

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

Issued by the Chief Inspector

Name of designated centre:	Cois Locha Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	10 November 2022 and 30 November 2022
Centre ID:	OSV-0001773
Fieldwork ID:	MON-0034936

About the designated centre

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

Cois Locha provides a residential services to four adults. The service supports both male and female individuals with intellectual disabilities that present with associated complex needs such as physical and sensory disabilities and consequently have high support needs. The centre is a single-storey house on the outskirts of a rural village. All residents in the centre have their own bedrooms. The physical design of the building suits the needs of residents and there is suitable equipment available to support individuals with physical disabilities. Residents are supported by a staff team that includes the person in charge, social care workers and social care assistants. Staff are based in the centre when residents are present and there are both waking and sleep-in staff on duty at night to support residents.

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 (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 10 November 2022	11:00hrs to 11:30hrs	Jackie Warren	Lead
Wednesday 30 November 2022	10:20hrs to 16:10hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. The inspection was carried out over two days as to the centre was not accessible on one day due to prior arrangements and plans of residents and the person in charge.

As part of this inspection, the inspector met with the person in charge and staff on duty, and also viewed a range of documentation and processes. The inspector also met briefly with the residents who lived in the centre.

Residents who lived in this centre had a good quality of life, had choices in their daily lives, were well supported with their healthcare needs, and were involved in activities that they enjoyed. The residents lived in a comfortable, home-like environment. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Residents had choice around attending day services at external locations or in the centre. Some residents preferred to attend external day services on weekdays, while others preferred a combination of external services and home based days. These preferences were being accommodated.

All four residents who lived in this centre, were attending day service on the day of inspection, but they met briefly with the inspector when they returned in the afternoon. These residents did not have the verbal capacity to speak with the inspector or to discuss living there. However, the inspector observed the interaction between staff and residents. Staff were observed welcoming residents warmly on their return from their day activities. Staff talked about what residents liked to do in the evenings and explained how they would support these wishes. For example one resident was tired after being busy for the day and liked to rest on return to the centre, while staff were going to assist another resident to carry out stretching exercises.

Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, concerts, holidays, cinema, beauty treatments and visits with their families.

It was also clear that staff understood residents' communication needs and were able to communicate effectively with them. Residents were being supported and assessed by a speech and language therapist and techniques such as talking tiles were in use in the centre.

The centre was laid out and equipped to meet their specific needs of the residents who lived there. The centre had recently been refurbished to increase the levels of comfort and safety for residents. Suitable facilities, furniture and equipment were

provided to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space for residents, a well-equipped kitchen, separate laundry and utility areas, and sufficient bathrooms. All residents had their own bedrooms, which were comfortably decorated, suitably furnished and equipped, and personalised. Colour schemes and decor were varied and had been chosen by residents and their families in line with each person's preferences.

The provider and person in charge were very focused on ensuring that the house was safe and accessible for residents. Several structures and facilities had been adapted to suit the specific need of the residents and to increase the accessibility, comfort and safety of the building. During the recent refurbishment, overhead hoists had been fitted in bedrooms and bathrooms, floor covering had been replaced to create a smooth, even surface through most of the building which provided safer and more comfortable wheelchair access, and bedrooms, communal areas and the kitchen had been tastefully redecorated. A new dining table had been designed and made to accommodate each resident's individualised seating plan. Therefore, all residents could remain in their own personal seating to sit at the table. The controls on a food mixer in the kitchen had also been adapted so make it's use more accessible to residents.

Bathrooms in the centre were equipped with sanitary facilities that suited the needs of residents, such as accessible showers and a shower bed. All bedrooms in the centre were accessible, and were structured for ease of evacuation in the event of an emergency. All bedrooms had doors which could accommodate bed evacuations.

Transport was available so that residents could go out for drives, appointments, family visits and to visit local amenities that they enjoyed. The centre had two vehicles which ensured that residents could take part in individualised activities of their choice.

Overall, it was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These

arrangements ensured that a good quality and safe service was provided to the residents. Good governance arrangements were evident during the inspection.

There was a clear organisational structure in place to manage the service. The person in charge was based in the centre, worked closely with staff and with the wider management team. Throughout the inspection the person in charge was very knowledgeable regarding the individual needs of each resident. There were arrangements to support staff when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents who lived there. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport for residents to use, access to Wi-Fi and televisions, and adequate staffing levels to support residents' preferences and assessed needs. A range of healthcare services, including speech and language therapy, physiotherapy, and occupational therapy staff were available to support residents as required. Since the previous inspection of the centre in May 2021, the provider had carried out significant physical improvements to the centre.

There were strong systems in place for reviewing and monitoring the service to ensure that a high standard of safety and care was being provided and maintained. Unannounced audits of the service were being carried out on behalf of the provider. These were being carried out twice per year. These audits identified any areas where improvement was required, and action plans were developed to address these issues. The person in charge also carried out a range of audits, which included audits of medication management, finance, health and safety, incidents and infection prevention and control. Audit records showed a good level of compliance and any identified issues were being promptly addressed. The person in charge also carried out a comprehensive annual review of the service which met the requirements of the regulations.

