

**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-0002108
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):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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:
05 April 2016 10:00	05 April 2016 18:00
06 April 2016 10:00	06 April 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

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 directors which included representatives from the local community and representatives of residents.

This was the first inspection of this designated centre which consisted of two houses on the same estate near the centre of 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 person in charge maintained a record of all residents who accessed the service on a respite basis.

The centre provided accommodation for 12 residents, six in each house. Both houses were purpose built and had been adapted to ensure that they were accessible to all. For example, the entrances and exits could all be used by everyone. During the inspection one resident with mobility needs prepared the evening meal on an accessible counter top which was built into the kitchen units. Assistive technologies were also available to support residents to communicate. For example, one resident had a communication button attached to their wheelchair and they could record any single message directly into the device and press its large activation surface for up to two minutes of playback.

During the inspection building work was ongoing in relation to the provision of a single storey extension to one of the houses where it was proposed to have another single bedroom with ensuite facilities. It was anticipated that this work would take approximately four months to finish, at which stage the provider was to submit an application to increase the capacity of the centre from 12 to 13.

As part of the inspection, the inspectors met with the residents, staff and families of residents. Two families met with inspectors and were very positive about the supports provided by CoAction. Thirteen residents had completed questionnaires prior to the inspection providing feedback on the centre. Nine families had also provided feedback. In general the feedback was positive. Nearly all residents said that they felt safe in the centre and that they knew who to complain to if they were not happy. One resident said that "everything is fine and I like living here". One family member said that "I am assured that my daughter receives excellent care here".

Residents were supported to develop and maintain links with the wider community. One resident said "I have loads of things to do like cooking, gardening, going out to dinner, going out to church and going out to the hairdresser". One family who met with inspectors said that the "the residents are part of the community in West Cork. Everybody in the town knows him and looks out for him".

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 who was the nominee on behalf of 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.

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 degree in fine art. He also outlined that he had teacher training qualifications from the UK. He had worked for CoAction Services since 2002 initially as a team leader and then as the area manager. His current responsibilities included being person in charge of the designated centre and the manager of the day service.

Two of the 18 outcomes inspected were at a level of major non-compliance including:

Outcome 8: Safeguarding and Safety

During the inspection the person in charge outlined details relating to an incident of safeguarding a resident. Inspectors reviewed documentation relating to this incident and there was evidence that action had been taken to protect the resident. However, this incident had not been formally referred to the designated person which was a requirement of the CoAction Services procedures to protect residents from being harmed or suffering abuse.

Outcome 9: Notifications

It is a requirement of regulation that all serious adverse incidents, including allegations of abuse are reported to HIQA. There had been an incident relating to safeguarding a resident that had not been reported to HIQA as required.

Other areas for improvement related to:

- personal care planning
- risk assessment
- general welfare and development
- medication management
- records management.

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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that residents were consulted with about their care and that residents' privacy and dignity was respected. One resident said that "I can make choices, I have privacy in my own bedroom and I can complain if I'm not too happy about something".

Residents outlined to inspectors that they were consulted with and participated in decisions about their care and the organisation of the centre. One family member said that their loved one "is consulted generally on issues that she is able to decide and communicate on". In feedback sent in by residents to HIQA one person said that "we pick out our jobs for the week. We pick what we have for dinner and what we watch on T.V. or where we go for outings". There were weekly communication meetings and issues discussed included meal choices, jobs for the week and choice around activities. At the most recent communication meeting one resident had asked for his own key to the house. This was agreed and all other residents also were asked if they wished to have a key. There was a named independent advocate who was accessible to residents if any issues arose.

Inspectors found that residents could keep control of their own possessions. There was an up to date property list in each resident's personal outcomes folder which identified when the resident bought or received items like furniture or bedside lamps. 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.

