



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

Issued by the Chief Inspector

Name of designated centre:	Cois Ferraige
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	08 December 2023
Centre ID:	OSV-0005649
Fieldwork ID:	MON-0033081

About the designated centre

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

This centre is a large detached, four bedroom dormer bungalow in Co. Louth. The centre provides residential care to four male adults some of whom require support around their emotional and health care needs. It is in close proximity to a number of villages and towns where residents have access to a range of community based facilities such as shops, restaurants, hotels, pubs and parks. Accommodation comprises of four large single bedrooms. Two bathrooms, one on the first floor and one on the ground floor. There is a separate utility room, a spacious well equipped kitchen inclusive of a small dining area, a separate spacious dining room and a large sitting room. The house also has gardens to the back and front of the property. The staff compliment comprises of nurses and healthcare assistants. There is one waking night staff on duty and two staff on duty during the day when all residents are in the centre. The person in charge is responsible for three other designated centre under this provider. They are supported in their role by a clinic nurse manager for 12.5 hours a week to assure effective oversight of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Friday 8 December 2023	10:30hrs to 17:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found the staff team led by the person in charge were promoting and implementing a human rights based approach to care as evidenced in the high levels of compliance found on this inspection.

This inspection was announced following the registered providers application to renew the registration of the centre. The centre was last inspected in February 2023 where infection prevention and control measures had required some improvements. The inspector got to meet all of the residents and spent some time talking to two of them, about what it was like living in the centre. The inspector also spoke to staff, the person in charge and reviewed records pertaining to the care of residents and, observed some practices.

One of the residents showed the inspector around their home. The premises was clean, well maintained and a considerable amount of work had been completed since the last inspection. For example; the utility room had been redecorated and purpose built storage areas were now in place. The floor in the garage area had been painted and the area itself was organised and tidy. A bathroom downstairs had been remodelled, new floors had been installed and residents had redecorated their bedrooms.

Overall the centre was homely and the residents and staff had put up the Christmas decorations. Each resident had their own bedroom which was personalised to their own tastes. One of the residents had purchased a new Christmas themed duvet cover and was very happy when they had finished putting this on their bed on the day of the inspection. The inspector also observed a resident sitting at the kitchen table writing their Christmas cards to family and friends in preparation for Christmas.

Residents were supported to keep in touch with family and friends. Some of them were going home to visit family in the coming days and one resident spoke about visiting their family member who lived nearby and showed the inspector some pictures of family members who were important to them.

The residents were also supported to have meaningful days. On the day of the inspection three of the residents went to a day service and returned later in the day. The other resident who was on a day off, as stated showed the inspector around their home and their bedroom. The resident went through an easy read personal plan they had in their bedroom and it was clear from talking to them that they knew about their health care needs. They explained some of them to the inspector using the easy read plan and spoke about some of the appointments they had recently. In addition; some social stories had been developed to inform the resident about staying safe and managing their anxieties. The resident went through some of these with the inspector. They also spoke about some of the things they liked to do such as learning to play the guitar, cycling and enjoying a beer some nights.

After this, the resident had baked some brownies for everyone to have in the afternoon and gave the inspector one to take home. In the afternoon they went to their local barbers and on their return before the inspection ended, they played their guitar and sang a song for everyone.

When the other residents returned from their day service they enjoyed a cup of tea and a brownie, and in the evening time they were all deciding what they would like to their order for their usual Friday night take away.

One of the residents on their return from the day service and who had recently moved to the centre, showed the inspector their bedroom and chatted for some time about what it was like living here. The resident said they were happy and liked the people they shared their home with. They spoke about how staff had been supportive when they moved to the centre which made it easier for them, as they had found the move difficult at first. They had their own phone to keep in touch with family and friends and said they liked to go home to visit family but also liked to come back to this home

As part of this inspection methodology, questionnaires were posted to the centre in advance seeking feedback from residents and/or their representatives about the quality and safety of care provided. Overall the feedback was very positive, residents reported that they were happy living there, liked the staff and felt safe. The feedback was also positive about having meaningful activities and some of the residents wrote down activities they had recently enjoyed. One resident who had recently moved to the centre said that they liked the staff and were still getting to know them. Another resident said that they liked going to weekly residents' meetings as they got to 'hear all the news'.

