



## Office of the Chief Inspector

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

Name of designated centre:	Skibbereen Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	07 March 2019
Centre ID:	OSV-0003857
Fieldwork ID:	MON-0026580

## About the designated centre

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

Coaction Services provides residential and day care to people with an intellectual disability in the West Cork area. The centre consisted of two detached houses based on the outskirts of a large town and provided both 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 first house could accommodate six residents. This house currently had one resident who lived there seven days a week, three residents who lived there three nights per week, one resident who stayed six nights per fortnight and an additional bedroom which was used for respite care. This house was a seven-day residence that was open all year round except for holiday periods at Christmas, Easter and the summer. The second house could accommodate five residents and was open for three nights of the week and provided respite care only.

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

Number of residents on the date of inspection:	11
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
07 March 2019	08:30hrs to 18:00hrs	Cora McCarthy	Lead

## Views of people who use the service

The inspector met with six residents during the course of the inspection. The residents were very comfortable in the presence of staff and with the support they were providing. The inspector observed the residents during the evening as they were being supported to prepare dinner and also with general care and noted the positive interactions that took place between the resident and staff. The residents communicated both verbally and through expressions and interactions demonstrated that they were happy residing in the centre. The residents were seen to be relaxed in the company of staff and there was a calm atmosphere in this home throughout the inspection. Staff on duty in the centre interacted with the residents in a respectful and caring manner and the centre was decorated with the residents' personal items such as photos of family members. The centre was warm and homely and the residents appeared to be very content here.

## Capacity and capability

Overall this centre was found to be a well-managed centre and provided a safe quality service to residents.

The provider had ensured that there was a clear governance and management structure in place to ensure that a safe service was provided to the residents. The person in charge provided good leadership and governance and was knowledgeable regarding the regulations and the statutory responsibilities.

There was a system of audits, unannounced inspections and annual reviews in place which evidenced good oversight and monitoring of service provision.

There were adequate staff resources and skill mix to meet the residents' assessed needs and staff were appropriately trained and competent. Training was monitored by the person in charge and refresher training was scheduled as required.

A sample of staff files were reviewed. These were seen to contain all information required by Schedule 2 of the regulations.

A suitable complaints policy and process was in place. Where complaints were made it was evident to the inspector that there was follow through. The person in charge audited the complaints log in order to maintain oversight of complaints. The residents were familiar with this and residents informed the inspector as to how they would raise concerns should they wish to do so.

The inspector note that the interaction between residents and staff was respectful and warm. A positive atmosphere was observed throughout the inspection.

#### Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was appointed to manage this centre.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing for the centre had been reviewed in the months prior to this inspection and this review had identified the need for a further night staff. Records indicated that recruitment had been ongoing. An on-call relief panel was also available to increase staff:resident ratios if the need arose. A review of a sample of staff files indicated that all documents required by Schedule 2 were held on file.

Judgment: Compliant

#### Regulation 16: Training and staff development

A training overview demonstrated that the person in charge ensured their staff had completed training and had access to refresher training.

Judgment: Compliant

#### Regulation 19: Directory of residents

An adequate directory of residents was available within the centre.

Judgment: Compliant

#### Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 and residents in schedule 3 were available for the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The annual review included consultation with staff, residents and relatives. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

Judgment: Compliant

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

The provider and the person in charge ensured that the resident had the opportunity to visit the designated centre prior to admission. A contract of care agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

A suitable Statement of Purpose was in place. An accessible edition of this was

available to residents.
Judgment: Compliant
<b>Regulation 30: Volunteers</b>
There were no volunteers in the designated centre at the time of inspection.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
A review of accidents and incidents within the centre confirmed that the provider was submitting notifications to the office of the chief inspector as required.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider was aware of their responsibilities in this regard.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The registered provider had an effective complaints procedure for residents which was in an accessible format, this included an appeals procedure.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The provider had a suite of policies available for staff, as listed in Schedule 5 of the regulations. The majority of policies were in date however some were out of date or identified as under review. The inspector viewed notes of meeting held to update



policies.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. However some care plans required review and update. There was a staff member identified to support the resident and a progress tracking system in place for achieving goals.

Overall the health and well-being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required a communication assessment to be completed. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. Staff that administered medicines to residents were trained in safe administration and there was evidence of medication audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to occupation and recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

Residents said they were happy spending time in the centre. The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and homely. However overall improvement was required to the premises.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the

inspection, staff engagement and interactions with the residents were observed to be person centred and positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. Examples of these would be missing persons, injury to a resident, behaviours that may challenge and choking risks. There were arrangements in place for the investigation of and learning from adverse events. However the inspector noted a health related risk where exercising monitoring was required, this risk had not been identified.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

### Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However some residents required communication assessment to be completed. All residents had access to television, newspapers and radio.

Judgment: Substantially compliant

### Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for occupation and recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed that overall the resident's home was warm and homely and displayed personal items of the residents throughout. However overall improvement was required to the extern of the designated centre. The outside space was unkempt with a broken fence, weeds, overgrown lawn and there was no outdoor recreational space for residents.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that one resident received support as they were transitioning from residential services to a more appropriate service to meet their assessed needs.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events. However the inspector noted a health related risk where exercise monitoring was required, in order for the resident to maintain muscle mass, this risk had not been identified. This has been actioned under regulation 6.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly.

Suitable personal emergency evacuation plan were in place and suitable arrangements were in place for the evacuation of the centre should it be necessary.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. However one resident required support with exercise monitoring in order for the resident to maintain muscle mass, as recommended in guidelines observed in their personal plan.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The staff members (with whom the inspector spoke) had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant

Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Skibbereen Residential OSV-0003857

Inspection ID: MON-0026580

Date of inspection: 07/03/2019

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>CoAction has a system to ensure policies are updated as required. Within this, it is the practice within the organisation to ensure they reflect the practice of the organisation, legislative requirements and best practice. A schedule for review is in place for 2019 and is monitored by the policy review group.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Communication assessments are being accessed by referral to SLT. The tracking of progress in attaining these is being developed and any new referrals and progress made will be tracked via adult services Multi-disciplinary meetings- the notes of these meetings are submitted to individual files.</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
To ensure the houses are kept in a good state of repair, a specific budget is designated for the maintenance of the premises. A maintenance plan is in place to ensure the timely and effective management of required maintenance and upkeep of the centre.  
Maintenance works that have been completed since the inspection include: lawns cut, weeds pulled, fence has been mended, houses have been power washed, garden sheds cleaned out and painted.

Complete by dates:  
21/12/2019 painting works to be completed.

All other works: 31/07/2019

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
The monitoring of a resident's exercise will continue through the person centered planning process.

## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	02/08/2019
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.	Not Compliant	Yellow	21/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals	Substantially Compliant	Yellow	26/07/2019

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	31/07/2019