Prior to the inspection one family had said to HIQA about their loved one's spending that "I feel she spends money foolishly at times". Inspectors 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 and in December 2015 the financial controller for the service had reviewed the financial records in each centre. A number of recommendations had been made in this review including having a separate folder for each resident's own finances, maintenance of receipts and the double signature of all financial records. The director of finance had also made recommendations in relation to the review of bank accounts and money management plans for each resident. In April 2016 there had been a separate audit of finances by a staff member.

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 38 complaints from January 2015 to April 2016. The complaints included issues like the butter being too hard, the fence blowing down and the television being too loud at times. There had been three complaints related to items of clothes and bags belonging to another person being left in a room that was used as a respite room. 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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that residents were able to communicate at all times. Effective and supportive interventions were provided to residents if required to ensure their communication needs were met. One family said to HIQA about their son's communication needs that "staff at CoAction are very aware of how he communicates".

Communication assessments had been completed for all residents which outlined the methods residents used to communicate their needs and wishes. Personal plans viewed by inspectors contained detailed information in relation to the individual communication requirements of each resident. The plan included things like family support, home life, work life, likes/dislikes and any particular area where support was required for communication.

Residents had access to specialist speech and language services which provided a communication passport for a number of residents. 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.

Assistive technologies were also available to support residents to communicate. For example, one resident used a device that made any electrical appliance switch accessible to them. One resident had a communication button attached to their wheelchair and they could record any single message directly into the device and press its large activation surface for up to two minutes of playback.

One resident with a visual impairment outlined to inspectors that they were meeting with the National Council for the Blind to arrange a review of their needs, in particular in relation to communication and accessibility.

Inspectors observed that staff were aware of residents' communication plans and staff supported residents to communicate effectively. Picture boards were observed to be used by staff and residents to communicate, including personalised boards to plan the day for the resident.

Residents with a hearing impairment had specialised smoke alarms. There was a vibrating pad placed under the pillow which activated when the smoke alarm sounded. This was interconnected with the conventional audible alarm and a strobe light in the resident's bedroom. If one of the alarms sensed smoke, all alarms sounded, the strobe flashed and the pad vibrated. In feedback provided to HIQA one resident with a hearing impairment said "I go out the front door if there is a fire. If there is an alarm I have my own smoke alarm with flashing lights and a pillow shaker".

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):

This was the centre's first inspection by the Authority.

Findings:

The stated aim of the centre was that "residents are supported to live safely in an ordinary house in the community, to be part of that community, to be treated with respect and dignity and to enjoy a healthy, fulfilling and inclusive life." During the

inspection there was evidence that this aim was being met.

Residents were supported to develop and maintain personal relationships and links with the wider community. One resident said "I have loads of things to do like cooking, gardening, going out to dinner, going out to church and going out to the hairdresser". One family who met with inspectors said that the "the residents are part of the community in West Cork. Everybody in the town knows him and looks out for him".

Families were encouraged to get involved in the lives of residents. This was particularly so for residents who were accessing the service on a short-term or respite basis as there was good communication between residents, families and the service. In feedback from families one said that "I have been very involved with CoAction for over 30 years and have been involved in all aspects of the centre. Also in decision making regarding the purchase of the houses".

In the feedback received prior to the inspection one resident said that "anyone can come to visit me whenever they want". This was also confirmed by family members who spoke to inspectors. There were adequate areas throughout the centre where residents could meet their families with some privacy.

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):

This was the centre's first inspection by the Authority.

Findings:

While there had been no recent admission to the centre, there was a policy on admissions 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):

This was the centre's first inspection by the Authority.

Findings:

There were two sets of resident records; the person centred planning folder and a separate file for medical records. 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 like 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, a care plan was not always available in relation to an assessed healthcare need. For example, one resident was on a particular medication and there was no care plan in place for this assessed healthcare need.