Residents meetings were held weekly and a review of a sample of the records showed that they were informed about numerous issues that affected them. For example; at a recent meeting the current cost of living crisis was discussed and residents were reminded about being mindful of this as the electricity bills were rising. This was very important as the residents shared all of the utility bills and so this could impact their spare cash each week. Other topics were also discussed, such as maintenance issues that had been reported, events that were happening in the community and all residents had been informed that an inspection by the Health Information and Quality Authority was taking place. This informed the inspector that residents were kept informed about important issues in the centre.

As part of the registered providers annual review for the centre, they had collected views from residents and their family representatives about the quality of care provided. The feedback from this was also positive and family representatives said that they were kept informed about issues affecting their family member. This was confirmed also when the inspector reviewed family contact sheets in the residents personal plans.

The residents were supported to access community facilities and had been to a local Christmas fair recently. Some of the residents had been on a short break, to the zoo and to the Guinness store in Dublin. One of the residents who enjoyed farming liked

to purchase a magazine weekly. The resident had a large collection of these and was observed relaxing on their return from the day service looking through one of these magazines. The inspector observed another resident who liked to relax and have some alone time watching television when they returned from the day service. This resident had their feet up with the Christmas lights on in the sitting room while they waited for their take-away.

Residents were supported with their rights. For example; residents had been asked if they would like a safe in their own bedroom to store their personal finances instead of it being stored down stairs. Residents had opted not to change this and one resident spoken with confirmed this when the inspector was chatting to them.

The staff were observed supporting all of the residents in a kind, patient and jovial manner and respected the residents rights to make their own decisions. The residents were also observed to know the staff well and were relaxed in their presence.

Overall, the residents were supported to have meaningful lives and the staff team were promoting person centred care in this centre. From observing practices and interactions with staff and residents, there was a real sense of home in this centre. The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the inspector found that this centre was well-resourced and that the services provided were contributing to positive outcomes for the residents. The person in charge and the staff team were promoting a human rights based approach to care.

There were governance and management arrangements in place which included clear reporting structures and arrangements to ensure that services were reviewed and monitored on a consistent basis.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person on charge was also responsible for three other designated centre under this provider and was able to maintain oversight of these centres at the time of the inspection. To support them with the oversight of this centre, a house manager was employed. The inspector found that this was effective at the time of this inspection. The person in charge provided good leadership and support to their

team.

The person in charge reported to the director of care who they met every two weeks to review the care and support being provided. The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address these.

The registered provider had a number of quality improvement initiatives that were ongoing in the wider organisation to promote a person centred approach to care. For example, there had been considerable work completed with staff on new legislation for supported decision making and training was being provided on promoting a restraint-free environment to all staff.

There was sufficient staff in place to meet the needs of the residents. There was no staff vacancies at the time of the inspection. Staff said they felt supported in their role and of those spoken to they were knowledgeable of the residents needs in the centre.

Residents had contracts of care in place to outline the services provided in the centre. Two residents had been admitted to the centre since the last inspection. The inspector reviewed records pertaining to one person's admission and found that the resident had visited the centre prior to moving to the centre.

There were procedures in place for the management of complaints in the centre which included a complaints log to record any complaints. One resident had been supported to raise a complaint about a meeting that had been cancelled which they were very upset about. The complaints officer had written to the resident and met with the resident to discuss why this had occurred and arranged a further date for the meeting which the resident was happy with. This showed that residents concerns were taken seriously and acted on.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were a qualified professional with a number of years management experience working in disability settings. They demonstrated a good knowledge of the residents' needs in the centre and were aware of their responsibilities under the regulations. The person in charge was also responsible for three other designated centres under this provider. To support them with the oversight of this centre, a house manager was employed. The inspector found that this was effective at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place in the centre to meet the needs of the residents. Planned and actual rota in place was available in the centre. A review of a sample of rotas indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day. The provider had contingencies in place to manage planned and unplanned leave as a regular relief staff member were available to cover shifts. This meant that residents were ensured consistency of care during these times.

An on call manager was on duty 24hours a day to support staff and offer guidance and assistance if required.

The staff spoken to also had a very good knowledge of the resident's needs and said that they felt supported in their role and were able to raise concerns at any time to the person in charge/house manager/on call management.

Copies of the regulations and standards/guidance pertinent to the service were available for staff in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed the inspector found that staff, including relief staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions , which included; advanced life support training,

safeguarding adults, fire safety, manual handling, supporting residents with epilepsy, infection prevention and control and the safe administration of medicines.

In addition, staff had under taken training in human rights and supported decision-making. Staff were able to give examples of how this training had impacted their practice. For example; one staff member said that human rights training had increased their awareness of having appropriate supports for residents communication needs. They spoke about social stories and personal plans that had been completed in an easy read version and these plans were reviewed with the residents to ensure they understood the information being provided to them. The inspector also observed other examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

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.

