Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	10 October 2023
Centre ID:	OSV-0003857
Fieldwork ID:	MON-0032688

About the designated centre

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

The designated centre comprises two detached houses based on the outskirts of a large town. In one house a residential and respite / short breaks service was provided. Only a respite / short breaks service was provided in the other house. The centre was registered to accommodate 11 adults with an intellectual disability at any one time. Six residents could stay in one house and five in the other. Four residents lived in the house that could accommodate six residents. This house remained open all year. The respite service in the other house operated four nights a week (Monday to Thursday), 48 weeks a year.

In both houses residents had access to a kitchen and dining room, sitting room, conservatory / sun room, and utility room. All six bedrooms in one house were single-occupancy and had an ensuite bathroom. In the other house there was one communal bathroom downstairs and one upstairs. This house had three single-occupancy bedrooms and one twin room. According to the centre's statement of purpose, residents only shared a room if happy to do so. There was one staff sleepover bedroom in each house. The centre was staffed at all times that residents were present.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 10 October 2023	09:10hrs to 18:10hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The designated centre comprises two detached houses based on the outskirts of a large town. In one house a full-time residential and respite / short breaks service was provided. Only a respite service was provided in the other house. The centre was registered to accommodate 11 adults with an intellectual disability at any one time. Six residents could stay in one house and five in the other.

It was explained to the inspector that there were a number of respite arrangements in this centre and that some residents may access respite in both houses. This was due in part to the fact that the house that provided a respite service only was open four nights a week (Monday to Thursday), while the other house, where residents lived, was open seven nights a week. There was reference made to a previous proposed plan to provide a respite service in one house only, however management advised that this was currently on hold. The inspector was told that at the time of this inspection 19 residents accessed respite services in the centre.

This was an announced inspection that began in the house that could accommodate six residents. There were three downstairs, and three upstairs bedrooms in this house. All bedrooms had an ensuite bathroom. Residents also had access to a conservatory area, kitchen, and sitting room. Four residents lived in this house on a full-time basis. When the inspector arrived they met one full-time resident as they brought in the bins that had been put out for collection. The inspector introduced themselves and spoke briefly with this resident. The inspector was then welcomed to the centre by the person in charge. At this time, five residents were leaving the centre to attend their day services, including two respite residents who had stayed the night before. At this time there was only time for a brief greeting but the inspector had an opportunity to speak with some of the residents who lived in the house later that afternoon, as well as one of the residents accessing respite services that night. The social care leader returned to the centre after they dropped residents to the centre. They and the person in charge facilitated this inspection.

Shortly after they arrived in the centre, the inspector spoke with another resident who was living in the centre. They did not attend a day service and had therefore remained in the house that morning. This resident had lived in another designated centre operated by the provider prior to the COVID-19 pandemic. Due to staffing challenges that centre had temporarily closed resulting in the resident's move to this centre. This resident still wished to return to the centre that they considered their home. That centre had reopened but was not yet operating seven days a week. This resident stayed there one weekend a month. The resident did not raise this topic when speaking with the inspector, instead choosing to speak about people that they knew and family members. As this resident did not attend a day service, it was explained to the inspector that instead they were supported to engage in activities of their choice with the support of residential staff. They went out with staff support later that morning.

There was another resident living in this house who had also moved because of the closure of the same centre. In contrast, the inspector was informed that this resident wished to remain in the current centre as it was closer to their relatives. When asked, management advised that it was not known if this resident would remain living in this centre, or when the other resident would return to where they wished to live. This will be referenced later in this report in the context of residents' rights.

Following their return from day services that afternoon, the inspector spent more time with the residents in this house. One resident chose to show the inspector their bedroom. This had been personalised to reflect their interests. Photographs of the resident participating in their favourite sports and medals won were on display. The inspector was told that the resident enjoyed participating in a range of sports and enjoyed being kept busy. A resident accessing respite in the centre that night also chatted with the inspector. They appeared very at ease and seemed to know their surroundings well.