In addition, some of the care plans were not being updated in a comprehensive manner. For example, for one resident a care plan for an assessed healthcare need dating from September 2012 was directing care. The care plan had not been updated since then even though it identified potential complications associated with the assessed need that could require a change of the plan. In some cases residents were accompanied by their parents to a doctor or consultant specialist appointments, with staff receiving information on the visit afterwards from the parents. Inspectors noted that records of referrals to consultant specialists and subsequent results were not maintained for all

residents. For example, one resident had been seen by a consultant specialist in relation to a significant health issue but there was no information in the resident's healthcare file in the centre in relation to this review. The person centred plan recorded that "my mother is to follow up with the consultant specialist". This practice meant that staff did not have all information relevant to the resident's healthcare needs and any treatment or other intervention.

In relation to social care needs the service had reviewed the way person centred plans were developed to ensure that that each resident was supported to develop an individual lifestyle plan. There had been one unannounced visit by the provider nominee to the designated centre in relation to the quality and safety of care in February 2016. This identified that improvements had to be made in relation to input into the planning process from staff and the resident's circle of support. The lifestyle plan seen by inspectors now supported the person to establish a circle of support made up of family members, friends, neighbours and any others who the resident was close to and from whom they wished to receive support. The plan also outlined the person's vision for their life with goals in place and supports identified to help the person achieve their goals.

As part of the audit of quality of care for residents completed in March 2016, and described in more detail in Outcome 14: Governance, CoAction Services had identified the need for more robust input for some residents from the multi-disciplinary team. The action from this review was to agree a system with the multi-disciplinary team for ensuring their input annually or more frequently if necessary for each individual resident. The timeframe for completion of this action was noted to be June 2016. Inspectors also found that the review of the personal plan, and in particular the assessment of health needs was not multi-disciplinary.

However, there was evidence that in response to the changing circumstances of some residents the service had reacted appropriately. In one example the Health Service Executive (HSE), the Chief Executive Officer (CEO) of CoAction Services, consultant specialists and the multi-disciplinary team had also been involved in reviewing the continued placement.

There was evidence that where a resident had been in hospital for treatment all up to date about the resident's health needs had been obtained following their return to the centre. In addition, it had been found that the resident's healthcare plan had been updated to reflect any new treatment issues.

There was evidence that residents received appropriate supports when they moved from the service. Inspectors saw that one resident had in 2014 moved from the centre to another more specialised care setting. A planning process for this move had involved the resident, family and support staff. CoAction services still provided staff supports to this person to facilitate community outings and activities in the locality.

Judgment:
Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

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

The centre consisted of two houses based in a community setting near the centre of town. It provided accommodation for 12 residents, six in each house. Both houses were purpose built and had been adapted to ensure that they were accessible to all. For example, the entrances and exits could all be used by everyone. There were ceiling track hoists available in two bedrooms and two bathrooms to assist residents who needed help with moving. One of the bedrooms had recently been adapted to include an emergency exit. During the inspection one resident with mobility needs prepared the evening meal on an accessible counter top which was built into the kitchen units.

The layout of both houses was identical. The first house was a two storey house with five single bedrooms and one bedroom which had been converted into an apartment with a separate kitchenette. All the bedrooms had en-suite bathroom facilities of shower, toilet and wash hand basin.

The communal space in both houses consisted of a large kitchen/dining area and a large sitting room which was well furnished and had a television. Both houses had large well maintained gardens.

In the feedback received by HIQA before the inspection one of the parents of a resident had said that their relative "cannot use the toilet in the centre or respite house because it needs two to three people to assist". During the inspection it was found that the ensuite bathroom was not accessible to this resident and that they used the main bathroom for baths and showers. Inspectors observed that this bathroom did not have signs or privacy locks to indicate that the bathroom was in use. The provider nominee undertook to have privacy signs put in place immediately.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the arrangements for risk management required improvement, particularly in relation to risk assessment of readily identifiable hazards.

The centre had a risk register in place which was designed to log all the hazards that the organisation was actively managing. The methodology of assessing risk on the risk register i.e. whether the risk was low, medium or high was clearly outlined for each hazard. There was only one "high risk" outlined where one resident was "at risk of choking". Inspectors counted over 20 "medium risk" including for example the hazard of accidental injury, unexplained absence and prevention of abuse of residents. Of note was that recruitment of staff was not on the risk register even though the person in charge had identified this to inspectors as a "risk" being actively managed by the service.

A risk assessment had not been completed for all risks and it was not demonstrated that the effectiveness of control measures were being regularly monitored and reviewed. For example, for one resident with mobility needs, positioning guidelines drawn up by a physiotherapist were available. However, a manual handling assessment of specific tasks that involved moving and handling in relation to this resident was not available.

As part of the audit schedule for the service an annual health and safety review had taken place in February 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, for example a new lock had been put on the exit door in one house. Some actions were still to be completed in the timeframe identified.

Each resident had participated in identifying specific hazards relating to their lives. These were contained in an individual risk profile covering issues like communication, safeguarding, behaviour support, nutrition, medical needs and personal care needs.

Inspectors reviewed the incident reporting system from January 2015 to March 2016 and there had been 22 incidents; 10 related to residents falling; and seven related to maintenance issues. While all incidents had been managed appropriately at the time of the incident, preventative action had not always been taken to prevent similar incidents again in the future. For example, residents at risk of falling did not have evidence based falls risk assessments in place.

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. The centre had recently been upgraded to take account of fire safety precautions including the availability of emergency lighting throughout and the re-design of one bedroom to facilitate emergency exit.

There were monthly fire evacuation drills being undertaken involving the residents and the records of these drills indicated that it had taken between 40 seconds and five minutes to evacuate the premises in drills. 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. Eight residents had recently attended fire safety training in their home. Records indicated that all staff had also received fire safety training. There was an emergency plan available which outlined the plan for things like an evacuation or a power cut.

The centre was visibly clean throughout and staff spoken with were knowledgeable about cleaning and control of infection. However, where there was a risk of healthcare associated infection, there was no risk assessment in place to ensure that all staff were aware of the control measures in place and to allow for regular monitoring and review of the effectiveness of such controls. Facilities were available for hand hygiene as paper towels and hand gels were available throughout the centre. However, hand gel was not available, as required, in one resident's bedroom. In addition, the downstairs toilet in one of the houses did not have disposal hand towels available.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There was evidence that measures were in place to protect residents being harmed or suffering abuse were in place. In feedback to HIQA one family said the centre "is a vibrant and caring community of staff and service users. My impression is that people feel safe and at home here". However, inspectors found that appropriate action was not

always taken in response to allegations, disclosures or suspected abuse. In addition, risk assessments were not in place for all identified restrictions on a resident's life.

There were policies in place to protect residents from being harmed or suffering abuse. There was a named designated person with responsibility for reviewing any allegation of potential harm of residents. She was the service social worker and also provided training to all staff in the service on protection of residents. Prior to the inspection HIQA had been notified of an allegation of abuse. Inspectors reviewed documentation in relation to this issue and were satisfied that they had been managed in accordance with the centre's policy on the protection of residents from abuse. During the inspection the person in charge outlined details relating to an incident of safeguarding a resident. Inspectors reviewed documentation relating to this incident and there was evidence that action had been taken to protect the resident. However, this incident had not been formally referred to the designated person which was a requirement of the CoAction Services procedures to protect residents from being harmed or suffering abuse.

The service promoted a restraint free environment and there was a policy on the use of restrictive practices. The person in charge outlined that a restrictive practices committee for CoAction Services had been set up to review any restrictions that impeded on a resident's life. The first meeting of this committee had taken place in January 2016. Issues discussed included policy development, training requirements and the need for a clinical nurse specialist to become a member of the committee. The actions from the meeting included reviewing all restrictive practices across CoAction Services

Two residents used bedrails at night and one resident used a lap belt while using a wheelchair. There were risk assessments undertaken by an occupational therapist in relation to the use of each restraint. These assessments identified that "the restrictions were not used with the intention of a restrictive practice but to support the resident in accessing a safe sleeping environment". In response to one resident's changing needs two restrictions were in place. The first was the checking of the resident every fifteen minutes while they slept; and the second was the use of a monitor over the resident's bed that alerted staff if the resident was in distress. However, a risk assessment was not in place in relation to these environmental restrictions. In addition, assessments of the resident's needs by the multidisciplinary team were also not in place. It was also not clearly demonstrated that the restrictions were in place in accordance with evidence based practice i.e. such restrictive practices were the least restrictive option being used, for shortest period and only as a last resort .

