



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

Issued by the Chief Inspector

Name of designated centre:	Cois Cuain
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	18 August 2021
Centre ID:	OSV-0004663
Fieldwork ID:	MON-0026122

About the designated centre

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

Cois Cuain is a designated centre that provides support to adults, male and female with intellectual and physical disability. The property is a 7 bed roomed dormer style community home, located on the outskirts of a village in Co.Wexford. Local amenities include shops, café's, restaurants and beaches. It provides full-time residential care for up to 8 adults. The ground floor of the centre consists of a large sitting room, a bright and spacious dining room with double doors opening out onto an enclosed garden area, a large kitchen, 5 bedrooms, 3 of which have en-suite facilities, one assisted bathroom, a laundry room and an airing cupboard. There are large gardens surrounding the home and it is on a stand-alone site in a quiet area. The facility is wheelchair accessible. Cois Cuain supports people with high support needs in activities of daily living, intimate care, health and wellbeing and accessing the community. Staff support residents in line with their individual care plans. The staff team consists of nursing staff and multi-task workers. Further multi-disciplinary supports are also available through a referral system.

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
Wednesday 18 August 2021	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform the centres renewal of registration. The inspector had the opportunity to meet with all five residents living in the centre on the day of inspection. Residents used both verbal and non verbal methods to communicate their thoughts and the inspector endeavoured to understand the residents views by communicating with residents and observing their routines on the day of inspection. The inspector also spoke with staff members supporting this residents, reviewing documentation regarding the care and support provided and observed the environment in which the residents lived.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff to ensure adherence to national guidance for residential care facilities. This included maintaining a two metre distance, temperature checks and wearing personal protective equipment (PPE).

The property was a 7 bed roomed dormer style community home, located on the outskirts of a village in Co.Wexford. Residents had individual bedrooms and these had been decorated in an individual manner. The registered provider had applied to reduce the overall capacity of the centre from 8 to 5 as part of their renewal of registration. The centre also had communal kitchen, living and dining areas. The premises appeared well maintained internally and externally and the inspector observed pictures of the residents and their family and friends around the centre.

In general, the inspector noted marked improvements in the centre's levels of compliance with the regulations since the most previous inspection last year. The registered provider had ensured that the majority of actions from the previous inspection had been appropriately addressed. The person in charge had put systems in place to reduce times that restrictive practices were used. Furthermore, the use of the central kitchen had been discontinued and meals were being prepared and cooked within the centre.

The inspector observed residents engaging in a number of varied and person centred activities throughout the inspection day. One resident was observed enjoying an aromatherapy session in their room. The inspector observed a sensory table in the centres living area with buttons and switches which had been created by staff to support a resident who enjoyed such activities. The resident was observed enjoying using their new table. Another resident was observed watering flowers with staff in the afternoon and another resident was engaging in water play. Residents and staff were baking in the afternoon and the smell of home baking was evident throughout the centre. The inspector observed warm and meaningful interactions between staff and the resident and the residents appeared comfortable in their home.

The person in charge and staff spoken with, appeared aware of the residents needs and the policy on ensuring that where restrictive practice were implemented, that

this was done for the shortest duration necessary. The kitchen door was locked in the morning of the inspection due to identified risks for some residents, the inspector observed this restriction immediately removed as soon as two residents had left the centre. One resident was observed enjoying sitting in the kitchen and watching their lunch being prepared and cooked. While improvements were noted since the centres most previous inspection with regards to reducing some restrictive practices, at times some residents continued to live in an environment that was considerably restrictive, secondary to living with peer residents.

The inspector observed accessible communications on display in the centres dining area. This included evidence of what staff were on duty, the menu choices and activities for the day ahead. The residents different goals were also on display. Some residents had plans to visit the zoo and a car racing track.

Five residents had completed satisfaction questionnaires with support from staff. All questionnaires communicated high levels of satisfaction with the service provided. This included satisfaction with the premises, food, activities and staff. The service had also issued questionnaires to residents families in June and these also communicated positive feedback about the service provided with one family member commenting that communication from staff had been good during the COVID-19 lockdown period.

The following sections of the report detail the inspectors findings regarding the levels of compliance with the regulations and the providers capacity and capability to provide a safe and effective service.

Capacity and capability

This was an announced decision and the purpose of the inspection was to inform a registration renewal decision. Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide an appropriate service to the residents living in Cois Cuain.

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to the resident's needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. Actions from this review were addressed. On review of the staff rosters, and from observation of the needs of the resident, the inspector was satisfied that there was a sufficient number of staff and sufficient skill mixes in place to support the residents. This included support for the resident to partake in activities.

The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge and who to report to.

Residents were regularly consulted about the service provided, with residents meetings being held weekly and residents and their families regularly asked to feedback on the service provided through satisfaction questionnaires.

Regulation 15: Staffing

The inspector found that there were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents. The staff team comprised of nursing staff and multi-task workers. There was a staff rota in place that reflected staff on duty. The centre also had access to a cohort of relief staff to cover shifts, when required.

Staff meetings took place regularly and there was evidence that the person in charge also issued regular communication to staff regarding any changes or updates in the running of the centre, such as training days, staffing changes, risks, infection control procedures or complaints. The centre had recently moved from using a central kitchen to cooking meals within the centre and had increased staffing levels at certain times to facilitate this change. Staff spoken with appeared familiar with the residents needs and communicated that they felt supported in their roles.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas including fire safety, manual handling, safeguarding, behaviour management, health and safety, hand hygiene, infection control, behaviour management, and childrens first. Following a review of staff training records, it was found that all staff working in the centre were up-to-date on mandatory and refresher training.

A clear schedule was in place for one to one staff supervision to take place. These were completed by all staff twice per year with their line managers. Areas discussed included training needs, key working allocations and continued professional development.

Judgment: Compliant

Regulation 23: Governance and management

There were clear and effective systems in place for the management and oversight of the designated centre. There was a full time person in charge in place who had

the qualifications, skills and experience necessary to manage the centre. This person shared their role with two designated centres and divided their time evenly between the centres.

The service provided was regularly audited and reviewed. Other persons in charge who worked with the organisation completed regular announced and unannounced inspections which included thematic focused inspections and reviews of the centres compliance with the regulations. Thematic inspections included a review of systems in place in areas including residents finances, medication management, care planning, staff meetings, staff training and health and safety. An annual review had also been completed by the registered provider representative. When an area was identified as requiring improvements, appropriate action plans were developed with clear time lines and persons responsible.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a service complaints procedure in place and complaints appeared to be addressed in a serious and timely manner. Satisfaction questionnaires were issued to the centre from HIQA, prior to the announced inspection day. Five residents had completed these with support from staff. All questionnaires communicated high levels of satisfaction with the service provided. This included satisfaction with the premises, food, activities and staff. The service had also issued questionnaires to residents families in June and these also communicated positive feedback about the service provided with one family member commenting that communication from staff had been good during the COVID-19 lockdown period.

The complaints procedure was prominently displayed in the centre and a complaint had been completed by staff on behalf of a resident who did not communicate verbally, following a safeguarding incident.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine the quality and safety of the care provided. This included a review of residents personal plans, activation schedules, medication management, infection control, risk management documentation, and fire safety documentation. Overall it was found that the centre had the resources to meet residents' needs and residents were being supported to live meaningful lives with individual activation schedules and social goals developed.

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. This was well reflected in the residents personal plans and supporting documentation. Residents were encouraged and supported to develop communication skills and some independent living skills.

The centre was found to be visibly clean on the day of inspection. There was adequate personal protective equipment available and staff and residents had been supported to avail of a vaccination programme. Fire safety management systems and appropriate risk management systems were in place, which were reviewed regularly.

Regulation 13: General welfare and development

The registered provider and person in charge had ensured residents appropriate access to individual recreation. There were daily activity schedules in place which included horticulture, walks, sensory programs, physiotherapy programs and arts and crafts. Residents all had individual social goals in place and residents had individual activation folders which were in line with residents individual interests. Action plans were in place to support residents to develop skills and achieve their goals. Residents appeared to be experiencing meaningful days and records demonstrated variety and choice offered to residents with regards to daily activities.

Judgment: Compliant

Regulation 18: Food and nutrition

Meal times appeared to be a pleasant experience in the centre. The use of the central kitchen had been discontinued in recent months and meals were being prepared and cooked within the centre on the day of inspection. Menu options were being offered to residents in accessible versions. One resident was observed sitting in the kitchen during meal time preparation and they appeared happy and content watching their lunch being prepared. The smell of home cooking and baking was evident in the centre during the day.

Residents with swallowing needs had been appropriately referred to multi-disciplinary services for further review and residents had individual feeding and swallow care plans in place. Staffing levels were in place to facilitate residents with support needs during meal times. Staff spoken with appeared familiar with the centres policy for the safe storage and cooking of food. Food storage facilities were observed to be clean and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, risks were assessed and well managed. The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to the resident and staff working in the centre. Where risk had been identified, measures had been taken to manage this risk. All potential and actual risks were reflected on a centre risk register.

Each resident had a general health and safety risk assessment in place which outlined the assessment and mitigation of risks associated with issues including epilepsy, absconsion, challenging behaviours, safeguarding, fire and reduced mobility. All residents had been assessed for the risk of falls and a screening tool was used to determine the risks of malnutrition. A log of all accidents and incidents in the centre was maintained and a full incident reviews were completed by the person in charge monthly and action plans were identified where needed.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. A cleaning schedule was in place which included clear allocations of separate cleaning tasks. Cleaning schedules also included the regular cleaning of all aspects of the designated centre. There was evidence that the person in charge had weekly oversight of cleaning schedules and regularly communicated with staff if there were areas that required improvements. The centre appeared visibly clean on the day of inspection and staff were observed carrying out cleaning tasks.

A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance. Residents had individual COVID-19 risk assessments in place. Residents were being supported to receive their COVID19 vaccine.

Staff conducted regular temperature checks and training had been completed by all staff in infection prevention and control. There was signage noted around the centre and there was access to PPE and information for staff and residents. Hand washing facilities and alcohol gels were noted around the designated centre. Visitation with residents family and friends was being managed and facilitated in line with national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. The inspector also noted detection systems, clear exit routes, containment systems and emergency lighting in place. A system was in place for the testing and servicing of fire safety equipment.

Fire evacuation drills took place at regular intervals and these simulated both day and night time staffing levels. Residents all had personal emergency evacuation plans in place and these detailed residents levels of mobility, levels of safety awareness and levels of assistance required in the event of an emergency evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and appropriate systems were in place for the management of medicines in the designated centre. Resident each had an individual prescription in place signed by their general practitioner (GP). This clearly identified the medications and their administration times, routes and doses. Clear records of medications administered by registered staff nurses were maintained. Medication administered on alternate days were clearly recorded as this. Medicines were securely stored and the staff nurse kept a key with them at all times. Staff were completing weekly stock counts and medicines administered as required (PRN) had clear administration protocols in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had up-to-date assessments of need and personal plans in place. Care plan had multidisciplinary input and included details of the plan of care for the health, personal and social care needs of the resident.

There was a key working system in place and key workers were regularly updating resident plans with progress reports on the residents different goals. Arrangements were in place to meet the needs and preferences of the residents. Residents all had annual personal planning meetings which were used to discuss their plans and goals

for the year ahead.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours that challenge. Positive behavioural support plans were in place where necessary and these had been developed by a clinical nurse specialist in challenging behaviours. Risk documentation reflected rationale for the use of restrictive practices and there was evidence that these were regularly reviewed with a service restrictive practice committee. Clear records were maintained daily of restrictive practices in use and these had been notified as required to the chief inspector on a quarterly basis. Some restrictive practices in place for risks associated with specific residents did impact peer residents choice and control in their environment at times, as discussed under regulation 9.

Judgment: Compliant

Regulation 8: Protection

Residents appeared to be safeguarded while living in the centre. Training records reflected that all staff staff had received up-to-date training in the safeguarding and protection of vulnerable adults. A general safeguarding plan was in place for all residents which identified measures in place to protect residents from potential safeguarding risks. All residents had been assessed to determine their capacity to understand the management of their finances. All residents had intimate care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to be regularly consulted about the service provided and weekly residents meetings were held where issues including the upcoming HIQA inspection and changes in the kitchen arrangements had been discussed at recent meetings. Residents appeared to enjoy living in a service that respected their preferences and individual needs.

While improvements had been noted since the centres most previous inspection, the

inspector continued to find that residents choice and control was limited at times secondary to living with peers. The centre continued to use of high levels of restrictive practices. Some restrictive practices, which were in place for risks associated with specific residents, did impact peer residents choice and control in their environment. This included locked doors around the centre at times.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cois Cuain OSV-0004663

Inspection ID: MON-0026122

Date of inspection: 18/08/2021

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. The HSE have recently purchased an additional property for WRIDS. This new property requires significant upgrade works and an extension prior to being ready for a registration inspection. The two residents currently living in Cois Cuain who have significant restrictions in place and impacting on peers they live with have been identified as compatible to live together as they have similar risks in place, similar needs and interests. It is proposed that these two residents will relocate to this new property as soon as it is registered. 2. Current practice of removing and reducing existing restrictions in Cois Cuain when both these residents have vacated the home will continue to be implemented. 3. Trials to reduce restrictions will be ongoing and continue to be discussed at Rights Review Committee. 	

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 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.	Substantially Compliant	Yellow	31/12/2022