Later in the inspection, the inspector spent some time in the second house where a respite service was provided. This house had a large sitting room, a kitchen, dining room and conservatory. There were four upstairs bedrooms for residents and two communal bathrooms, one upstairs, one downstairs. There were four residents staying in the centre on the day of this inspection. Although five residents could stay in this centre, management advised that no more than four had stayed at any one time since the COVID-19 pandemic. All four residents had attended day services or work that day. Some residents spoke with the inspector about their day and what they had been doing. Two residents were due to go to Dublin the following morning and were looking forward to this trip. One resident gave the inspector a tour of the house, showing them various rooms, including the bedroom where they were staying. This was a twin room. The resident told the inspector that had previously shared this room with a friend but preferred to have the room to themselves. Another resident also showed the inspector their bedroom and told them that they were very happy with their room, and enjoyed staying in the centre. However, they did express that they would like a carpet on the stairs as they found it very noisy and at times had trouble sleeping.

When walking around both premises, it was noted that they were decorated in a homely style. Comfortable furniture was provided and was noted to be in good condition. Residents had access to televisions and radios in line with their wishes and interests. The bedrooms of those living in the centre were personalised. Some bedrooms were fitted with equipment to aid transfers if required. It was noted that some residents' belongings continued to be stored in respite bedrooms although the residents were not staying in the centre at the time. As was the case when the centre was last inspected on behalf of the Chief Inspector of Social Services (the chief inspector) in July 2022, painting was required throughout the centre. Management advised that this was scheduled and would be completed before the end of the year. The inspector also noted some areas and items that required additional cleaning. These included window frames and doors, drawers and other furniture in respite bedrooms, a laundry basket, and grouting, tiling and shower areas in some bathrooms. The mattress in one bedroom was visibly stained. Mould

was also observed inside the washing machine in one house and rusted fittings were seen in a number of bathrooms. Maintenance was also required in some areas such as flooring, and the kitchen units in one house. The damaged surfaces observed in these areas would prevent them from being effectively cleaned. It was also noted that some fire doors in both houses did not close fully as required. Fire precautions will be discussed further in the 'Quality and Safety' section of this report.

As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. Two completed questionnaires were returned to the inspector. Both respondents were very positive about the centre, with one repeatedly saying that there was nothing that they would change. There was reference to the house they lived in being homely, and other positive comments regarding their bedroom, and the outside area. One respondent made repeated references to the choices they make everyday and also mentioned that they liked attending house meetings. A number of activities were also included in the questionnaires with respondents mentioning that they enjoyed baking, cooking, art, swimming, going for walks, to the pub, to local matches, on daytrips, to bingo, and to concerts. Staff were praised in both questionnaires and described as very kind, supportive, dedicated, helpful, friendly, and easy to communicate with.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at staff training records and the provider's policies in areas identified in Schedule 5 of the regulations. Medication management practices in the centre were reviewed and were identified as requiring significant improvement. The inspector also looked at a sample of residents' individual files. These included residents' assessments and plans. These plans included personal development plans, healthcare and other support plans. The findings from these reviews will be outlined in more detail in the remainder of this report.

The next two sections of the report present 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 service being delivered to each resident living in the centre.

Capacity and capability

Although there was evidence of good leadership and local management were responsive to issues raised on the day of the inspection, improvements were required to ensure that there was sufficient oversight of the services provided at all times in the centre and to ensure that there were effective arrangements in place to

ensure that staff were suitably supervised, and to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents. The implementation of action plans within the stated timelines also required improvement.