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. Risk assessments were also available for residents who may have behaviour that is challenging. Another resident had attended five sessions of a social skills and communication group coordinated by the senior psychologist and senior speech and language therapist for CoAction Services. The aim of this group was to provide clear guidelines for staff on how to communicate with the resident.

Records indicated that 10 staff did not have up to date training in the management of behaviour that is challenging.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

It was a requirement of regulation that all serious adverse incidents, including allegations of abuse are reported to HIQA. An incident relating to safeguarding a resident had not been reported to HIQA as required.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on access to education, training and lifelong learning. One resident told inspectors about his Further Education Training Award (FETAC) qualification on data handling that he was currently studying for.

A number of residents had jobs in the locality including in pubs, restaurants, golf clubs, hairdressers and flower shops. In addition, all residents attended a day service either in the town centre also run by CoAction Services or residents had a day service provided where they lived.

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).

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that residents were being supported to achieve and enjoy the best possible health.

The person in charge outlined that residents attended a general practitioner (GP) of their own choice. There was evidence that following GP visits medical notes were available. There was evidence that residents were referred for review by consultant specialists as required. For example, one resident had been seen by a consultant specialist in response to a sudden change in their circumstances.

One family in feedback said they felt the resident's "diet could be healthier". Inspectors noted that there was a policy on nutrition and hydration. There was evidence that residents were referred for review as required to allied health professionals. A number of residents had up to date feeding, eating, drinking and swallowing (FEDS) assessments undertaken jointly by including the speech and language therapist, occupational therapist and physiotherapist. There were also records of individual reviews by these healthcare professionals provided by CoAction Services.

All meals were prepared by staff with the participation of some of the residents 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:
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):

This was the centre's first inspection by the Authority.

Findings:

There was a comprehensive medication policy that detailed the procedures for safe ordering, prescribing, storage, administration and disposal of medicines. The policy had been reviewed in September 2015.

Medications for residents were supplied by a local community pharmacy. Staff confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. Staff with whom inspectors spoke confirmed that there was a checking process in place to confirm that the medicines delivered correspond with the medication prescription records. Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure.

A sample of medication prescription and administration records was reviewed by an inspector. Some residents had protocols in place for "as required medication" (or PRN medication). However, the protocols outlined did not always match the prescription record for the medication. This practice meant there was a possibility of error in administration of medication. Some of the prescriptions were incomplete as they did not indicate the strength of the medication to be administered.

There was evidence that all residents were offered the opportunity to take responsibility for their own medicines and some residents had chosen to manage the taking of their medication. However, the person in charge acknowledged that the service had no suitable oversight arrangements in place to ensure that residents were taking their medication in a safe way.

Records indicated that all staff had received training on the administration of medication, including the administration of emergency medication to manage epilepsy.

Inspectors reviewed medication incident forms from January 2015 to March 2016 and saw that five errors were identified; three related to incorrect dose of medication being given; one related to medication not being available; and one related to a drug not being given as prescribed. There were arrangements in place for investigating incidents

and there was evidence of appropriate action being taken. 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. Staff spoken with said this was a "great help to us".

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The stated aim of the centre was that "residents are supported to live safely in an ordinary house in the community, to be part of that community, to be treated with respect and dignity and to enjoy a healthy, fulfilling and inclusive life."

The statement of purpose described 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.

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):

This was the centre's first inspection by the Authority.

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 who was the nominee on behalf of 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.