Copies of the regulations and standards/guidance pertinent to the service were available for staff in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre that met the requirements of the regulations and guidance documents issued by HIQA.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records in relation to each resident as specified in Schedule 3; and the additional records specified in Schedule 4 were maintained and available for inspection by the chief inspector.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up to date insurance certificate which covered this designated centre as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team. The person in charge met with their line manager who was the director of care every two weeks to review the quality of care provided. This was bringing about changes to the quality and safety of care. For example; the person in charge had highlighted that improvements were required to emergency lighting at fire exits and this was being completed on the day of the inspection.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed a few days before the inspection and the report had not been finalised at the time of the inspection. An annual review had also been completed for 2022. The inspector also reviewed some other records pertaining to the safety and quality of care, for example a fire drill had been conducted to ensure a safe evacuation of the centre.

A number of other audits had also been completed in the centre which included fire safety, medicine management practices and residents' personal plans. The inspector found that the reports generated from these audits found good practices were maintained in the centre and actions developed on how practices could be improved had been implemented.

The registered provider had a number of quality improvement initiatives that were ongoing in the wider organisation to promote a person centred approach to care. For example, there had been considerable work completed with staff on new legislation for supported decision making and training was being provided on promoting a restraint free environment to all staff.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts of care which outlined the fees to be charged to residents and the services provided for those fees.

Two residents had been admitted to the centre since the last inspection. The inspector reviewed records pertaining to one persons admission and found that the resident had visited the centre prior to moving to the centre. There had also been a discussion with the other residents about this resident moving in. The resident had a number of visits to the centre to see if they would like to live there. The inspector spoke to this resident and they reported that they were very happy living in their new home.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre. An easy-to-read version of this document was also available for residents who required this format.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied from a sample of incident reports since January 2023 and other records viewed that the person in charge had notified all incidents where required under the regulations to HIQA.

Judgment: Compliant

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

The inspector was satisfied that the provider was aware of their responsibilities

under this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were procedures in place for the management of complaints in the centre which included a complaints log to record any complaints. One resident had been supported to raise a complaint about a meeting that had been cancelled which they were very upset about. The complaints officer had written to the resident and met with the resident to discuss why this had occurred and arranged a further date for the meeting which the resident was happy with.

Judgment: Compliant

Quality and safety

The inspector found that the services provided were individualised to the residents needs in the centre and that this was contributing to positive outcomes for residents.

Each resident had a personal plan in place that included a comprehensive assessment of need. This was complimented with associated support plans that guided how residents should be supported. Staff spoken to were knowledgeable around the residents needs and goals had been developed to increase social inclusion and residents independent living skills. For example; one resident liked to help making some of the meals and was observed managing their own laundry on the day of the inspection.

Residents also had timely access to a range of allied health professionals. For example, a resident had been reviewed by a physiotherapist after they had a fall and another resident had been referred for support from a dietician after a recent health care diagnosis.

The inspector also found that residents were supported to have meaningful active days in line with their personal preferences. All of the residents attended a day service. Goals had been developed for residents to achieve. One resident was planning a trip to visit their favourite football club next year and another resident was hoping to visit Paris. Residents had recently been to a local Christmas fair and staff and residents had a Christmas party planned in a local hotel just before

Christmas.

Residents personal possessions were also safe guarded in the centre and residents were being supported to maintain access to their own money if they wished. For example; as discussed in section 1 residents had been asked if they wanted a safe in their bedroom to store their money.

The centre was clean, well maintained and homely. Each resident had their own bedroom which had been personalised to their own individual tastes.

The registered provider had a risk management policy in place to guide staff about how risks should be managed. Incidents that occurred in the centre were reviewed by the person in charge.

The inspector found a number of practices in the centre that provided assurances around residents' rights been respected. For example residents were kept informed and consulted about developments in the centre through resident forum meetings. Residents likes and dislikes were outlined in their personal plans. A rights checklist was completed for residents which outlined any possible infringements of their rights in the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

Regulation 12: Personal possessions

The registered provider had a policy in place which outlined the measures in place to store and safeguard residents personal possessions and finances. Some of the measures included checks and audits to ensure that residents finances were safeguarded. The inspector reviewed a sample of the records and found that these measures were implemented. For example; every time a resident purchased and item or withdrew money from a bank, two staff signed the residents finance ledger to ensure that accurate balances were being maintained.

