

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

## Issued by the Chief Inspector

Name of designated centre:	Castletownbere Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 May 2022
Centre ID:	OSV-0002108
Fieldwork ID:	MON-0027115

## About the designated centre

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

The service provided is a social care model that bases residents in their local community. The service is for adults with an intellectual disability who require either residential or respite services. Residents have access to day services locally and are supported to access employment should they wish to. The premises of this centre consist of two pairs of semi-detached houses which have been joined internally. One of these has an extension to the rear. These houses are located on the outskirts of a rural town. These are located within a hundred metres of each other. Bedrooms are located on both the ground and first floor, with each bedroom having an en-suite. Some bedrooms have track hoists. Each house has their own kitchen and sitting room, which are adequate to provide suitable common space for the residents. Each house has a garden to the rear. The staff team comprises of social care workers and care assistants with a team leader supported by a person in charge.

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

Number of residents on the date of inspection:

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Monday 9 May 2022	09:30hrs to 14:30hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

This centre is based in a housing estate within a local town and comprises of two houses in the same estate. The houses presented as homely and spacious and personalised to suit the needs of the individuals who availed of respite and residential services. Works in relation to premises were outstanding since the last inspection and this will be noted under the capacity and capability section of this report.

The centre was last inspected on 05 July 2021 where a good level of compliance was demonstrated. Findings highlighted the importance of the centre to the residents and the supports they received from the provider. At the time of the July 2021 inspection the inspector noted that respite was suspended due to the current pandemic, but a service was being provided for residents in full-time residential care.

Due to staffing resources the provider transferred full-time residents to other residential settings within CoAction in Quarter 4 of 2021. There was evidence that the residents were consulted with and there was comprehensive input from the multidisciplinary team. However, this was not noted for residents availing of respite. From reviewing the contracts of care and discussion with the person in charge it was noted that five residents who availed of respite did so on a five day / four night basis and this was over a long period of time.

On the day of inspection there were no residents available to meet with the inspector due to the closure. This was an announced inspection where the provider is usually advised four weeks in advance of the inspection, however with the agreement of the provider this inspection took place three weeks after giving notice. This is to ensure that information is available for review in advance of the inspection and that residents have an opportunity to complete questionnaires, a set of questions to determine if residents are happy with the service. There were nine questionnaires completed and given to the inspector on the day of inspection.

Overall residents were happy with the support received when availing of a residential service. However, the majority were not happy that they could not avail of respite and wanted to return to the centre and cited in their feedback that there was not enough staff. One representative highlighted that independence and quality of life for their loved one had been impacted, that there was no social outlet, and that they had become a recluse. Another highlighted that it was an injustice that the person cannot return to their home. Other feedback included that furniture required updating and that consideration needed to be given to the fire alarm for a resident who is hard of hearing.

During the course of the inspection five representatives visited the centre at various times, as they had only become aware that an inspection was taking place. They expressed dissatisfaction that they were not made aware of this inspection in a

better time frame. The representatives expressed their frustration in relation to HIQA (Health Information and Quality Authority) requiring staff to be qualified. The inspector advised that the provider is obliged to comply with the regulations in relation to staff and also the statement of purpose. Staffing is based on the assessed needs of the residents. The inspector also clarified this with the person in charge and advised the person in charge that representatives were not familiar with the statement of purpose.

Representatives were very upset in relation to the closure of the houses and gave examples that their loved ones availed of this service for about 20 years and it was considered their home. They said their loved ones only went home at weekends and that the centre was their home as no other resident used their room at weekends. They expressed that their loved ones wanted to get back to their home and that they were upset with the current status. Some representatives expressed that there was a lack of consultation with them from the provider. The inspector spoke with the person in charge who validated that a number of residents were resident in the centre for four nights a week over a 20 year period.

In summary, the inspector found that there was consultation with residents who were full-time residents but for residents availing of respite further improvements were required. The centre is currently closed by the provider due to lack of staffing to support residents. However this centre remains registered by HIQA.

The next two sections of the report present the findings of this inspection in relation to the governance and management in place in the centre and how these arrangements impacted on the quality of life of the services who avail of this service.

