always a need for more support staff but there are adequate numbers presently". The staff rota was made available to the inspector. From a review of the rota there were additional staff in the centre at times where residents required most support, particularly in the evening. The rota indicated that there were sufficient staff on duty on the weekend also.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. In addition, staff had received additional training as required in medication management.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A directory of residents was maintained in the centre and was made available to the inspector. The inspector was provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

All of the policies and procedures as required by Schedule 5 of the Regulations were available.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by CoAction West Cork Ltd
Centre ID:	OSV-0002105
Date of Inspection:	07 June 2016
Date of response:	12 July 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff may not have all information relevant to the resident's healthcare needs and any treatment or other intervention.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

circumstances and new developments.

Please state the actions you have taken or are planning to take:

We are currently reviewing how to ensure that all assessed healthcare needs are immediately clear in each individual's care plan. The Healthcare Management Plan template within the Medication Management Policy will be completed for all the assessed healthcare needs of each individual within the centre. A copy of each assessed healthcare need will be placed in each individual's personal planning folder.

Proposed Timescale: 31/08/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A risk assessment had not been completed for all identifiable hazards. Individual risk assessments were not always updated to include the most up to date information

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

- Risk assessments for individuals with mobility needs regarding specific tasks which involve moving and handling will be conducted in conjunction with the Occupational Therapist and Physiotherapist.
- All current individual risk assessments are being reviewed to ensure that the most up to date information is included.
- Advice has been obtained from the HSE Infection Control Nurse regarding hand hygiene and the use of "patient hand wipes" for residents' use has been recommended and put in place.
- Advice is being sought regarding the infection control issues in relation to the "tubing" on the shower chair from both the Occupational Therapist and Infection Control Nurse of the HSE.

Due to the limited access to Occupational Therapy and Physiotherapy services, this process will take some time to complete.

Proposed Timescale: 30/09/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One resident had a commode in their bedroom which they used at night time. However, there was no hand washing facilities available in this resident's bedroom.

3. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:

Advice has been obtained from the HSE Infection Control Nurse regarding hand hygiene and the use of "patient hand wipes" for residents' use has been recommended and put in place.

Proposed Timescale: 12/07/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

It was not clearly demonstrated how residents' personal skills and development were assessed and how support was provided in accordance with those assessed needs and their wishes and abilities, as required by Regulation 13(1).

4. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:

- We will review our policy on 'Access to Education and Development for Adults in Residential centres' in relation to clarifying the assessment process for residents' personal skills and development.
 - The team will work with the local Psychologist to do a baseline assessment of residents' skills and developmental needs in line with their person centred plan. The assessment will inform the basis of each individuals' training and development plan.
 - The plans will be reviewed and updated on an annual basis to determine if training has been effective and to identify further training needs.
- Due to the limited access to Psychology services, this process will take a number of months.

Proposed Timescale: 28/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

As the service did not have a dietician there was a delay in residents receiving reviews.

5. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:

Families of individuals have been involved in making referrals to the Primary Care Community Dietician service via resident's GPs. The Dietetic services has refused to provide a service stating that they do not see individuals involved in specialised services. This response will be raised with the Executive and families of residents will be kept advised of these discussions.

Proposed Timescale: 30/09/2016