



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

Issued by the Chief Inspector

Name of designated centre:	The Coachyard
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	02 October 2024
Centre ID:	OSV-0008780
Fieldwork ID:	MON-0043530

About the designated centre

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

The Coachyard provides a residential service for up to six male or female residents over the age of 18 years with intellectual disability, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with our model of Person-Centred Care and person centred support. The designated centre consists of three houses and one apartment in a town in County Kildare. The centre is staffed by a person in charge, a team of social care workers and direct support workers, with access to clinical services when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 2 October 2024	09:00hrs to 17:00hrs	Karen Leen	Lead
Wednesday 2 October 2024	09:00hrs to 17:00hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

From what residents told the inspectors and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This report outlines the findings of an announced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The findings of the inspection were positive with the inspectors finding the provider was responsive to the needs of residents and that residents were supported to enjoy an active and enjoyable life.

The designated centre is divided into three houses and one apartment and has the capacity for a maximum of six residents, at the time of the inspection there was two vacancies in the centre. The three houses and apartment within the designated centre are located in a small cul-de-sac in a village in County Kildare, close to local shops and amenities. The inspectors of social services visited all three houses during the course of the inspection and met with three residents, inspectors did not get the opportunity to meet with one resident who was away from the centre on a family holiday. The inspectors used interactions with residents, observations of care and support provided by staff, conversations with staff and a review of the documentation to form judgments on the quality of care being provided in the designated centre.

The first premises was visited by one inspector on the request of the resident, this was a two-storey house with a living room, kitchen and dining room, two bedrooms one with en-suite, staff office and bathroom. The premises had access to a garden to the rear of the house. The inspector spoke with two members of this resident's support team who demonstrated a good knowledge of the resident's likes and dislikes, including how they wish their furniture to be arranged, and respected the residents' wishes to leave their personal belongings in bags and boxes in the living room until they were ready to store them in their new home. Staff demonstrated how they were ensuring a low-stress environment for the resident, for example in the preferred terminology with which the resident referred to staff or management as their peers and classmates rather than terms related to a health and social care setting. The resident in this house preferred to stay in their house and not engage with their community. However, staff described to the inspector how opportunities and strategies were being trialled to encourage the resident to enjoy meaningful and enjoyable outings, such as trips to the cinema or to the shops to buy new figurines and DVDs. The staff maintained a tracking tool to be assured that the resident was consistently offered trips out of the house and times on which it was accepted. The staff were also encouraging the resident to normalise going outside as part of their routines such as on short walks or across the street to the local corner shop. This resident enjoyed online shopping, and had shown the staff on their tablet handwritten notes on what they wanted to buy for themselves next. The resident was given time to decide if they wished to speak with the inspector themselves, and ultimately declined and asked them to leave the room when they came down for lunch. The inspector thanked the resident for letting them see the

house and speak with the team, and the resident thanked the inspector for respecting their wishes.

The second premises visited by the inspectors consisted of a kitchen and dining room, relaxation room, two resident bedrooms one with en-suite and an accessible bathroom on the first floor. Each resident had their own bedroom which was designed to reflect each resident's personal interests and tastes. Residents spoken to told the inspectors that since they had moved into their home they had been helped by staff to add to the interior design and that they have enjoyed shopping locally to pick up pieces for their home including pictures, lamps and cushions. The third house visited by inspectors was a neighbouring bungalow. The bungalow consisted of a sitting room, kitchen and dining room, resident bedroom and accessible bathroom. Inspectors observed that the centre was designed and laid out in a manner that respected residents' likes and tastes. The final house visited by the inspectors was an apartment with kitchen, dining and living room, bedroom with en-suite and small utility. The apartment was not occupied on the day of the inspections but inspectors noted that it had been designed and fitted with all essential equipment required in order for a resident to be admitted to the centre. The centre had access to two vehicles and was in close proximity to local transport. Residents could attend local shops, pubs, restaurants and cafes without the need of transport.