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 degree in fine art, in addition to a certificate in supervisory management from the Open Training College. He also outlined that he had teacher training qualifications from the UK. He had worked for CoAction Services since 2002 initially as a team leader and then as the area manager. His current responsibilities included being person in charge of the designated centre and the manager of the day service.

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 March 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.

Staff were supported to exercise their personal and professional responsibility for the quality and safety of the services they were delivering. A development and performance review system had been introduced which included an annual staff appraisal and quarterly supervision meetings.

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):

This was the centre's first inspection by the Authority.

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the residential services manager having responsibility for management of the centre. Inspectors were satisfied that she had the requisite skills and experience to deputise when necessary.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors formed the opinion that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The centre was maintained to a good standard inside and out.

CoAction services had also showed that they were capable of responding to the changing needs of residents. For example, an extra staff member was hired at night in response to an identified risk issue for one resident. 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. Other examples of adequate resourcing included the recent provision of an accessible fire exit from one bedroom and the provision of ceiling track hoists in bedrooms for residents who required assistance in moving.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that, based on the assessed needs of residents, there were sufficient staff with the right skills, qualifications and experience to meet those needs. Staffing levels reflected the statement of purpose and size and layout of the buildings.

There was a policy on recruitment and selection of staff. In feedback to HIQA one family said that "my daughter and I have both been involved in interviewing her care staff". There was evidence that staffing had been reviewed in response to the changing needs of a particular resident and there was staff on duty at all times in one of the houses. An actual and planned staff rota was maintained. A copy of this rota was available in a picture format in all of the houses so that residents were aware of which staff were on duty.

Inspectors reviewed a sample of staff files and noted that all of the requirements of Schedule 2 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 were available.

Staff training records demonstrated a commitment to the maintenance and development of staff knowledge and competencies. Mandatory training on fire response and prevention of abuse was provided as confirmed by staff and training records.

Residents spoke highly of staff and said they were very kind and caring and looked after them well. Feedback from relatives via questionnaires was in general very positive about the staff. One family said that "staff are excellent and give great care and help in every

way”.

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 assist them in a respectful and dignified manner.

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):

This was the centre's first inspection by the Authority.

Findings:

A directory of residents was maintained in the centre and was made available to the inspectors.

There was a policy on the provision of information to residents and a residents' guide was available which included:

- summary of the services and facilities provided
- the terms and conditions relating to residency
- arrangements for resident involvement in the running of the centre
- how to access previous inspection reports
- complaints procedure
- arrangements for visits.

The inspectors were provided with a copy of an insurance certificate which confirmed that there was up to date insurance cover.

As referenced throughout this report all the required policies and procedures were made available to the inspector. Staff with whom the inspectors spoke demonstrated an understanding of specific policies such as the medication policy, risk management and the complaints policy.

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

Health Information and Quality Authority Regulation Directorate

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-0002108
Date of Inspection:	05 April 2016
Date of response:	11 May 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:

Care plans were not being updated to reflect change in circumstances of residents.

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 work closely with families on an ongoing basis to ensure they provide us with full information about the assessed healthcare needs of their family member. On receipt of such assessments, we will ensure going forward that appropriate care plans are always put in place.

For the particular individual referred to in this inspection report, the person attended the relevant Clinic on the 9th May. We are awaiting a letter from the Clinic detailing the care requirements for this person. We will then ensure an appropriate care plan is compiled and communicated to all members of his circle of support.

Proposed Timescale: 17/05/2016

Theme: Effective Services

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

5(6)(A) The review of the personal plan, and in particular the assessment of health needs was not multi-disciplinary.

2. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The Person in Charge has put a system in place to ensure relevant multi-disciplinary staff have input in the review of personal plans.

Proposed Timescale: 11/05/2016

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:

The process for risk assessment required improvement. Residents at risk of falling did not have evidence based falls risk assessments in place. For a resident with mobility needs, a manual handling assessment of specific tasks that involved moving and handling was not available. Where there was a risk of healthcare associated infection, there was no risk assessment in place to ensure that all staff were aware of the control measures in place and to allow for regular monitoring and review of the effectiveness of such controls.