An inventory of residents' personal possessions was also maintained on each residents personal plan. Some minor improvements were required to one of these, but this was addressed by the end of the inspection.

Residents shared utility bills in the centre and a staff member went through how this was managed. The staff member spoke about some of the difficulties residents encountered when availing of fuel allowances. The staff member was going to follow this up in the organisation to see if there was a way of addressing this for the residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences. All of the residents attended a day service. Goals had been developed for residents to achieve. One resident was planning a trip to visit their favourite football club next year and another resident was hoping to visit Paris. Residents had recently been to a local Christmas fair and staff and residents had a Christmas party planned in a local hotel just before Christmas.

Residents were also supported to keep in touch with family and friends. Some of them were going home to visit family in the coming days and one resident spoke about visiting their family member who lived nearby and showed the inspector some pictures of family members who were important to them.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, homely and very clean. Each resident had their own bedroom which had been personalised to their specific tastes. Since the last inspection a considerable amount of work had been completed in the centre. As stated in section 1 of this report, this included the utility room had been redecorated and purpose built storage areas were now in place. The floor in the garage area had been painted and the area itself was organised and tidy. A bathroom downstairs had been remodelled. These had been actions from the last inspection. In addition to this new floors had been installed, residents bedrooms, the sitting room and a room upstairs had been redecorated.

The person in charge maintained a record of equipment that needed to be checked to ensure that it was in good working order. Some minor maintenance issues observed on the inspection had been reported to the maintenance department to be addressed.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in the designated centre which included a summary of the services and arrangements for visitors in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place to guide staff about how risks should be managed. Incidents that occurred in the centre were reviewed by the person in charge. The inspector found that incidents were collated and reviewed regularly to evaluate trends and inform learning. All incidents were escalated to senior managers in the centre where required. For example; due to one residents mobility needs and risk of falls the matter had been escalated to senior managers to review the premises and whether it was suitable to meet the residents needs.

One of the residents who had a fall, went through what happened after this and how they were now being supported by staff and a physiotherapist to help them since the fall.

The vehicle available in the centre had records displayed indicating that it was insured.

Judgment: Compliant

Regulation 27: Protection against infection

The actions from the last inspection had been addressed. The centre was very clean and the registered provider had made considerable upgrades to the centre which at the time of the last inspection in February 2023 were impacting on the protection of infection in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Detailed support plans were in place to guide staff on how residents should be supported in order to meet the residents' health care and emotional needs.

Residents had a 'life vision' document in each of their personal plans. From this goals that residents wanted to achieve had been developed.

Each resident had easy read plans in their bedroom. As stated in section 1 of this report one resident went through this plan and was aware of the supports in place, including the names of the people who supported them with some of their health care needs.

An annual review of personal plans had taken place with residents and their representatives present to assess the effectiveness of the plan. Support plans were also reviewed by staff to assess the care being provided on a more regular basis.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care and emotional needs and had timely access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and speech and language therapist. The resident were supported and informed about their rights to access health screening programmes and vaccination programmes available in the community.

Support plans were in place where there was an identified health care need to guide practice. Social stories had been developed to support residents with some medical procedures they may find difficult. For example; one resident was anxious when they had bloods taken and the social story went through a step by step account of what would happen when this occurred to try and allay the residents anxieties.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. The residents were provided with education around feeling safe and who to report it to. Residents reported in their questionnaires as discussed in section 1 of this report

that they felt safe also.

The registered provider had a policy on the provision of intimate care to guide staff practice. This was very detailed and included good examples to ensure that the voice of the resident and their personal preferences were included in this plan. A review of a sample of intimate care plans found them to be very detailed, one of them had been updated in line with the details included in the providers policy, however some had not. The inspector was satisfied from talking to the person in charge that these updates were planned for all residents intimate care plans going forward to assure that all of their personal preferences were included in the plans.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed in this report there were several examples to demonstrate how residents were supported to exercise some of their rights. Residents were provided with easy to read personal plans which were reviewed with the resident to ensure they understood the information contained in them. This enabled residents to be included in decisions around their care and support.

At residents meetings, they were informed about important issues that would affect them, like as discussed in Section 1 of the report, the cost of living crisis.

Where a resident raised a concern, they were taken seriously, acted on and the resident was informed of the outcome.

There was ongoing quality improvement initiatives in this centre and the wider organisation to promote residents rights and ensure that they lived in a restraint free environment as much as possible.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant