



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

Issued by the Chief Inspector

Name of designated centre:	The Coach House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	18 January 2024
Centre ID:	OSV-0008538
Fieldwork ID:	MON-0040446

About the designated centre

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

The Coach House provides a semi-independent residential service for male and female adults over the age of 18 years with intellectual disabilities, autistic spectrum disorder and, or acquired brain injuries. They may also have mental health difficulties. Residents are supported by a team of direct support workers who are led by the person in charge. Residents also have access to the following in-house and community-based professionals if required: Nursing, Psychologist, Occupational Therapist, Physiotherapist, Speech and Language Therapist, Positive Behaviour Support Specialist and Consultant Psychiatrist. The Coach House is close to all amenities, such as shops, restaurants, post office and pharmacy. The Coach House is accessible by regular public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 18 January 2024	10:20hrs to 16:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor ongoing compliance with the regulations. This designated centre was first registered in June 2023 as a semi-independent living house for a maximum of four residents. This was the first inspection of this designated centre since it was registered, and two residents lived there at the time of the inspection. Overall, the inspector found that the service was well run, and all residents had been supported to transition safely to The Coach House and were very happy living there.

On arrival at the centre, the inspector was greeted by a resident who checked their photographic identification and asked them to sign into the visitor's book. Another resident had already left the centre to attend their day service. As well as meeting with the residents, the inspector got the opportunity to meet with the person in charge, the assistant director of services and one agency staff member.

One of the residents chatted to the inspector as they had coffee together. The resident greeted the inspector warmly and spoke about their move to the centre. They spoke about their day-to-day life, their family, their travels and their hobbies. They said that they loved their new home. The resident spoke of their hobbies and things they like to do and told the inspector they were due to get a bus to go out for the day.

The resident further went on to say, " I love it, it's amazing", and that it was "A great relief" to live in a house where they could rely on staff support when needed but also have their own independence. The resident said they had never lived in a residential house before and had moved into the house from their family home. The resident told the inspector they had moved into the house first in July 2023, followed by their housemate in September. The residents did not know each other prior to the move to their new home, but they had opportunities to meet and get to know each other before the second resident moved in. The resident told the inspector that they enjoyed living with their peer. They communicated that they had no concerns and if they had any concerns they could speak to staff.

Residents spoke about their involvement in their local community and about the amenities that they visited in the local town. Residents enjoyed going to the cinema, local restaurants, visiting the organisation's head office and going for local hikes. Residents who did not originally live in this area were supported in maintaining contacts in their previous location by attending their day place in the previous location. Where relevant, residents were supported in learning to use the public bus independently and could choose to do this if they wished. Transport was available at the house if residents chose to use this option.

The inspector carried out a walk-through of the designated centre accompanied by the person in charge. As noted, the centre is a detached two-storey house consisting of a kitchen combined dining and sitting room, four resident bedrooms,

one en-suite, and a separate second small sitting room. The inspector found the premises was presented in a homely manner and was well maintained. Residents were observed having free access around their home and were observed going to the kitchen to get their own drinks.

The provider supported the staff team to undertake training in human rights. The person in charge noted that the residents were actively involved in decisions about the care and the running of their home. For example, each resident had a transition plan to support them with the move to their new home and was involved in the consultation of new admissions to the centre. There were examples of social stores and visual aids being utilised to support residents if required. For example, the provider had developed social stories regarding the transition period of moving into the centre from the residents' home settings where required. The resident had reviewed the social stories and had signed the stories after reviewing them.

Residents were supported to keep in touch with family, and on review of the residents' personal plans, visits from family and visits home were regular occurrences. Residents also kept in contact with family and friends on a daily basis through video calls and texts.

The model of residential service provided in this centre is a person-centred model that focuses on residents' strengths and abilities. The inspector found each resident was afforded the opportunity to develop a valued social role within their community and to develop greater levels of independence. The inspector noted some small improvements were required in the induction process for agency and relief staff, fire drills and the report writing elements of some care records in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The designated centre was registered in June 2023, and this was the first inspection of the designated centre. The inspector found there was a defined management structure in place that ensured that the service provided was safe, consistent, and appropriate to residents' needs. On the day of the inspection, there were appropriate staffing arrangements in place to meet the assessed needs of the residents. This inspection found that the management systems in place in Coach House ensured that the service was well governed and monitored.

The centre management structure consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person in charge reported to an assistant director, who then reported to the director of services, who was also a person participating in the management (PPIM) of the centre. The person in charge was responsible for one other designated centre and had a team leader in

place to support them in their role. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The centre was being audited in line with the regulations, for example; a six monthly unannounced quality and safety review had been completed in December 2023. While the centre was not yet due for an annual review, developed processes were in place for this legal requirement. Management were aware of the requirement to collate feedback from residents and their representatives for the annual review of the centre for 2023.

The inspector reviewed a sample of the rosters and found that there was an established staff team in place, which ensured continuity of care and support to the residents. From a review of staffing rosters, it was demonstrable that appropriate staffing levels were in place to meet the assessed needs of the residents.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including fire safety and safeguarding. This meant the staff team had up-to-date knowledge and skills to support the residents. The inspector also found that staff team meetings were held regularly. The review of a sample of minutes showed that the meetings were utilised to share information, enhancing staff members' knowledge and approach. Staff supervision was taking place along with staff meetings. This was an opportunity for staff to raise concerns about the quality of care provided and review any further training they may need.

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had the necessary management training and experience as required under the regulations. They commenced their role in July 2023 and were responsible for one other designated centre. They were directly supported in their role by an experienced team leader.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in place at the time of the inspection to meet the needs of the residents. The staffing arrangements were in line with the statement of purpose for the centre.

The centre had a whole-time equivalent of four staff members; this staffing level was under review as more residents transitioned into the centre. The centre had one vacancy since December 2023, which sometimes necessitated the need to use some relief and agency staff. The inspector was informed that this vacancy had since been

recruited, and the staff member was due to commence their induction into the service.

Actual and planned rosters were maintained by the person in charge, amendments were required to the actual rosters to ensure they clearly reflected the hours worked by staff. These amendments were made during the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained by the human resource department on an internal database, of which hard copies of the records were available for review on inspection. New staff were required to complete both in-house training and online training, which included adult safeguarding and protection, children's first, fire safety, manual handling, infection prevention and control, feeding, eating, drinking and swallowing (FEDS).

The provider also provided supplementary training tailored to the support needs of the residents. This training covered the professional management of complex behaviour, safe medicine administration, autism training, and positive behaviour support. In addition, the provider encouraged its staff to consider personal and professional development that could be supported by the organisation. Staff could formally discuss further training and development needs during staff supervision meetings and probationary reviews. The schedule of supervision was increasing from four times a year to every month, and supervision was delivered by supervisors who were appropriately trained and experienced to provide supervision.

A comprehensive staff induction was in place for new staff working in the centre to introduce them to the organisation's procedures and operations and also to get to know the residents. The induction included formal training, role clarity, company rules, health & safety, risk management and familiarisation with the work environment. The inspector identified that some improvement was needed for the induction of non-permanent staff due to the nature of the low working requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre, which ensured that residents received a service that met their assessed needs.

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care. The provider and local management team carried out a suite of audits, including unannounced visit reports and audits on health and safety, residents' finances, personal plans and medicines.

A number of other audits were conducted to review the quality and safety of care in the centre on a more regular basis. The assistant director of services met with the person in charge monthly and reviewed several areas as part of ongoing quality improvement. For example, in September 2023, this included checking staff meetings, supervisions, residents' meetings, notifications, the risk register, fire drills, and restrictive practices. Any areas identified for improvement were tracked in a corrective action report.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were supported in moving to the centre through an individual transition plan. The transition planning also included a compatibility review of residents, which helped to promote residents' safety and wellbeing. Residents were also consulted about each about potential new residents moving in.

Residents spoke positively about their move to the centre. They spoke about how they picked their individual bedrooms and about how they brought personal belongings to their new home as they chose.

The inspector found clear criteria for admission to the designated centre, as laid out in the centre's statement of purpose, had been used for assessing all referrals for consideration for transition into the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that incidents were notified in the required format and within the specified time frames. Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Judgment: Compliant

Quality and safety

The inspector found that through effective governance arrangements, staff support, and admission procedures, the centre met the service aim of providing a semi-independent residential service where residents' independence was promoted. Residents were supported in transitioning to the centre in a safe and planned manner. Residents were complimentary of the centre and the support provided to them. This demonstrated how good governance and management arrangements helped to ensure effective and safe care for residents at times of major life changes.

The centre is located in a small village in north Co.Dublin within walking distance to a larger town. The location also had good transport links with a bus stop close to the house. The inspector spoke to one resident before they left the house to travel independently on the bus. The resident told the inspector they really liked the centre's location and how easy it was to reach their place of work, family and day service. They could look up the bus times on their mobile phone and plan their trips around the arrival and departure times.

Systems were in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers. There was evidence of regular fire evacuation drills taking place in the centre, including night-time drills. A personal emergency evacuation plan (PEEP) had been developed for each resident to guide staff in the effective evacuation of the centre if needed. As previously mentioned, improvement was required in fire drills being carried out to demonstrate they reflected all scenarios within the centre.

The inspector reviewed the residents' personal files. Residents had a comprehensive assessment which identified the resident's health, social and personal needs. Following the assessment of need, there were personal plans in place for residents, for example, in the area of decision-making and transitions. This was to support staff in understanding what supports a resident may require, what their preferences were, and how best to communicate with them to promote understanding for the resident.

Residents were supported to experience the best possible mental health and, where required, had access to behavioural and psychological support. The restrictive practices that were in place had been introduced to support the privacy and maintain the safety of residents. Restrictive practices included some of the residents' finances and medicines being stored in the office and a locked cabinet.

Regulation 13: General welfare and development

The inspector found the centre promoted social inclusion and integration by

supporting residents to access circles of support, social groups, and recreational activities within the local and wider communities. This development pathway of care model in this centre offered semi-independent living to residents and ultimately supported community living.

Where desired, residents had access to day services and were supported to participate in recreational activities of their choosing and pursue hobbies of interest. These included activities that residents previously enjoyed prior to moving to the centre. In addition, some residents had commenced new activities since their move to the area. Residents took part in employment and volunteer work in line with their wishes and preferences. Residents were supported in maintaining links with their families, friends, and the wider community since their move to the Coach House. This included regular visits to family members, involvement in community groups and establishing links within their new neighbourhood.

Judgment: Compliant

Regulation 17: Premises

There are four individual bedrooms in the house, one of which has an ensuite. There is also a bathroom on the first floor. There is a combined kitchen, dining and living room. Residents were encouraged to get involved with the preparation of meals and snacks. There is also a separate sitting room at the front of the house should residents wish to entertain in a private space.

A garden is located at the rear of the house, which had since been fenced in and cleared of debris since the site visit of this centre in May 2023. The centre's statement of purpose referenced that the garden would be used to accommodate projects that would engage residents in outdoor activities such as gardening and relaxation. The inspector was informed that the service was initially planning to remove an old glasshouse from the garden, but a resident requested it stay in order to grow vegetables. Plans to renovate and repair a few broken glass panels had been made and were underway at the time of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There was adequate firefighting equipment in place, including a fire alarm, fire doors, fire extinguishers, and emergency lighting. Equipment was being serviced as required. Staff completed as required checks on all fire equipment in the centre to ensure that the alarm was working, fire doors were closing, and emergency lights

were working.

Fire drills were being conducted as required to ensure that residents and staff could evacuate the centre in a timely manner. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place and some of the residents spoken with were aware of how they should exit the building in the event of a fire. However, fire drills carried out in the centre did not assess the situation when a resident was alone in the centre, as all drills had been conducted with staff involved in the drill.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which set out their care requirements and also how they preferred to have their care provided. The person in charge had ensured that residents' health, personal and social care needs had been assessed.

Residents were receiving care which was person-centred and tailored to meet their assessed needs. The inspector also found good oversight of the personal planning process from senior management as part of the governance review of the centre.

Judgment: Compliant

Regulation 6: Health care

As per the statement of purpose, residents had access to healthcare professionals and services as appropriate to their needs. For example, a positive behaviour support therapist to support them around behaviours that may cause distress.

Residents' health care needs were well supported. Support plans were in place to guide practice and outline the care and support residents required. Staff were knowledgeable about these supports and kept daily records in relation to residents' health care needs as required. These plans were being reviewed to ensure that the care provided was effective.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had a restrictive practice register containing relevant

information. This was reviewed monthly as part of monthly audits by the person in charge and senior management. In the event of a restrictive practice being required, the provider had a rights review committee in place. Members of the provider's senior management team and persons in charge formed the committee. This committee was tasked with reviewing and assessing restrictive practices employed in all of the provider's services.

Additionally, the staff team had training in positive behaviour supports. This was to help guide them in how best to support residents when they may be experiencing times of distress.

Assessments for both administrations of medicines and finances had been completed with social stories in place and signed by the resident and family.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had systems in place to ensure that residents' rights were being protected. The restrictive practice committee in the organisation reviewed restrictive practices to ensure that they were necessary to support the residents. Residents were supported to make decisions about their own care and day-to-day activities through positive risk-taking, allowing them to lead active and fulfilling lives.

Staff also completed training in applying a human rights-based approach in social care as well as updating themselves on the newly enacted Assisted Decision-Making (Capacity) Act (2015) (as amended). The purpose of which was to support decision-making and maximise a person's capacity to make decisions.

On the review of handover reports, improvement was required to ensure they also aligned with the report writing standards of other documentation in the centre to ensure that residents' choices and decisions were promoted and supported.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Coach House OSV-0008538

Inspection ID: MON-0040446

Date of inspection: 18/01/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Embrace supports the introduction of new staff to each service through a robust process of Induction. This formalised process includes the Person in Charge or Team Leader meeting with the new employee in the service on pre-agreed days to complete an Induction comprising of all area's of service delivery. In January 2024, the Induction Process was reviewed and a new comprehensive Induction Booklet was introduced to service in February 2024. The new Induction Booklet provides guidance to new staff in all area's such as Fire Safety Procedures, Fire Walkthrough, Policies, Residents and House Finances, Safe Medication Procedures, Risk Assessments and Care Plans, Person Centred Planning, Ordering Medications, Maintenance, Reporting Structures, Records and EpicCare, Incident Report Writing etc. Further review of non-permanent staff members working in the centre was reviewed and this will not be facilitated in future. Instruction disseminated that, due to the lone working nature of the centre, only contracted Embrace Staff can work in the house.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>As outlined in the report, on occasion a resident may independently access the center as they do not require full staff support at all times. In order to ensure that they can evacuate safely, efficiently and effectively, they engaged in a fire drill where staff were not present. This evacuation occurred on 26/1/24 and was deemed to be successful. The resident will participate in a scheduled annual lone/unsupported fire evacuation. This guidance has been circulated to all centers in the organisation through PIC meetings as learning outcomes from Inspections.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>PIC met with staff team on 24/1/24 and 7/2/24 to provide feedback from Inspection.</p>	

This feedback included instructions on using Person First and Person Centered language in all necessary reports pertaining to the service and residents. Feedback was also circulated within the organisation through the PIC meeting. On going monitoring of report writing to continue.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/02/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	26/01/2024
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, professional	Substantially Compliant	Yellow	07/02/2024

	consultations and personal information.			
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