There was a clear reporting structure in the centre. Care assistants reported to social care workers, who reported to the social care leader. They reported to the person in charge, who in turn reported to the director of services. There had been changes to the management arrangements in the centre since the last inspection in July 2022. The current person in charge was appointed in January 2023 and was employed on a full-time basis. Originally they worked in this centre only but this had changed in the weeks leading up to this inspection. Following the return of the social care leader from a period of extended leave, the person in charge now allocated 30% of their working week to this centre. This time was fully supernumerary. The social care leader also had 12 supernumerary hours, and provided direct support to residents in both houses, each week. The former person participating in management of the centre was no longer in this role and had not been replaced. There were further management changes planned in the months following this inspection.

Management advised that the same staff team worked in both houses in the centre. The house that could accommodate six residents was staffed at all times as one resident who lived there did not attend a day service. The other house, which opened from Monday afternoon to Friday morning was not staffed during the day as those who accessed respite services there attended a day service. There was a one sleepover staff in both houses by night who worked until 09:30 the following morning. In the evenings and at weekends there were two to three staff on duty. One weekend a month, due to the assessed needs of those who accessed respite at that time, there were two sleepover staff on duty in one house. The inspector was also told that once every three weeks there was a waking staff by night to accommodate the assessed needs of one resident.

Only one staff meeting had taken place in the previous nine months. Members of the management team advised that as they worked in both houses in the centre they regularly met with the staff team. However, as some staff only worked in the centre at weekends and the management team did not work in the centre at these times, these arrangements limited their opportunities for management supervision and support, and to raise concerns about the quality and safety of the care and support provided to residents. At times when they made queries, the inspector was advised that staff who worked certain weekends in the centre would have the required information. These responses did not provide assurance that the management arrangements in place ensured oversight of the service provided at all times in the centre.

The provider had completed an annual review and twice per year unannounced visits to the centre, as required by the regulations. The most recent annual review covered the time period from August 2022 to August 2023 and involved consultation with residents and their representatives, as is required by the regulations. Although this review included action plans, no actions had been generated from the

consultation with residents or their representatives, despite this feedback highlighting areas where improvements were required. The inspector followed up on the issues raised and was assured by management that these had been addressed. It was an action in the annual review that all residents be provided with information required to access an external advocate. As will be referenced later when discussing residents' rights, this had not progressed at the time of this inspection.

An unannounced visit had taken place in December 2022 and again in June 2023. The purpose of these visits is to review the quality and safety of care provided in the centre. The inspector read the reports written regarding these visits. There was evidence that some, but not all, actions to address areas requiring improvement were being progressed or had been completed. It was noted that some actions were repeated in the subsequent report as they had not been sufficiently addressed. Some actions were also consistent with the findings of this report, for example, ensuring that healthcare management plans were revised and updated, and the need to address maintenance issues in the centre.

During the July 2022 inspection completed on behalf of the chief inspector, one resident informed an inspector that they would be back in their home (another designated centre that had temporarily closed during the COVID-19 pandemic) by Christmas 2022. As outlined in the opening section of this report, this resident continued to live in this centre. The inspector noted that it was stated in the annual review that this resident would return by the end of 2023. When asked if there was a timeline for this resident's permanent return, management advised that there had never been a definite plan, and this continued to be the case. The inspector asked about communication between the provider and this resident regarding this matter, and also with the other resident who now wished to stay living in this centre. Despite it being an action in both six-monthly visit reports, management advised that neither resident had been updated on their future living arrangements.

It was noted that medication management audits were completed regularly in the centre. As will be outlined in the next section of this report, a number of areas requiring improvement in the area of medication management were identified during this inspection that had not been identified through these audits.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The provider had paid the annual fee referenced in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and held the necessary skills and qualifications to carry out this role in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing in the centre was provided in line with the staffing as outlined in the statement of purpose. There was one vacancy at the time of this inspection and recruitment was already underway. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence of good oversight and planning regarding staff training needs in the centre. Staff working in both houses had recently completed the training identified as mandatory in the regulations. Due to the assessed needs of the residents who stayed in the centre, staff had also completed training in epilepsy management, including the administration of emergency medicines.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was a contract of insurance against injury to residents in place, as is required by this regulation.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure that the service provided was safe, consistent, and appropriate to residents' needs. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. However there was evidence that the action plans developed following these audits were not consistently implemented within the stated time frames. Staff meetings occurred infrequently in the centre. As a result of this and the work patterns of management and some staff, there were not effective arrangements in place to ensure that all staff were appropriately supervised and had opportunities to raise concerns about the quality and safety of the care and support provided to residents.

Improvements were required to ensure that the provider's medication management policy was consistently implemented. When reviewing the medication audits completed in the centre it was identified that despite it being stated on the document template, the storage of medicines in the centre was not reviewed. As referenced in the findings for Regulation 29, this area required significant improvement.

As referenced in Regulation 9: Residents' rights there was no evidence that the provider had ensured the residents affected were kept updated on their possible return to the designated centre where they lived previously.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had reviewed the written service agreements in place with each resident since the centre was last inspected on behalf of the chief inspector. One resident in the centre had two written agreements, one regarding their full-time residential service and the other regarding the respite service they accessed in the centre where they used to live. As referenced throughout this report, this resident wished to return to living in that centre. Their respite service agreement stated that they could stay in that centre 'as requested'. This was not accurate and required review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some revision was required to ensure that the information included was accurate and reflective of the current management arrangements, including the whole-time equivalent hours of the person in charge, and the full-time residential services provided in the designated centre. It was also identified that the emergency procedures outlined were not specific to this centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policies and procedures available in the centre. When reviewing these policies it was not always clear when some policies had been developed as at times only a review date was documented. It was identified that two policies had not been reviewed in the last three years, as is required by this regulation. It was also identified that the provider did not have a policy in place regarding the provision of information to residents, as required.

Judgment: Substantially compliant

Quality and safety

Residents appeared to enjoy spending time in this centre and led busy active lives. While there was evidence of consultation with residents regarding their day-to-day lives and opportunities to enjoy and further develop their independence, improvement was required in supporting residents' rights. There were issues regarding the storage of residents' belongings where they could be accessed by others and a lack of ongoing consultation with two residents regarding their living arrangements.

Residents had a wide range of interests and hobbies and were active members of their local community. At the time of this inspection one resident was looking forward to decorating the house for Halloween. A review of residents' goals demonstrated that they had been supported to engage in a wide variety of activities that were both enjoyable and meaningful to them. These included going out for coffees and meals, going to concerts, the pub, and attending local festivals and parades. Many residents had an interest in sports and as well as going to local GAA matches, they also participated in running, walking, horse riding, road bowling, swimming, and other sea sports. Some residents also had jobs and spoke with the

inspector about these.

Contact with friends and family was important to many of the residents in the centre and this was supported by the staff team. Management advised that typically those accessing the respite service did not have visitors but they were welcome in the centre. Many relatives chose to go out with their relatives rather than visit in the centre. Staff also supported residents to visit their family homes. Contact was also maintained through telephone and video calls.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime support plans. Although personal plans had been reviewed within the previous 12 months, it was identified that they were not always updated to reflect changes in circumstances, for example the death of a close relative, or identified challenges following a number of adverse incidents.

Residents who required one had a behaviour support plan in place. These plans outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. On review of these plans, it was found that some information was quite vague, for example, one referenced the importance of a consistent manner but it was not clear what this entailed. From speaking with staff, the inspector was assured that experienced staff had an awareness of what this meant. When discussing another resident's behaviour support plan, the same staff highlighted the importance of some routines to this resident and efforts made to ensure these were disrupted as little as possible. This key information was not outlined in their plan. Therefore while the inspector was assured that experienced staff had a good understanding of how best to support residents with these assessed needs, this information needed to be made available to ensure that all staff had up-to-date knowledge to respond to behaviour that is challenging and to support residents to manage their behaviour, as is required by the regulations.

Residents' healthcare needs were well met in the centre. Residents had an annual healthcare assessment. Where a healthcare need had been identified a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, medical practitioners including specialist consultants as required. There was also evidence of input from other health and social care professionals such as psychologists, physiotherapists, and social workers. A review was required to some plans to ensure that they remained relevant and up-to-date, for example, one resident had a healthcare plan for a medical issue in one eye that had been fully addressed, however the same condition was now presenting in their other eye and this was not reflected in the plan. Similar to the findings regarding behaviour support plans, although staff spoken with were clear, more information was required in an epilepsy management plan to ensure that clear guidance was available about when to call emergency services.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were personal to the residents and reflected their interests. There was evidence that these had been regularly reviewed and that progress was made. Management advised that they were looking at developing more focused goals for those who attended respite services in the centre.

The inspector reviewed the medication management processes in place in the centre. All residents required some support in the management and administration of their medicines. Medicines were stored in a secure drawer of a filing cabinet. It was identified by the inspector that there was no separate secure area for the storage of medicines that were out-of-date or to be returned, as is required by the regulations. The inspector reviewed a sample of medicines and other prescribed products stored in the centre. It was identified that a number of these were not labelled with the resident's name, as required by the provider's policy. The date opened was not noted for some products. This was also not in keeping with the provider's policy. For those that did have a date opened, it was identified that several should have been disposed by the time of this inspection. It was also identified that a medicine prescribed for pain relief, as needed, was not available in the centre.

The inspector was informed that there was no current prescription available for the majority of residents. Management were of the understanding that this was not required for residents who self-administered their medicines. This arrangement was not reflected in the provider's policy. On further discussion with members of the staff team, it was clarified that self-administration referred to residents' ability to take their own medicines but that staff still stored these medicines, provided them at the required times, and signed that they had been taken. Due to manual dexterity issues, one resident was unable to open the packaging of some medicines. To support them with this staff prepared their medicines and provided them in a medicine cup. In the provider's policy it stated that under no circumstances were staff to put medicines into a container for use by a resident who administers their own medicines. Staff acknowledged that they were not implementing the policy as outlined.

Instead of a prescription, a document had been prepared by a staff member which outlined current routine and PRN (taken as the need arises) medications. Staff therefore referenced these documents and administration records when providing residents with medicines for administration and on receipt of medicines into the centre. This created potential for error and was not in keeping with the provider's own policy. There was a prescription available for one resident who accessed respite services in the centre. This had been due for review in July 2023. The resident had stayed in the centre in September 2023. Management advised the inspector that this resident's next stay in the centre was later that week and it had been confirmed that they were bringing a new prescription with them.

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community. A number of residents had jobs in their local community.

Judgment: Compliant

Regulation 17: Premises

While the premises were accessible to the residents and decorated in homely manner, improvements were required regarding the level of cleanliness in the centre. Some areas and items were also identified as requiring maintenance, repair or replacement. Painting was scheduled to be completed in the coming months.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the guide prepared by the provider. It was found that, aside from the name of the management staff, it was not specific to the designated centre and the two models of residential service, respite and full-time, provided. The costs referenced in the guide were not accurate for all who stayed in the centre. Management committed to revising this.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Of the sample reviewed, each resident had a recent personal emergency evacuation plan (PEEP). As was found in the last inspection, some fire doors, in both houses, did not close fully. Some doors closed on some occasions but not others. As a result they may not serve as effective containment measures if required in the event of a fire. It was also noted that the door between the utility and laundry room, a high risk area for fire, in one house was not a fire door. This had also been queried in the last inspection. Management were not able to advise if this had been followed up in that time. Although procedures to be followed in the event of a fire were on display, they were not specific to the houses in this centre. When in one house, it was noted

that an electrical appliance was stored beside the boiler. This posed a fire safety risk.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Practices regarding the receipt, prescribing, storing, disposal and administration of medicines in the designated centre were not consistent with the provider's policy. It was noted that a current prescription was not available for all residents in the centre. A prescription that was available had not been reviewed within the timelines outlined in the provider's policy. Some medicines stored in the centre should have been disposed of by the time of this inspection. A number of medicines had not been labelled with the resident's name or the date they were opened, as required by the provider's policy. Not all medicines prescribed for pain relief, to be administered as needed, were in stock. There was no segregated, secure storage area for medicines that were out of date or to be returned to the pharmacy, as required by this regulation.

Documents in the centre indicated that a number of residents were involved in self-administering their medicines. They continued to receive staff support in a number of areas regarding medication management. On the day of this inspection staff acknowledged that they did not follow all guidance in the provider's policy regarding those who self-administered due to the assessed needs of one resident.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs had been completed for each resident. Each resident had a personal plan which was reviewed at least annually. An improvement was noted in the development and review of residents' personal development goals. Some plans required updating to reflect changes in circumstances and new developments.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to

health and social care professionals line with their assessed needs. Some improvement was required in documentation. This is reflected in the findings of Regulation 5.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one had a behaviour support plan in place. The plans reviewed by the inspector included preventative approaches to implement to reduce the likelihood of an incident occurring and guidance to follow if needed in the event of an incident. More information was required to ensure that all staff had access to up-to-date knowledge to support residents to manage their behaviour.

There was evidence of regular review of any restrictive practices used in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding concerns had been addressed in line with the provider's and national safeguarding policies. There was evidence of liaison with the local safeguarding and protection team, as appropriate, and the development of safeguarding plans. Actions, as outlined in safeguarding plans, were in place on the day of inspection. As referenced in Regulation 16, all staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The issue identified in the course of the last inspection whereby a utility bill was in a resident's name without their expressed consent had been resolved. House meetings took place regularly in the centre and it was clear from time spent in both houses that residents were encouraged and supported to make choices about their day-to-day lives.

In both houses, when in bedrooms where a respite service was provided, the inspector saw personal items belonging to residents not staying in the centre at the time of the inspection. In some cases these items were stored in locked cupboards but more often they were not, meaning that they were accessible to others. This

practice did not ensure residents' privacy and dignity.

As referenced previously, two residents had moved to this centre due to the temporary closure of another centre where they used to live. One resident wished to remain living in this centre and the other wished to return. Management advised that one of these residents had been offered advocacy services but declined, however this service was not offered to the resident who wished to return to living in their former centre. There was also no evidence that the provider had continued to update and consult with these residents regarding their expressed wishes regarding their living arrangements.

Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Skibbereen Residential OSV-0003857

Inspection ID: MON-0032688

Date of inspection: 10/10/2023

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • An action tracker has been devised to track all HIQA inspection, 6 monthly audits and annual reviews to ensure all actions are track on an ongoing basis. • A schedule for regular staff meetings has been implemented which began on the first week of December 2023 which will be repeated each month. • A schedule for staff supervision will be devised on an ongoing basis. • A review of the Medication Management Policy is to occur at which point this will be redistributed to the designated centre. Storage of Medication as prescribed by the Medication Management policy is to be adhered to at all times and implemented within the centre. Review through a staff meeting of the policy to occur to ensure compliance. • The Assistant Director of Services (ADOS) has been in situ since the 4th of December and an application for the ADOS to become a PPIM of the designated will be made in 26/01/2024.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:	

• A up to date contract of care has been drafted and signed for one resident within the service to accurately reflect the persons arrangements.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The statement of purpose will be reviewed and updated according to the recommendations to ensure that the organizational structure, whole time equivalent and full time r*esidential services provided within the centre are fully acknowledged. 16/1/24
• Updating of the emergency procedures within the statement of purpose and updating of same to accurately reflect the centre.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• Ongoing review of policies in-line with regulation will occur within the coming 6 months to ensure that all policies are updated in accordance with the review of same.
• An external advocate will be sourced for one resident who will be offered to engage with same. This will be continuously offered on an ongoing basis every three months to ensure that advocacy is being offered.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Painting has been completed within both houses by the end of November 2023.
• Ongoing work on maintenance of the centre is happening at present. Work that is not able to be completed by CoAction has been put into the budget for other extensive replacement. A walk around with the project manager of CoAction will be completed by the 15th of January 2024 to ensure any additional works are noted and scheduled for completion.
• A deep clean of the centre will be completed each quarter through an agency. Contract

of service is correctly being sought for this and once agreed, the first deep clean will be conducted in January 2024.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents: • Revision of the costings for Respite will be completed and updated to reflect the accurate cost of same for each resident. This will be completed in Q1 2024.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire doors that do not close will be reviewed and fixed accordingly. • Sourcing of a Fire Door between the utility and laundry room to be completed and replaced. Peninsula Business Services Ireland have been engaged to carry out the Fire Risk Assessment in Q1 of 2024. • All procedures in the event of a fire have been updated to reflect the specific centres and have been put on display. • Appliance next to the boiler has been removed.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • A full review of CoAction's Administration of Medication Policy will be undertaken in January 2024 to update and be reflective of the process of administrating medication within the organisation. This will include the review of self-administration of medication for residents and risk assessment to further inform the staff of their role within supporting this. • A full review of onsite medication has been completed inline with each residents medication Kardex to ensure that all prescriptions are in date and are reflective of what

is required. Full labeling including the date of being opened has been completed
• A secure storage area for medications that are out of date and pending to be returned has been sourced and is in use.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

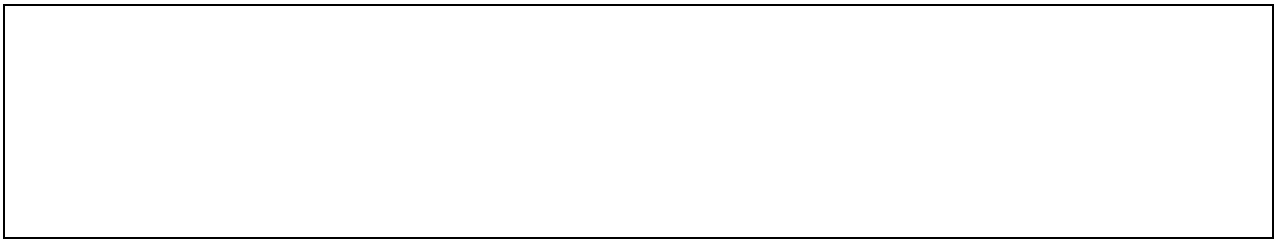
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Individuals Plans will be updated to reflect changes in circumstances and new developments by 15th of January 2024.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• Positive Behavioural Supports will be part of a the standing agenda on team meetings to discuss and update on any changes. This has been implemented as of the first week of December 2024.
• Information sharing around Positive Behavioural Supports will be done via email to remain all staff to read same when update.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All personal items for residents that are availing of respite will be stored in a secure and locked location. Additional locked cabinets will be sourced to ensure that there is sufficient space for same.
• The resident that wishes to return to his original centre will be offered the opportunity to have an advocate alongside a local Assisted Decision Making Champion. This will be offered on an ongoing basis if declined to ensure that ongoing residents rights are being adhered to. This will be documented in communication logs and piece of work to ensure that the residents has their wishes heard consistently.



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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/02/2024
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	24/02/2024
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	24/02/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Not Compliant	Orange	16/01/2024

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	16/01/2024
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	22/12/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	29/03/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/03/2024
Regulation 28(5)	The person in	Substantially	Yellow	22/12/2023

	charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Compliant		
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	31/01/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal	Not Compliant	Orange	31/01/2024

	products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/01/2024
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	29/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	29/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	15/01/2024

	circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	22/12/2023
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	29/03/2024
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	29/03/2024
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Orange	29/03/2024

	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 consultations and personal information.			