## Capacity and capability

The registered provider transferred three residents to other centres within the geographic location of CoAction services. This move was due to lack of staffing resources in the Castletownbere centre. The provider had contacted HIQA in relation to this in October 2021. HIQA requested a provider assurance report from the provider to demonstrate how residents were consulted in relation to the proposed moves. The provider furnished HIQA with this information demonstrating consultation with the residents and supports that could be provided via an advocacy service. The provider also put a recruitment plan in place and there was evidence on the day of inspection that this was reviewed on a regular basis.

However there was a lack of evidence to support how respite residents were consulted with the closure given that the contracts of care stated that this was their residence for four nights per week. From discussion with the person in charge and family representatives some of these residents lived in the Castletownbere centre for

approximately 20 years and considered it their home. From a review of the full-time residents that moved, there was further consultation with these residents noted and it highlighted that they were happy in their new homes. However, improvements were required in relation to how respite residents were consulted and updated on the centre closure.

The provider is required under Regulation 23 to carry out an annual review of the centre. There was a comprehensive review carried out with detailed action plans and updated reviews ongoing. However the provider is required to consult with residents and their representatives. The only note in the review was that consultation was ongoing. There was no further information in relation to consultation. Given the current situation in this centre and concerns expressed by residents and families further review of this is required. The provider is also required to ensure the centre is resourced to deliver care and support in line with the statement of purpose. The centre has been closed for a period of time due to a lack of resources, namely staffing, which is not in line with the statement of purpose and the provider's commitment to deliver services.

There was an outstanding action from the last inspection report in July 2021 related to premises. The provider committed to completion of painting works by Quarter 4 of 2021. On the day of inspection this action was still outstanding. The person in charge told the inspector of difficulties trying to secure a painter but that the action will be completed.

The provider is required under Regulation 19 to ensure that a directory of residents is in place for all residents. The provider had this in place, however gaps were noted by the inspector. For example the date in which the resident first came to the centre was not included. The provider under Regulation 21: Records is required to document when a resident was discharged from the centre and the date they were discharged. This was not evident for the residents who had transferred to another centre. The provider is also required to document any dates during which the resident was not residing at the centre, this was not noted by the provider.

### Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that an application to renew the registration of this centre was submitted and included all the information as set out in the schedules.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was full-time and had the qualifications, skills and experience

to manage the designated centre.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had in place a directory of residents, however this register was not fully maintained and did not include some information as per Schedule 3 of the regulations.

Judgment: Substantially compliant

### Regulation 21: Records

The provider had records in place in relation to the registered centre. However there was gaps in the records in relation to Schedules 3 and 4 of the regulations. These gaps related to information regarding when residents were discharged and dates when residents did not reside in the centre.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider did not ensure the service was resourced to effectively staff the centre in line with the statement of purpose. The provider did demonstrate efforts to recruit staff, however there was an impact to residents who availed of respite for four nights per week over a prolonged period. The provider had carried out audits and an annual review but did not demonstrate consultation with residents and representatives as cited in the Health Act 2007 as amended. Actions remained outstanding from the last inspection.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had contracts of care in place, however improvements were required to reflect the scope of services provided to residents in line with their assessed

needs.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in place and ensured this was reviewed on a regular basis. The statement of purpose included all information as outlined under Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place. From a review of the complaints log, all complaints were followed up and to the satisfaction of the complainant. There were no open complaints noted on the day of inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had prepared in writing policies and procedures as per Schedule 5 and these were reviewed in line with the timelines set out by regulation and the provider.

Judgment: Compliant

## Quality and safety

As the centre was currently closed to residents, it was not possible to evidence residents' lived experience in the centre. However, as noted previously in this report, the last inspection in July 2021 demonstrated that residents were very happy in this centre. From feedback received in questionnaires and from representatives, residents availing of respite were not happy that their service had not resumed and they missed the centre which they referred to as their home.

Templates were reviewed in relation to support needs, person centred plans, assessment of needs, and a comprehensive document pertaining to individual support needs, with a risk profile for each resident.

The provider had a risk management policy in place and ensured the assessment, management and ongoing review of risk. On the day of inspection the inspector reviewed the provider's risk register and policies. Of note was the risk review pertaining to staff shortages which was rated as a high risk. The provider ensured there was ongoing review of this particular risk.

The inspector reviewed the contracts of care for residents and overall these were in line with the regulation. However, improvements were required in relation to the support, care and welfare of residents, particularly the scope of service being provided to residents who availed of respite four nights per week on an ongoing basis.

The provider ensured that residents availing of a full-time residential service had access to advocacy and it was demonstrated that a consultation process took place. However this was not evident for all residents who availed of this service. For example, a number of residents who were deemed respite residents but availed of a residential service four nights per week and considered it as home were not consulted in accordance with Regulation 9: Residents' rights. The provider did not demonstrate that some residents were afforded the opportunity to exercise choice and control, had access to advocacy services and were consulted in relation to the designated centre. There was also no evidence that the provider ensured that some residents' rights in relation to respect and dignity in relation to living space were considered.

In summary, Castletownbere centre had a good level of compliance during the cycle of its registration, however due to staff shortages this has had an impact on the lived experience for residents availing of this centre. As a result a number of regulations were deemed to be not compliant. The provider advised HIQA they were committed to reinstating the service. The centre continues to be registered with HIQA.

## Regulation 17: Premises

Overall the premises were homely and well maintained. However there were outstanding works required from the last inspection and this was noted on the current inspection. Painting works still required completion.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The registered provider ensured a risk management process was in place and that management and assessment was in place to review risk on a regular basis.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider ensured that there was effective fire management systems in place. However on the day of inspection not all fire doors closed properly. It was observed that one door was held open with a mat and another door was held open with a chair. Further assurance was sought from the provider in relation to this issue.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Not all residents were consulted in relation to the operation of the centre or had access to advocacy services. This is relevant to residents who availed of respite four nights per week and considered the centre their home. The closure of the centre also impacted their privacy and dignity in relation to their personal and living space. There was also a lack of evidence in the provider's annual review to determine if residents were consulted as cited under the regulation.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Castletownbere Residential OSV-0002108

Inspection ID: MON-0027115

Date of inspection: 09/05/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A new template for the directory of residents has been instituted and the directory of residents has been updated to include all information as per schedule 3 of the regulations.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A new template for the directory of residents has been instituted and the directory of residents has been updated to include all information as per schedule 3 and 4 of the regulations.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Castletownbere Residential is fully resourced financially to meet the requirements set out in its Statement of Purpose in relation to its staffing WTE and all non-pay costs.</p>	

Castletownbere is significantly understaffed due to a high level of statutory leaves of permanent staff members. These leaves are due to come to an end in Q4 2022.

However, CoAction is currently experiencing significant recruitment challenges across the entire organization. CoAction has been most significantly impacted in the more geographically remote areas. Castletownbere, is an area that is severely constrained by the ongoing challenges. As such the HR department has implemented an action plan for the recruitment of new staff. This includes but is not limited to;

- Recruitment via traditional avenues as well as social media and new forums.
- Engagement with up to 15 staffing agencies.
- Exploration of recruitment abroad.
- Partnership with the Department of Social Welfare and the Cork Education and Training Board.

Ongoing engagement with residents and their circle of supports is key to this and as such CoAction are developing a Communication Strategy and plan in consultation with stakeholders to ensure clear lines of communication are maintained.

Any reopening or transition back to the residential and respite services will be completed in full consultations with the individual residents and or their circle of support.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
 Contracts of Care will be reviewed at an organizational level to ensure all information and detail required is present.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 Minor works have been approved and costed, a contractor is currently being sought to complete these works. The works will be completed in consultation with the residents, (ie color choice), and implemented before the re-opening of services.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  An engineer's reports is on file for the Fire Doors in Castletownbere however, following the HIQA inspections, CoAction will be seeking an update to date report on all fire doors by an appropriate engineer. This work will be completed prior to the residence reopening.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  In order to ensure ongoing consultation with the residents, the residents are supported by their key workers in day services to receive updates on the progression of the re-opening of Castletownbere Residential. They will also support the residents through the ongoing PCP process to voice their wishes and goals for their services.</p> <p>A residential forum is being established for all individuals who received services from Castletownbere residential both residential and respite services. The first meeting will be called by the PIC and attended by an ADM Champion. The local advocate for the National Advocacy Service is also being invited.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	09/06/2022
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	09/06/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in	Not Compliant	Orange	31/12/2022

	accordance with the statement of purpose.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	31/12/2022
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	31/07/2022

Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/07/2022
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	31/07/2022
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	31/07/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space,	Not Compliant	Orange	31/07/2022

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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