The inspector met with one resident who had recently moved into the designated centre. The resident told the inspector that they really like their new home. The resident told the inspector that they were getting to know the local area and had been looking for employment with the help of staff over the last two months. The resident told the inspector their current plan was to find a part time job, the resident had completed their CV with the help of the staff team and had visited a number of shops and restaurants in the local area and neighbouring towns. The resident discussed with the inspector that they had helped with the decorating of the house since moving in. The resident discussed that they live with another individual so when they were decorating they made sure that they included them. The resident said that they like living with a peer and that at first it had been an adjustment as they had previously lived alone but that their peer was a "really cool" person and that staff regularly meet with residents through house meetings and personal meetings to discuss how things are going in the house. The resident discussed with the inspector that they enjoy doing a lot of activities in the community. The resident discussed that they like to keep busy and enjoy activities such as going to the hairdresser, nail salon, going for a meal with peers, meeting family and friends and seeking job opportunities. The resident discussed that they had thought about doing an evening course and that was the reason they were looking at a part time job.

The inspectors met with one resident who was being assisted by staff to use their communication aid. The resident told the inspector that they like living in their home. The resident told the inspector that they were having a good morning and had plans for the afternoon. The staff discussed with the inspector that the resident speaks a number of languages so at times staff will use a translator on the residents tablet to communicate. The inspectors observed that the resident had a communication plan in place that was integrated across a number of support plans

for the resident in order to ensure that communication was promoted and upheld within their home.

In summary, residents were leading busy lives and had a multitude of plans to look forward to and were being supported to complete these plans by a competent staff team. The person in charge and support staff had ensured that residents communication styles were upheld and promoted. Residents were aware of who to go to if they had any concerns or complaints. They lived in warm, clean and comfortable homes.

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.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service and how effective it was in ensuring that a good quality and safe service was being provided. Overall, there was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

Overall, the inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner. The provider had implemented additional supports under regulation 23 in order to further enhance supports required to meet the assessed needs of residents.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspectors reviewed both the planned and actual rosters from June, July, August and September 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. In addition inspectors found that regular staff worked in the centre during these months ensuring continuity of care was maintained for residents. All rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspectors spoke to five staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspectors reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of adults at risk of abuse. In addition, training was provided in areas such as human rights, first aid, infection prevention and control (IPC), food safety, and safe administration of medication.

All staff were in receipt of supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspectors reviewed eight staff supervision records, and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The provider and person in charge had systems in place to ensure that the quality and care provided in the centre was routinely monitored and reviewed. The person in charge had implemented a number of audits within the designated centre. The findings of these audits were presented to the staff team at monthly staff meetings promoting a culture of shared learning.

The inspectors reviewed staff meetings from May, June, July, August and September and found that each staff meeting support staff gave an overview of each residents current goals and plans. Information from residents meetings were also discussed by the staff team at each staff meeting.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents. The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents. The person in charge and staff team had completed a review post admission to the centre for all residents post admission. The inspectors reviewed five residents' transition plans to the designated centre and found that residents had been included in the admission process. For example residents had been given the opportunity to visit the centre prior to admission and the provider had completed compatibility assessments were required prior to admission of each resident.

The provider and staff team had completed a review of each residents' assessed needs in the weeks following admission to the designated centre.

There were contracts of care in place for all residents. The inspector reviewed the four contracts of care and found that they were signed by the residents or their representatives.

The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been revised in July 2024 and contained information as required under Schedule 1 of the regulations. A copy of this document was available for review in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed all notifications submitted by the provider to the Office of the Chief Inspector of Social Services since the service was registered in April 2024. The provider had submitted notifications on practices and adverse events as per the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

At the time of this inspection, no complaints in or about the designated centre had been logged. However, inspectors observed that the provider had policies in place for making a complaint and evidence to indicate how this was communicated to residents to ensure they understood how to lodge a verbal or formal complaint if required.

Judgment: Compliant

Quality and safety

The inspectors found that residents' wellbeing and welfare was maintained by a good standard of care and support in the centre. Residents appeared to be happy and content in their home and with the service provided to them. The inspectors observed a homely environment, and staff engaged with residents and attended to their needs in a kind and professional manner.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. The inspectors observed support and education in place for residents in order to further support residents safety and quality of care.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

Residents were supported to make decisions about their care and support, and on the running of the centre. Residents participated in regular house meetings and meeting with their keyworker. The findings from residents house meetings were incorporated into the designated centres staff meetings in order to promote the wishes of residents for the running of the designated centre.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. The inspector observed a number of environmental restrictive practices in the centre. The restrictions were appropriately managed in line with evidence-based practice to ensure that it was monitored, consented to, and assessed as being the least restrictive option.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspectors observed that there was information available to each resident to support their communication

including a visual activity board and menu plans. The inspector observed staff using alternative communication modes with residents such as language translation to assist residents who spoke more than one language. This tool was incorporated in residents communication plan and staff spoken to on the day of the inspection were aware of times residents would prefer to communicate using a second language.

