



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

Issued by the Chief Inspector

Name of designated centre:	Coastguards
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	18 January 2022
Centre ID:	OSV-0002567
Fieldwork ID:	MON-0027678

About the designated centre

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

This designated centre provides residential care and support for up to seven residents with disabilities, both male and female. The centre is a large two-storey house which accommodates six residents downstairs, and one resident in a self-contained apartment upstairs. The downstairs accommodation comprises a well-equipped kitchen, a dining room, a utility room, a sun room, five bedrooms (one of which has an en-suite bathroom) and three communal bathrooms. The apartment upstairs comprises a kitchen and sitting room, a bedroom, a bathroom, a storeroom and an office. There is a garden to the front of the house with a private parking space. To the back of the house, there is a large garden with a patio area. Transport is available to residents so as they can access both community-based facilities and undertake longer trips. There is a full-time person in charge who is supported by a team of nursing staff and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 18 January 2022	10:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

During the inspection, the inspector met all the residents and spent some time with them together with staff members. Some residents chose not to interact with the inspector on a one-to-one basis and this was respected.

However, residents were observed to have a trusting and familiar relationship with staff members who were observed to support them in accordance with their needs, and to communicate effectively with them. Residents were observed to be engaged in various activities, some of them beginning their day with the assistance of staff and some preparing for outings.

The designated centre was appropriate to meet the needs of residents, although various pieces of maintenance were outstanding. Each resident had their own room which was personalised in accordance with their preferences, including recent painting of the walls of their rooms. Residents had chosen the colours of the décor of their rooms. They also had various communal areas which they availed of as they chose, and a spacious garden which was clearly enjoyed by residents.

Residents were involved in various activities as they preferred, and significant efforts had been put into ensuring that they were occupied in a meaningful way during restrictions due to the current public health crisis. Various home-based projects had been undertaken, such as a gardening project and designing garden ornaments.

Some events that residents had looked forward to, but were unable to participate in because of public health restrictions, had been rescheduled, and plans were underway to ensure that they take place.

Questionnaires had been completed by family members of residents on their behalf, and families indicated that they felt that their relatives had a good quality of life in this designated centre. Positive relationships with staff members was mentioned by several families, and all families mentioned activities available to residents. There was an acknowledgement of the impact of public health restrictions, and preferences of residents were identified. The person in charge also identified these areas to the inspector, and outlined plans to both recommence and improve the access of residents to different activities.

Overall, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and that they were well supported by an effective staff team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge had oversight of the centre, and was supported by a shift leader each day, and identified key workers for each resident including both nursing and social care staff.

Both six-monthly unannounced visits on behalf of the provider and the annual review had been completed in accordance with the regulations. The annual review included reference to eliciting the choices of residents and hearing their voices and detailed information about the involvement of the families or representatives of residents. Overall, it was a detailed and meaningful document giving a clear overview of the service, including both those aspects of care delivery that were effective, and those areas that required improvement. An action plan based on the findings of the annual review had been developed, and actions were either complete or under review.

A suite of audits had been undertaken in accordance with the policy of the organisation. The outlined time frame of the organisation had been adhered to, and audits of various issues including healthcare, communication, fire safety, medication management, person-centred plans and the personal finance of residents. There was also a detailed audit of infection prevention and control. Any action plans resulting from these audits were monitored, and either complete or within the identified time frames.

Staff numbers and skills mix were appropriate to meet the needs of resident. Only familiar staff supported residents as unfamiliar staff had been identified as being a risk factor for some residents. Where agency staff were rostered, they were known to residents for this reason.

The person in charge had clear oversight of staff training, which was found to be up to date. A training matrix was presented to the inspector which indicated the due training dates for all staff. A sample of staff records was examined by the inspector, and all required certificates were available.

Formal staff supervisions were undertaken regularly, and records maintained. Staff engaged by the inspector reported that they felt supported by this process and also that they knew the procedure to raise any concerns with management. They were knowledgeable about the support needs of residents, and could respond appropriately to all the queries raised by the inspector, for example in relation to healthcare needs, safeguarding, behaviour support and dietary requirements of each resident.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to the Health Information and Quality Authority (HIQA) within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was displayed as required.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. Residents had access to members of the multi-disciplinary team in accordance with their needs. The plans included sections on activities, communication, sensory needs as well as health care, and staff demonstrated that they were knowledgeable about the guidance in the personal plans, and could describe the required interventions.

Personal goals had been set for residents as part of the person-centred planning process, and families of residents had been involved in this process. The person in charge had identified that these goals required review following the lifting of restrictions in the community, and had commenced a process of identifying goal

leaders amongst the staff team.

There were also detailed behaviour support plans in place for some residents which were regularly reviewed and updated. Staff could describe the interventions required under various circumstances. Plans included support for residents in relation to their mental health, including anxiety issues for some, and while some of the interventions were unusual, there was a clear rationale, and evidence that the interventions were under constant review.

In addition, residents had been supported through the positive behaviour support process to avail of services. For example, desensitisation programmes and social stories had enabled some residents to have vaccinations and relevant tests where appropriate.

Where there were restrictive interventions in place, these were based on a thorough assessment, and appropriate recordings were maintained. Interventions were regularly reviewed, and there was a clear ethos of only implementing restrictions as a last resort.

Healthcare needs were responded to appropriately, and plans of care in the format of risk assessments had been developed. These documents included detailed guidance for staff, and were regularly reviewed. Health screening had been sourced and provided for residents.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident and staff could readily describe the actions they would take in the event of an emergency. Regular fire drills had been undertaken, including night-time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency. However, the daily checks that fire exits were clear was not undertaken regularly as required. In addition, the alarm panel displayed a zone code when activated in order to identify the location of the fire. The list of zone locations was not available on the day of the inspection, although staff and the person in charge reported that it was usually on the wall beside the panel.

The provider had ensured that there were systems in place to respond to safeguarding concerns. Safeguarding plans were in place where any concerns had been identified, and these were under constant review. All staff had received training in the protection of vulnerable adults, and demonstrated their learning from this training. An Easy Read 'Stay Safe' document had been developed to support discussions with residents around safety.

The layout of the premises was appropriate to meet the needs of residents, and included a self-contained apartment which met the needs of one resident. All residents had their own personal rooms and access to various communal areas. However, various maintenance issues were outstanding, some of which had been identified at the last inspection and had not yet been completed. For example, there was a disused fish tank in one of the living areas. It no longer housed any fish, but was dirty and unsightly. The person in charge arranged for this item to be removed

immediately. In addition, there were peeling sticky notes on some cupboard doors, which could not be kept clean.

There were multiple infection prevention and control measures in place. There was a current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. There was a named COVID-19 response manager, and a post outbreak review had been undertaken following an outbreak, in conjunction with the public health team. The inspector observed throughout the inspection that current public health guidelines were observed.

However, some of the maintenance issues, if they remained unaddressed, could pose an infection prevention and control risk. In addition, a daily checklist in one of the areas of the designated centre was not being completed.

There was a risk register in place which included all identified risks, including individual risks to residents. The person in charge had recently identified a risk to a resident from their shower being accessed over the bath, and this had been risk assessed and appropriate action had commenced. However, not all risks had been identified and assessed, for example the risk of scalding from a hot tap did not have an associated risk management plan, and had not been fully mitigated.

Overall, the provider had ensured that residents' needs were met, and while some improvements were required in the upkeep of the premises, residents were supported to have their rights met.

Regulation 10: Communication

Residents were supported by knowledgeable staff to communicate, and various strategies were in place to ensure residents were in receipt of information.

Judgment: Compliant

Regulation 11: Visits

Visits were welcomed and supported, and different ways of managing visits had been introduced during recent restrictions.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

While the layout of the premises were appropriate to meet the needs of residents, various maintenance requirements were outstanding, including:

- scuffed and old paintwork including radiators,
- radiator cover requiring repair,
- corrugated plastic structure at one of the external doors was green with moss and visibly unclean,
- peeling and unclean sticky notes were on some of the cupboard doors.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk register in place, and all identified risks were included. There were associated risk management plans for these risks. However, the water from one of the hot taps in a resident's bathroom was unregulated and hot enough to be a scald risk. There was a 'Very hot water' sign above the tap, but the resident could not read the sign. There was no documented risk assessment and risk management plan for this issue.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Various infection prevention and control measures were in place, however, some of the outstanding maintenance outlined under premises could pose on infection control risk. Not all checklists to ensure that essential cleaning had been undertaken were completed regularly.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety equipment was available throughout the centre, and regular fire drills had been undertaken.

However, the fire alarm zones were not available, so that if the alarm sounded it would not be possible to identify the location of the fire.

There was a protocol whereby the required daily checks of fire exits were to be recorded, but this was not completed on a regular basis.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare, including health screening.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern, and to support development of skills to ensure access to services.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coastguards OSV-0002567

Inspection ID: MON-0027678

Date of inspection: 18/01/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The various maintenance requirements outstanding will be complete as follows</p> <ol style="list-style-type: none"> 1. Scuffed and old paintwork including radiators, works to be completed by 04/04/2022 2. Radiator cover requiring repair, radiator covers will be replaced by 18/04/2022 3. Corrugated plastic structure requires cleaning, work will be completed by 07/03/2022 4. Peeling and unclean sticky notes have been removed from cupboards on 19/01/2022 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All taps will have a thermostat fitted thus controlling temperature of water from taps. Works to be completed by 07/03/2022. . A risk assessment and risk management plan is in place for hot water issue. Completed 19/01/2022. The Risk management policy updated on the 01-03-2022 to reflect arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.</p>	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Maintenance issues outlined under premises will be complete by 18-04-2022. As of the 24-01-2022 a daily shift planner was introduced with the responsibility of the shift leader to sign off on the cleaning schedules for both upstairs and down stairs after each shift. All completed cleaning schedules will be collected weekly on a Sunday night and the PIC will review on Monday morning. Any actions from completed checklists will be addressed.</p> <p>A senior staff nurse has applied for Infection prevention control training and will lead out on bi monthly audits of the cleaning schedule. This senior staff nurse will be given protected time to carry out audits. These audits will be in addition to current Infection Prevention & Control audits carried out by the PIC.</p> <p>Training for the senior staff nurse is due to be completed by 30/04/2022</p>	
<p>Regulation 28: Fire precautions</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire zone charts in place since 24/01/2022</p> <p>Fire zone charts are in place to assist staff identify the fire zone compartments when the fire alarm sounds since 24/01/2022</p> <p>A daily fire exit checklist has commenced since 19/01/2022. This is identified on the daily shift planner as a daily duty so it is not overlooked. The CNM2/PIC checks and signs off on the daily shift planner weekly to ensure effective governance and compliance.</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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/04/2022
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	01/03/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	07/03/2022

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	24/01/2022
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	19/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	24/01/2022