3. 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:

A system for assessing, managing and reviewing risk, including a system for responding to emergencies is under active review.

As an immediate action the PIC is working with (i) the Physiotherapist and Occupational Therapist to carry out a FRAT (Falls Risk Assessment Tool) for 1 individual to determine if any additional supports are required to further reduce the risk of further falls and (ii) the Infection Control Nurse within the HSE with specific responsibility for ID Services to carry out an MRSA risk assessment and develop a care protocol for one resident.

MRSA assessment and protocol – 20/05/2016

FRASE/FRAT – 27/05/2016

Whole system review – 30/06/2016

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

Hand gel was not available, as required, in one resident's bedroom. In addition, the downstairs toilet in one of the houses did not have disposal hand towels available.

4. 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:

- Hand gel is available in all bedrooms. Completed
- The paper towel dispensers are now on order and will be installed as soon as they arrive from the supplier. 20/05/2016

Proposed Timescale: 20/05/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all environmental restraints had been applied in accordance with evidence based practice.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

A risk assessment of the environmental restrictions will be undertaken and brought forward to the next meeting of the Restricted Practices Committee for approval.

Proposed Timescale: 20/06/2016

Theme: Safe Services

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

Records indicated that 10 staff did not have up to date training in the management of behaviour that is challenging.

6. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Up until late 2015 staff training in the management of behaviour that is challenging was in-house (uncertified). MAPA training commenced in CoAction in November 2015 and staff are being systematically trained across the services. 4 staff received their MAPA training on 28th & 29th April, two staff are scheduled for training on 19th & 20th May and the remaining 4 staff will be trained in June.

Proposed Timescale: 01/07/2016

Theme: Safe Services

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

An incident of safeguarding a resident had not been managed in accordance with the centre's policy on protection of residents.

7. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

An investigation has been completed and actions taken as per summary of the investigation.

Proposed Timescale: 13/04/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

31(1)(f) There had been an incident relating to safeguarding a resident. However, this had not been reported to HIQA as required.

8. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

We commit to ensuring that notice is given to the chief inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Proposed Timescale: 13/04/2016

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).

9. 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:

The team are working 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: 16/12/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Some residents had protocols in place for "as required medication" (or PRN medication). However, the protocols outlined did not always match the prescription record for the medication. This practice meant there was a possibility of error in administration of medication.

10. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

In order to achieve compliance with this Regulation a Clinical Nurse Specialist has been assigned to Adult Services on a part-time basis for 6 months in order to undertake the following:

1. Review the Medication Management Policy
2. Review the training needs of all staff in adult services and deliver staff training accordingly.
3. Explore alternatives to the current operating system in order to minimise the risk of medication errors and to have a system that best suits the needs of the service in terms of the ordering, receipt, prescribing, storing, disposal and administration of medicines.
4. Engage with families on the organisation's requirements going forward when their family member is availing of respite or residential services.

As part of the Medication Policy review and a more detailed PRN Protocol Form is being devised for completion by staff under the direction of the GP. Secondly, Individual Medication Plans will be reviewed and updated to ensure PRN protocols are more explicitly explained.

Proposed Timescale: 24/06/2016

Theme: Health and Development

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

The service had no suitable oversight arrangements in place to ensure that residents were taking their medication in a safe way.

11. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

As part of the Medication Management Policy review a Recording Sheet will be devised for completion by staff on each occasion a resident who has been deemed competent to self-administer, takes their medicine.

Proposed Timescale: 24/06/2016

Theme: Health and Development

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

Some of the prescriptions were incomplete as they did not indicate the strength of the medication to be administered.

12. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All medication charts will be reviewed to ensure that the correct strength of the medication is clearly indicated.

Proposed Timescale: 27/05/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

All healthcare information in relation to residents' condition and any treatment or other intervention was not available in the centre.

13. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The healthcare information in relation to the residents' condition and treatment of same will be available and completed.

Proposed Timescale: 20/05/2016