



Office of the Chief Inspector

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

Name of designated centre:	Coastguards
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 April 2019
Centre ID:	OSV-0002567
Fieldwork ID:	MON-0025587

About the designated centre

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

This designated centre currently provides residential care and support for up to seven residents (both male and female) with disabilities. The centre is a large two story house comprising of a well equipped kitchen, a dining room, a utility room, a sun room, five bedrooms (one en-suite) and three communal bathrooms. Upstairs comprises of 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 patio area and polytunnel. Transport is available to residents' so as they can access community based facilities and trips further. There is a full-time person in charge working in the centre 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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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
10 April 2019	10:00hrs to 16:30hrs	Eoin O'Byrne	Lead
10 April 2019	10:00hrs to 16:30hrs	Gary Kiernan	Support

Views of people who use the service

The inspectors met and spoke with three residents' on the day of this inspection. A fourth resident was asked if they would like to meet the inspectors but they declined to do so. Inspectors observed positive interactions between the residents and the staff the team. One resident informed the inspectors of their plan for the day and appeared happy to be attending their day service. Residents and staff spoke to inspectors about a concert that they had attended and holiday plans.

Another resident showed an inspector their bedroom and their artwork. It was clear that the residents were being supported to attend activities in their community including art classes and flower arranging classes. The residents appeared happy in their home and were well supported by staff.

Capacity and capability

The centre had an effective management structure in place that was responsive to the needs of the residents and was proactive in self-identifying areas that required attention; this was evidenced by the high levels of compliance found during the inspection.

There was a clear management structure in place in the centre. The person in charge was a Clinical Nurse Manager (CNM) who led a team of staff nurses and healthcare assistants. A staff nurse/ team leader was on duty each day according to the rota. The person in charge reported that they were supported by their line manager who was active in the operational management and decision making of the centre. It was clear from interactions during the inspection and also through a review of records that the management structure was responsive in meeting the needs of the residents.

The provider had made appropriate arrangements for role of person in charge which is a key management role in the service. The person in charge was an experienced professional and was supported by a team of staff nurses and health care assistants. The person in charge was proactive in responding to changing needs in the centre and had the autonomy to increase staffing numbers during periods when residents required more support. The provider had ensured that the staff team was appropriately qualified, trained and supported so as they had the required skills to provide a person-centered, responsive and effective service for the residents.

The number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The provider also ensured that the residents'

received continuity of care and support. Inspectors were informed that consistent agency staff members were used to fill any shortages and this was also evident from the rosters reviewed. Inspectors interacted with four members of the staff team on the day of the inspection. The staff members were a mix of staff nurses and health care assistants. The staff that spoke with the inspectors displayed experience and knowledge to support and meet the residents' needs. Staff members demonstrated knowledge of residents' assessed needs in accordance with the details set out in behaviour support plans and person centred plans for responding to safe guarding concerns and implementing speech and language recommendations.

The provider ensured that management systems in place provided a safe and appropriate service to the residents'. There were six monthly auditing reports carried out by the provider and plans had been put in place to address any identified areas for improvement on completion of these audits. For example, there was evidence that the actions from the audits were being carried out in relation to residents' behaviour support plans and person centred plans. These activities were ensuring the service remained responsive to the assessed and changing needs of the residents'.

The provider had systems in place to respond to adverse incidents and the person in charge was aware of their legal remit to inform the Health Information Quality Authority (HIQA) of any notifiable event occurring in the centre.

Overall from spending time in the centre and observing the interactions between the residents' and staff team, the inspectors were assured that the centre was being managed effectively so as to meet the needs of each individual resident.

Regulation 14: Persons in charge

The person in charge in the centre, was a qualified professional with significant experience. They provided support to their staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant
Regulation 16: Training and staff development
The provider ensured that that the staff team had up-to-date training to support them to meet the assessed needs of the residents.
Judgment: Compliant
Regulation 23: Governance and management
The provider ensured that management systems in place provided a safe and appropriate service to the residents. The centre was resourced to ensure the effective delivery of care and support to the residents'. The centre's management team were driving improvement and were proactive in meeting the needs of the residents'.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose met the requirements set out in schedule one of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was aware of their legal remit to inform HIQA of any notifiable event occurring in the centre.
Judgment: Compliant
Regulation 34: Complaints procedure

There were appropriate arrangements in place to secure feedback and manage complaints

Judgment: Compliant

Quality and safety

The inspectors found that the residents' were receiving person-centred care that was responsive in meeting their assessed needs in a safe and appropriate manner. The centre was well managed and overall, the residents' received care and support which was of good quality, safe and promoted their rights.

Residents were supported to lead active lives and participate in activities which were meaningful to them. The inspectors reviewed a sample of residents' personal plans and found that they had been developed in consultation with residents and provided sufficient detail to guide staff on how to provide support. Residents were facilitated to voice their views and influence their individual plans. The plans were also respectful of the residents' communication preferences and were available in easy-read formats that were stored in their bedrooms.

The rights and voice of the residents' were being promoted by the staff team. Residents were facilitated to choose and partake in activities of their choice. Inspectors observed that residents' wishes were being respected in relation to this. One of the resident's had decided that they no longer wished to attend their day centre. In response to this, the provider was making great efforts to source a placement that the resident wished to attend.

There were systems in place to support good communication. Detailed personal communication passports had been developed which supported staff members to interact with residents effectively. The inspectors also found that one resident was being supported through the use of visual aids and visual schedules. The staff team displayed knowledge of the service users individual communication needs and one staff member highlighted a visual aid system that a resident was using and explained why the system had been introduced. Samples of resident's files were reviewed and inspectors found detailed personal communication passports that supported staff members to interact with residents effectively.

The inspectors found that the residents were receiving person-centred care that was responsive in meeting their assessed needs in a safe and appropriate manner. The inspectors reviewed a sample of the residents' personal plans and found that the individual plans were reviewed on a regular basis and in some cases weekly. There were comprehensive assessments of residents' health and social care needs. The plans outlined the supports required to maximise the residents' personal development in accordance with their wishes. It was observed that weekly residents meetings took place that supported the residents to voice their views and influence their individual plans. Residents were supported to engage in their local

communities through attending day services and other activities such as art classes, flower arranging classes and local club events.

In general the provider was promoting the rights of the residents; however, during the course of this inspection, it was observed that a large amount of personal information regarding residents needs was on display in a public area which was not respectful of the privacy and dignity of the residents'. This was highlighted to the person in charge during the feedback meeting.

The residents' health and well-being was promoted and supported in a variety of ways such as responding to changes in residents' mental health and aging needs. Overall, management and staff were proactive in responding to the resident's individual health care needs and were working alongside the provider's multi-disciplinary team and other allied healthcare professionals.

The provider had ensured that the staff team had received adequate training in the management of behaviours that challenge and safe guarding of residents. There was evidence that the provider had made every effort to include residents and their representatives in the development of support plans. From a sample of behavioural support plans viewed, inspectors observed that they were regularly reviewed and updated by members of the organisation's Multi-Disciplinary Team with input from the person in charge and staff team. The provider also had systems in place to ensure residents were adequately safeguarded in their home and had followed their policies in response to safeguarding concerns.

There was evidence that the centre was responsive to risk, a risk register for the centre and a centre specific safety statement was in place. An inspector reviewed a sample of the resident's individual risk assessments and found them to be detailed and specific to the resident's needs. Residents were also being provided with information about safety and self-help in an easy-read format that was readily available to them.

The centre prioritised fire safety and regular audits and servicing of the fire safety equipment were observed during the inspection. However, there was some improvement required in relation to the centres fire drills. The provider had not demonstrated they could effectively evacuate the centre in the event of a fire.

Overall the person in charge and the staff team were providing a person centred service to the residents that was responsive to their changing needs and was promoting the residents' independence.

Regulation 10: Communication

The provider had appropriate communication systems in place to support the

individual residents.
Judgment: Compliant
Regulation 26: Risk management procedures
Inspectors found that there were systems in place to identify and manage risks associated with the centre.
Judgment: Compliant
Regulation 28: Fire precautions
<p>Fire safety was prioritised. There were many effective systems in place including effective checks of the fire detection/alarms systems, emergency lighting and fire fighting equipment.</p> <p>Residents' had Personal Emergency Evacuation Plans in place which was regularly updated. However some improvement were required in relation to fire drills. The provider had not demonstrated they could effectively evacuate the centre in the event of a fire.</p>
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
The inspector found that the centres medication management procedures were in line with the regulations. The inspector reviewed a sample of residents' medication folders and observed that the provider was seeking to promote the residents' independence through completing self-administration medication risk assessments. The inspector reviewed a sample of residents' medication protocols and found them to be detailed and clear. Staff members were able to locate and discuss the protocols effectively.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan

<p>A sample of the residents' individual personal plans were reviewed on a regular basis and the residents' views were captured through weekly residents' meetings. The residents' individual plans were also available in easy-read formats that were stored in the residents' bedrooms.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Overall, management and staff were proactive in responding to the residents' individual health care needs and were working alongside the providers multi-disciplinary team and other allied healthcare professionals.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>The inspector viewed the behaviour support plans that were on file and observed that they were regularly reviewed and updated by members of the organisations Multi-Disciplinary Team with input from the person in charge and staff team.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>Inspectors found that residents were being provided with information about safety and self help in an easy read format that is readily available to them.</p> <p>The person in charge and staff team are actively responding to any adverse peer to peer interactions and were following their organisations guidelines regarding to safe guarding residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>Residents' personal information was displayed in a public area and this did not</p>

respect their privacy.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant

Compliance Plan for Coastguards OSV-0002567

Inspection ID: MON-0025587

Date of inspection: 10/04/2019

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Discussed fire procedures at residents meetings, highlighting the importance of immediate evacuation. Residents meetings documented. • Discussed fire procedures at staff meetings. Reinforcing with the staff the importance of effective and immediate fire evacuation for the five residents who reside within the Coastguards. Discussed the importance that fire drills are carried out in a timely and effective manner. • Staff to continue to carry out monthly fire drills. All fire drills to be documented and duration of time of evacuation to be monitored by CNM 2. • Residents PEEPS updated to reflect any challenges individuals may face within fire evacuations. Challenges including mobility, and behaviours that may challenge. • Planning in advance of fire drills. This will ensure all residents and staff experience the procedure. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Discussed at staff meetings the importance that no personal information is not displayed on notice boards or in the communal environment within the Coastguards • This is closely monitored by shift leader and CNM2. • All personal information is stored in individual residents files. 	



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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/06/2019
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, personal communications, relationships, intimate and personal care,	Substantially Compliant	Yellow	05/06/2019

	professional consultations and personal information.			
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