Records viewed during the inspection, such as, healthcare and personal planning records, were informative and up to date. The provider had agreed in writing with each resident, the terms on which that resident shall reside in the designated centre, and these agreements had been signed to confirm agreement with these arrangements. The provider had also developed a directory of residents which included the required information relating to each resident who lived in the centre.

Policies required by schedule 5 of the regulations were available to guide staff and were up to date, in addition to other policies that were relevant to the care of residents.

There was limited use of volunteers in the centre. However, arrangements were in place which ensured that any volunteers who worked with residents in the centre were being managed and supervised in line with the requirements of the regulations and the organisation's policy.

The person in charge was aware of the requirement to report certain events, and quarterly notifications, to the Chief Inspector of Social Services within specified time frames, and these notifications had been submitted as required. The person in

charge and management team were also aware of the requirement to report information relating to absences of the person in charge.

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of the resident.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required by the regulations were maintained in a clear and orderly fashion and were kept up to date.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 30: Volunteers

Arrangements were in place which ensured that volunteers were being managed and supervised in line with the requirements of the regulations and the organisation's policy.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to report certain events to the Chief Inspector within specified time frames, and these notifications had been submitted as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of absence of a person in charge, and suitable notification had been made as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred support and a good level of healthcare. There were measures in place to ensure that the wellbeing of residents was promoted and that residents' general welfare, and social and leisure interests were well supported. Residents received person-centred care that enabled them to be involved in activities that they enjoyed. However, to ensure the ongoing safety of individuals in the centre, a risk relating to safe evacuation from a part of the centre required review.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable, well maintained and free from clutter. Since the last inspection of the centre, major upgrade and redecoration of the centre had taken place and this work had been completed to a very high standard. Communal rooms were tastefully decorated with pictures and photos, a high standard of furniture and soft furnishing, art and light fittings, and the kitchen was well equipped and bright. Flooring had also been replaced to provide smooth seamless surfaces which improved accessibility for wheelchair users.

All residents had their own bedrooms, all of which were comfortable and personalised. There were adequate bathrooms in the centre to meet the needs of residents. Bathrooms were spacious, accessible and well-equipped. Bathroom walls were tiled and floors were finished with impervious materials, which could be easily cleaned. Since the last inspection of the centre, all bedrooms and bathrooms had been fitted with tracking hoists to increase the comfort and safety of residents.

Residents were supported to take part in a range of social and developmental activities both at the centre, at day care services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. The centre was a large detached house in a rural area on the outskirts of a busy town. The location of the centre enabled residents to visit the facilities and leisure amenities in the area. Transport and staff support was available to ensure that these could be freely accessed by residents. Some of the activities that residents enjoyed included outings

to local places of interest, going to concerts and dances, bowling, visiting families, baking, using personal computer pads, cinema and music. The residents also liked personal treatments such as going to the hairdresser and barber, and having massages and foot spas. The staffing levels in the centre ensured that each resident could be supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

Information was supplied to residents both through suitable communication methods, through interaction with staff and there was also a written guide for residents which was presented in an easy-to-read format.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, suitably recorded and readily accessible. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and guidance on the management of any assessed care needs was recorded to guide staff. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues. All residents had access to a general practitioner of their choice, as well as to a range of healthcare professionals as required.

Residents' nutritional needs were well met. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences. Residents' weights were being monitored and support from dieticians and speech and language therapists was available as required.

The provider had arrangements in place to safeguard residents from any form of harm. These arrangements included completion of a range of risk assessments, access to designated safeguarding officers in the organisation, information to support residents and their representatives, up-to-date policies to guide practice and safeguarding training for all staff. Although there were no residents in the centre who required behaviour support, the provider had suitable measures in place for the support and management of behaviour that challenges should this be required. These included an up-to-date policy, and access to appropriate professional support if required. In addition, staff had completed training in managing behaviours of concern.

While risk management was not examined in full at this inspection, there was evidence of systems in the place, which ensured that risks were identified, monitored and regularly reviewed. These included a risk management policy, a risk register for the centre and individualised risk for each resident. However, the risk around safe evacuation from a staff sanitary facility had not been assessed and included in the risk register.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services, and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service as stated in the statement of purpose. The centre was well maintained, clean, spacious, and comfortably decorated and furnished, and suited the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Suitable foods were provided to cater for residents' preferences and assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in communication formats that suited residents' needs, about staff on duty each day, residents' rights, how to make complaints, and local events and activities. There was also a residents' guide that met the requirements of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no residents in the centre who required behaviour support. However, the provider had suitable measures in place for the support and management of behaviour that challenges should this be required.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in the centre, which ensured that risks were identified, monitored and regularly reviewed. However, a risk around safe evacuation from a staff sanitary facility had not been assessed and included in the risk register.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Cois Locha Residential Service OSV-0001773

Inspection ID: MON-0034936

Date of inspection: 10/11/2022 and 30/11/2022

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none">• The Health & Safety Officer was consulted with on 16/12/22 with regards to the action outlined in the report.• A Risk Assessment for safe evacuation of staff using the sanitary facility located beside the utility area was completed with proactive steps identified to alleviate the risk.• Alternative sanitary facilities are available in the house and will be used by staff/visitors if the appliance in the utility area is in active use.• This is now included in the risk register for the service, all staff have been informed and a reminder sign has been put in place.	

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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	19/12/2022