The inspectors spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspectors found that there was a consistent staff team in place which promoted each residents communication style. The inspector observed residents communicating with staff through visual aids, lip reading, body language and individualised sign language.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors observed that residents' bedrooms were appropriately equipped with storage for clothes and personal items. The provider facilitated residents to manage their own property and keep their personal spaces how they liked it.

Inspector observed that three of the four residents had access to their personal income, cards or cash in accordance with their assessed capacities and preferences. Inspectors were provided evidence of how the provider was liaising with the resident, their representatives and decision supporters to establish or optimise each resident's access and control of their finances.

Judgment: Compliant

Regulation 17: Premises

The inspectors walked the premises of all houses comprising the designated centre, and in the main found that the houses were clean, bright and sufficiently spacious for the number and mobility needs of residents. Suitable ramps, hoists and wide doorways were provided for residents who used wheelchairs. Residents had comfortable living rooms, bedrooms and dining areas, and each resident was supported to have their bedroom decorated and furnished how they liked.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors reviewed a sample of reports related to adverse events, incidents and accidents which had occurred in the designated centre. These records clearly described the nature of the incidents, the actions taken to de-escalate incidents and keep residents and staff safe, and actions and learning required following the events. Where relevant, information taken from adverse incidents was used to update risk assessments and residents' care and support plans. The provider maintained a risk register which rated and set out control measures to mitigate risks related to the service and the service users.

At the time of this inspection, the provider was in the process of gathering information and engaging with external parties as part of a critical event investigation, following a serious incident which had occurred in this centre. The provider committed to keeping the Office of the Chief Inspector updated on the conclusion or findings of this analysis when available.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features.

Drill records indicated that residents and staff could exit safely and promptly in a house evacuation. Risk control measures were in place to mitigate risks related to residents who smoked or who required additional support during egress. Staff had experience in safely supporting residents who evacuated by wheeling out their bed. Resident personal evacuation plans were routinely updated to ensure that they were accurate and reflected findings attained from drills and risk assessments.

Certification and service records, as well as routine checks by front-line staff, indicated how the provider was assured that emergency lighting, door closure mechanisms and the addressable alarm system were operational. Where faults were recorded on these checks, these were noted as resolved promptly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed four residents' assessments of needs, and found that they were comprehensive and up to date. The assessments were informed by the residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Communication
- Physical and Intimate Care
- Identified health care supports
- Wellbeing and mental health

The inspectors also reviewed three residents' personal plans, which were in an accessible format and detailed their goals and aspirations for 2024, which were important and individual to each resident. For example, the goals included: attending a college courses in computer studies and woodwork, actively seeking employment in the local community, holiday plans, visiting family and friends.

The inspectors reviewed minutes of resident and keyworker meetings that were occurring on a monthly basis within the centre. During the course of these meetings residents and keyworkers highlighted actions to be taken in order to achieve goals, plans in place, barriers which had been met and also developed photographs to assign to goals which had been completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff. The inspectors observed that the staff team had received individualised training from the providers positive behaviour support specialist in relation to each residents positive behaviour support plan and staff role in supporting each resident.

The use of restrictions in the centre was governed by a written policy prepared by

the provider. There were some environmental restrictive interventions implemented for the safety of residents. These restrictions were under regular review by the person in charge and staff team. The inspectors found that residents were supported to understand the need for restrictive practices within the designated centre by the staff team and person in charge. Inspectors reviewed residents consent forms to use of restrictive practices and information provided to the resident through keyworker meetings in order to understand the need for such restrictions. The inspectors noted an increase in the use of some restrictive practices since the opening of the designated centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Two staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with and observing residents and staff, and reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences in their routine, activities, and living spaces.

Residents commented that they felt listened to and respected in their home. Minutes of meetings with each resident included what meals, outings and activities they would like for the days ahead, and what appointments or social opportunities were upcoming. These records also indicated that the meetings were also used to inform residents of news in their home, such as changes in staffing.

Where residents were less inclined to leave their house and to be active in the

community, the inspectors were provided examples of how staff would encourage and provide incentive for residents to explore new or varied community participation which they may find fun or interesting. Staff maintained records of where community activation had been successful and noted where the resident was losing interest. Residents were supported to maintain relationships with their friends and family and to meet with them in their home and in the community.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant