



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

Issued by the Chief Inspector

Name of designated centre:	Cois Ferraige
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0005649
Fieldwork ID:	MON-0030796

About the designated centre

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

This centre is a large detached, four bedroom dormer bungalow in Co. Louth. The centre provides residential care to four male adults some of whom require support around their emotional and health care needs. It is in close proximity to a number of villages and towns where residents have access to a range of community based facilities such as shops, restaurants, hotels, pubs and parks. Accommodation comprises of four large single bedrooms. Two large communal bathrooms on the first and ground floor. There is a separate utility room, a spacious well equipped kitchen inclusive of a small dining area, a separate spacious dining room and a large tastefully decorated sitting room. The house also has gardens to the back and front of the property.

The staff compliment comprises of nurses and healthcare assistants. There is one waking night staff on duty and two staff on duty during the day when all residents are in the centre. Three of the residents attend day services Monday to Friday. One resident is supported by staff to attend activities of their choice from their home. The person in charge is responsible for three other designated centre under this provider. They are supported in their role by a clinic nurse manager for 12.5 hours a week to assure effective oversight of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
Wednesday 17 February 2021	10:30hrs to 15:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector met all four residents living in the centre. One resident met briefly with the inspector to show them some videos they were watching and spoke briefly about some aspects of the services provided. The resident said they liked living in the centre and liked the staff there. They spoke about some of their hobbies which included supporting their favourite football team. It was evident from the residents' bedroom décor, they were an avid fan and had travelled to England previously to support their football team. Once COVID-19 restrictions were lifted they planned to have another trip there to see a match.

The inspector observed that residents were very relaxed in the centre. Although the COVID-19 restrictions were limiting their ability to go to day services and access community facilities they had found other ways to keep active. Some of those activities included, competing in a 'come dine with me' challenge and 'a bake off', organised with other residents in the organisation. Some of the residents had taken up gardening and had planted flowers and shrubs there. One resident had created a memory garden with the support of staff. For Christmas, the residents' had made beautiful Christmas decorations and cards to send to family members. Residents were becoming more involved in cooking meals. Two of the residents liked to help prepare the vegetables for dinner. One resident said they had made pancakes yesterday to celebrate pancake Tuesday.

During the inspection residents went out for walks, some enjoyed sitting out in the garden, others were engaged in more arts and crafts projects. Some of the residents had also got tablets/laptops to keep in touch with family and learn other skills. One resident was doing a course to help improve their typing skills. Another resident had a keen interest in farming and liked to look through magazines about farm machinery. They spent some time in their room doing this and after dinner wanted to go out for a walk, which staff facilitated.

Since the last inspection one of the rooms in the centre had been converted to a small sensory area for one resident who liked to spend time alone. All of the residents' bedrooms had been repainted and had been personalised in line with their preferences.

Staff were observed to be very respectful when they were supporting the residents. Residents had free access around their home and one resident was observed making their own tea prior to sitting down to watch a match.

Two family members spoke with the inspector over the phone. Both of them reported that they were very happy with the service provided, said that the residents were very happy in their homes and that the quality and safety of care

provided was very good.

One family representative spoke about how happy their family member was living there and described the centre as excellent. Both family members commented that the staff were very approachable and that should they have concerns they would report them to the staff or the person in charge. One family member raised a concern about a health care issue but felt that the staff were following up with this for the resident. The person in charge was able to verify this and was ensuring that staff were still following up with this matter for the resident.

Both family representatives said that they were kept informed by staff through regular phone calls about their family members and also spoke about being in contact with the residents through phone or video calls.

As part of the providers own quality improvement initiatives, families and residents were asked to complete surveys about the care and support in the centre every year. Overall the feedback provided was very positive two family representatives rated the service as excellent The four resident surveys also indicated that they were also very happy with the service and outlined some of the activities they had been supported with. Some of which included going for a pint, to the cinema, cycling and learning to play the guitar. Residents reported that they felt safe in the centre and liked the staff there.

Residents meetings were also held every week. A number of those records were viewed and the inspector could see that residents were being kept informed about issues relating to COVID-19. For example; in March 2020, staff had demonstrated how to wash your hands effectively for residents and about public health guidelines. More recently residents were informed about the vaccinations available for COVID-19. Other topics discussed included planning activities, planning a holiday when it was safe to do so and also about how residents money was being spent in the centre. This informed the inspector that residents' rights were considered in the centre.

Overall the inspector found that residents appeared very happy living in this centre. The person in charge and staff team were ensuring that residents received a safe and quality service. Audits conducted were identifying areas for improvement and the person in charge and the provider had arrangements in place to address these going forward.

Capacity and capability

Overall this centre was well resourced and care was provided by a consistent staff team. The governance and management systems in place were ensuring a safe service to the residents there. This was reflected in the high levels of compliance found at this inspection. One area of improvement was however, required in

residents' records.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager.

The person in charge was a nurse, who provided good leadership and support to their team and knew the residents well. The person in charge also met with the director of services who is also a person participating in the management of this centre, to discuss the services provided there. This provided assurances that good governance arrangements were in place. The person in charge was also aware of their regulatory remit under the regulations. For example; from a review of incidents in the centre, the person in charge had notified the Health Information and Quality Authority (HIQA) as required.

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were no staff vacancies. The provider had also increased the staffing levels in the centre during the day as residents were no longer attending day services due to the COVID- 19 restrictions. A regular number of relief staff were available to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff met felt supported in their role and said they were able to raise concerns if needed to a manager on a daily basis. A sample of supervision files viewed found that staff could also raise concerns at these meetings. Regular staff meetings had also been held to review the care and support being provided in the centre.

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. As identified through the providers own audits, some staff were due refresher training in positive behaviour support and manual handling. Once the COVID-19 restrictions were lifted this training would be completed.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The provider also had a quality enhancement plan for this centre. This meant that all actions from audits by the provider and previous inspections conducted by HIQA were compiled on one report. A small number of actions were outstanding at the time of the inspection from recent audits conducted. For example; a bathroom downstairs needed to be remodeled. However, the person in charge was managing this and had submitted a request for these works to be completed to the provider.

Other audits were also completed in areas such as; infection control, medication management, residents' personal plans and residents' personal possessions. Overall the findings from these audits were for the most part compliant. However, where areas of improvement had been identified they were being addressed. For example; an audit conducted on residents' financial records in January 2021, identified one area of improvement. There was a plan in place to discuss this at the next staff

meeting in February 2021.

For the most part the records stored in the centre were up to date, regularly reviewed and detailed the care and support being provided to residents. However, one plan for a resident in relation to COVID-19 needed to be updated to include all the supports in place for this resident.

Regulation 14: Persons in charge

The person in charge was a nurse, who provided good leadership and support to their team and knew the residents well. They were responsible for three other designated centres under this provider and have the supported of a clinic nurse manager to ensure effective oversight of this centre. The person in charge was also aware of their regulatory remit under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. As identified through the providers own audits, some staff were due refresher training in positive behaviour support and manual handling. Once the COVID-19 restrictions were lifted this training would be completed.

Staff received supervision from the person in charge or the clinic nurse manager.

Judgment: Compliant

Regulation 21: Records

For the most part the records stored in the centre were up to date, regularly reviewed and detailed the care and support being provided to residents. However, one plan for a resident in relation to COVID-19 needed to be updated to include all the supports in place for this resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre has a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Other audits were also completed which identified some areas for improvement and plans were in place to address them.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents in the centre, the person in charge had notified the Health Information and Quality Authority (HIQA) as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives both in the centre and

within their community, although community activities were impacted by the current restrictions. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health and social care needs were being supported and provided for. The inspector observed several examples where residents' rights were respected in the centre. Systems were also in place to ensure that residents were safe, this included responding to identified risks and putting systems in place to manage them.

The inspector conducted a walk around of the centre while observing public health guidelines. The centre was clean, spacious and residents had a lovely garden to the back of the property, that they were helping to maintain themselves. There were no environmental restrictions in the centre, meaning that residents could freely access all areas of their home themselves. Residents had their own bedrooms and all of the bedrooms had been painted and updated last year. The carpet on the stairs and a carpet in one residents bedroom had also been replaced since the last inspection. One bathroom needed to be remodeled and a shower chair needed to be replaced however, the inspector was assured that the person in charge had a plan in place to address these.

Personal plans were in place for all residents and residents were supported to enjoy an active life. Their health care needs were assessed, monitored and reviewed on a regular basis. Part of the care included an annual review where residents and their representatives attended. A sample of one of these records, provided a review of the residents needs, goals and aspirations. Residents were supported to develop goals and some were increasing independent living skills.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from a clinic nurse specialist and a psychiatrist.

There were systems in place to manage and respond to risk. For example; one resident had a number of falls last year and the staff team and allied health professionals had continually reviewed the control measures to ensure this residents safety. As a result, the resident had not sustained any falls since August 2020. Health and safety checks were completed regularly in the centre to ensure residents safety. Equipment was maintained in good working order, for example; the boiler had been serviced within the last year. The bus available in the centre was also insured and there was a record to indicate that it was in a road worthy condition.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there

were enhanced cleaning schedules in place. Weekly audits were also being conducted by staff to ensure that the practices in the centre were in line with current public health guidelines. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. As mentioned under records one residents plan needed to be updated to ensure that the arrangements in place to support them if they were suspected or confirmed of having COVID 19 was up to date.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident met said they felt safe in the centre.

The inspector followed up on some aspects of fire safety in the centre. Since the last inspection the smoke alarms in the centre were no longer operated by a battery and were now wired to the main alarm system. Regular fire audits were conducted in the centre, which indicated that there was a problem with fire doors in the kitchen. The provider had a plan to address this in the coming weeks and the person in charge had updated risk assessments to ensure a safe evacuation of the centre until the fire doors could be replaced.

The inspector found a number of examples where residents' rights were protected in the centre. For example; residents were kept informed about all issues pertaining to COVID-19. At a residents' meetings one issue around finances was discussed and one resident made their own decision about how they would like to manage this. Residents had also been facilitated to maintain contact with family members since the pandemic had begun.

The provider also had a rights protection audit in each residents personal plan, which required staff to review and consider if residents' rights were impacted in the centre. From this action plans could be put in place to address those. This meant that part of the service provided reviewed residents' rights in the centre.

Regulation 17: Premises

The centre was clean, spacious and residents had a lovely garden to the back of the property, that they were helping to maintain themselves.

While one bathroom needed to be remodeled and a shower chair needed to be replaced, the inspector was assured that the person in charge had a plan in place to address these.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. Incidents that occurred in the centre were reviewed and where required additional control measures were put in place to keep people safe.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had arrangements in place to manage a suspected/confirmed case of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector followed up on some aspects of fire safety in the centre. Since the last inspection the smoke alarms in the centre were no longer operated by a battery and were now wired to the main alarm system. Regular fire audits were conducted in the centre, which indicated that there was a problem with fire doors in the kitchen. The provider had a plan to address this in the coming weeks and the person in charge had updated risk assessments to ensure a safe evacuation of the centre until the fire doors could be replaced.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place for all residents and residents were supported to enjoy an active life. Their health care needs were assessed, monitored and reviewed on a regular basis. Part of this included an annual review where residents and their representatives attended. A sample of one of these records, provided a review of the residents needs, goals and aspirations. Residents were supported to develop goals and some were increasing independent living skills

Judgment: Compliant

Regulation 6: Health care

Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. This included access to GP services, physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from a clinic nurse specialist and a psychiatrist.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident met said they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents' rights were protected in the centre. This included a rights protection audit for each resident to review and consider if residents' rights were impacted in the centre. From this action plans could be put in place to address this. This meant that part of the service provided reviewed residents' rights in the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Farraige OSV-0005649

Inspection ID: MON-0030796

Date of inspection: 17/02/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Plan for one resident in relation to COVID-19 has been updated to include all the supports in place for this resident. 6.3.2021	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	06/03/2021