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:	Coill Darach
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0002572
Fieldwork ID:	MON-0038739

About the designated centre

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

This designated centre provides full-time 24 hours nurse led residential care for up to seven adults over the age of eighteen years, both male and female with an intellectual disability. The centre is based on the outskirts of a large town in Co. Meath. The centre consists of a kitchen/dining room, a sitting room, two offices, seven bedrooms (six bedrooms share three en-suite facilities, one bedroom has a private en-suite) and one separate bathroom. There is a patio area at the back of the house overlooking a large garden. The centre has its own transport which is wheelchair assessable. There is a full-time person in charge employed in this centre along with seven nurses and twelve care assistants. The residents are supported by the staff during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Wednesday 30 October 2024	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

Overall the inspector found that residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre. However, significant improvements were required in relation to fire safety, and these were addressed immediately as required by the inspector on the day of inspection. This issue will be discussed further later in this report under Regulation 28: fire precautions.

During the course of the inspection, the inspector spoke to the person in charge, the person participating in management and all four of the staff members on duty on that day. The inspector also reviewed documentation and made observations throughout the day on the daily lives of residents.

There were seven residents living in the centre, and on arrival at the designated centre, the inspector found that most of the residents were preparing for a Halloween outing that would take them out of the centre for the day, and one resident was spending time at their family home. Therefore, the inspector only met residents briefly as they were on their way out. Residents were clearly looking forward to their day out, and several of them were dressed for the occasion. Most of them showed little interest in interacting with the inspector, and this was respected.

Two of the residents were curious about the inspector and came over for a brief look at the stranger in their house, and smiled briefly before going about their day. The inspector observed that they were comfortable with their supporting staff, and looked to them for reassurance.

The inspector conducted a 'walk around' of the designated centre, including the spacious gardens, and with the exception of a lack of storage which is discussed in more detail under regulations 23 and 17 of this report, found that the premises were appropriate to meet the needs of residents. The premises was well maintained, nicely furnished and decorated, and included items personal to residents.

There were sensory items in relation to the assessed needs and preferences of residents evident throughout, for example there was a board of different textures, and a quantity of 'fiddle' items made available for one of the residents. One of the resident's was prone to bruising because of mobility issues, and push doors without handles or knobs had been installed so as to minimise risk to the resident.

Externally, the garden was beautifully laid out, and a large sensory garden had recently been developed which included benches in memory of people that residents had lost. The windows in the back of the house had been replaced so that there was

a very clear view of the gardens so that residents could enjoy them from inside the house.

While not all residents had verbal communication, staff described in detail the ways in which each of them communicated. The staff described different presentations and vocalisations and knew how these should be interpreted. It was clear from the brief observations of interactions made by the inspector that these were effective.

There was a system of person-centred planning in place whereby residents were supported to set goals in relation to personal development, and there was detailed information in these plans. For example, one of the plans outlined the resident's preference in relation to receiving support from staff. An example of an entry in their person-centred plan read: 'I would like to get to know people before they assist me'. It was clear from the documentation and from discussion with staff that this was respected.

There was a clear complaints procedure, and evidence that residents were supported to raise concerns, and there was also a compliments log in place, several compliments had been made by family members and recorded in this log, praising staff for support when a resident was ill, and commenting on an 'excellent team of staff' who provided an open and welcoming atmosphere.

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 the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective in many areas of care and support, although some improvements were required in auditing. There were outstanding actions from the previous inspection in relation to premises, where the agreed compliance plan following that inspection had a completion date of December 2023.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff. She had a detailed knowledge of the support needs of residents and of her role under the regulations. All the required notifications had been submitted to the office of the Chief Inspector within the expected timeframes.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents.

Residents and their families and friends were supported to raise any issues or to make complaints, and there was a clear complaints procedure which was available in

an easy read format.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations.

There was a consistent staff team who were known to the residents, and where agency staff were used they were consistent staff who were known to the residents. This ensured continuity of care for residents.

The inspector spoke to the person in charge and three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents.

The inspector reviewed three staff files and found that they contained all the information required by the regulations, including current Garda vetting. There was a memorandum of understanding in place between the provider and the agency which supplied relief staff, so that the person in charge was assured that all the documents required under Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Additional training had been undertaken in relation to the specific support needs of residents including feeding, eating, drinking and swallowing, and human rights.

There was a schedule of supervision conversations maintained by the person in charge, and the schedule was up to date. Thee inspector viewed three of these

records, and saw that there was a review of personal development, a discussion about keyworking responsibilities and a review of a policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

The provider had failed to complete some of the agreed actions from the previous inspection, in particular the shortage of storage for residents as required under Schedule 6 of the regulations. The agreed timeframe for completion of this actions was 31 December 2023, which had allowed the provider 17 months from the date of the inspection of July 2022. While the person participating in management presented a business plan during the course of this inspection, and assurances that funding had been secured, no progress had yet been made in improving the premises.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to residents, and it identified areas for improvement. Any required actions that had been identified in these processes, with the exception of outstanding works in relation to the premises, had been addressed and were complete. For example, some risk assessments had been reviewed and updated and audits now had required completion dates included.

There was a monthly schedule of audits in place including audits of person-centred planning, finances and complaints. Quarterly audits included a review of accidents and incidents, and audit of finances, and an audit of fire safety. However, the audit of person-centred plans was a check that all documents were in place and regularly reviewed, but did not examine the quality of the documents, and the fire safety audit did not identify the issues found in this inspection as outlined under regulation 28 of this report.

Regular staff meetings were held, and a record was kept of the discussions which included safeguarding, policies, keyworking and a review of each individual resident with an emphasis on progress towards their identified goals. Daily communication with staff was managed via a handover system, a communications book and a diary of appointments and activities.

Judgment: Not compliant

Regulation 31: Notification of incidents

The required notifications were submitted to the office of the Chief Inspector within the identified timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. Any complaints were recorded and remained open until resolved. The records were clear and included the steps taken to resolve the issue, and the satisfaction of the complainant.

The inspector reviewed the records relating to two complaints earlier in the year, both made by residents, and the issues had been swiftly resolved to the satisfaction of the complainant. The inspector was assured that residents were supported to raise any concerns, and that their voices were heard in this regard.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, and to have a meaningful day.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

The premises were appropriate to meet the needs of residents, with the exception of there being insufficient storage as discussed under regulation 17.

There were risk management strategies in place, and all identified risks had effective management plans in place, with the exception of fire safety.

The inspector required immediate action to ensure that residents could be evacuated in the event of an emergency, and assurances were presented both at the conclusion of the inspection and on the day following the inspection.

The rights of the residents were well supported, and communication with residents was given high priority. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 13: General welfare and development

Significant improvements had been made towards ensuring that residents had a meaningful day and had access to a variety of activities since the last inspection.

There were multiple activities available to residents, including sensory activities, outings and 'at home activities'. Staff explained in detail the ways in which they would communicate with residents to ascertain their choices and preferences.

An 'activities book' was maintained for each resident and while this document required improvement to ensure that there was an easily accessible record of each activity and the response of the resident to the activity, there was further detail in the daily notes which were maintained for each person.

The inspector reviewed these daily notes for the week prior to the inspection, and found that residents were supported to engage in music, arts and crafts, hand massages and outings, all of which were in accordance with the assessed needs of each resident.

The person in charge outlined a new project whereby the recording of each resident's activities would be more easily monitored. The inspector found that this would improve the accessibility of information in terms of monitoring. However, from a review of documentation currently available, it was evident that residents were supported to have a meaningful day, and that multiple activities were available to them in accordance with their assessed needs.

Each resident had a person-centred plan, and these plans included detailed information as to how, each resident preferred to be assisted. Together with the example given in the first section of this report, there was information that was important to each resident. For example, there was a description that outlined the need for one of the residents to know exactly what was about to happen, otherwise they would become anxious. The staff members who had a conversation with the inspector were aware of this requirement, and could discuss other similar identified needs for all residents.

The person-centred plans included goals which had been set with each resident, and the inspector reviewed the goals for two of the residents. Each goal was meaningful for the individual resident, and steps towards each gaol had been identified, and achievement of each step was clearly recorded. The identified steps were also

meaningful, for example one of the steps outlined the initial conversations to be held with the resident, so that it was clear that the identified steps were not hurried, and that staff ensured that they were in accordance with the resident's preferred timings.

It was clear that all efforts were being made to ensure a meaningful life for residents, and that each resident's voice was heard.

Judgment: Compliant

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents for the most part. Each resident had their own private room, and there were sufficient bathrooms to meet their needs. Communal areas included a large lounge and a spacious kitchen/dining room.

There were spacious outdoor garden areas for the use of residents, including a newly designed sensory garden. One of the residents had an external cabin for their sole use, however there was no heater in this cabin, and the service was using it for storage of some items which did not relate to the resident.

As outlined under regulation 23 of this report, the issue of insufficient storage remained unresolved since the previous inspection, so that items were stored inappropriately, for example, wheelchairs were stored in bedrooms and bathrooms.

However, the other agreed actions relating to the premises, including some required internal maintenance, had all been completed, and the premises were nicely furnished and decorated, and well maintained.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

The risk register had included the lack of storage available to residents, so the inspector was assured that although the issue had not been addressed, it was still prioritised.

Local risk management plans included the risk associated with low staffing levels

and while this had not been identified as a current risk during this inspection, there were control measures in place should a shortfall be identified.

Individual risk assessments included the risk associated with a resident enjoying pet therapy, risks relating to compatibility of residents and risks relating to any restrictive practices. The inspector found that these risks were mitigate or rated low, in accordance with the findings of this inspection. The risks associated with inadequate safety arrangement relating to fire safety are discussed under regulation 28 of this report.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector required immediate action to be taken in relation to fire safety. There were two staff on duty at night, and there was no evidence of a fire drill having taken place where each of the seven residents was in bed and only two staff were on duty.

There was a record of a fire drill being undertaken under night time circumstances in January 2024, however, the record of this fire drill documented that all five people who required assistance via an emergency fire sledge had not complied with the drill. The personal evacuation plans for each of these residents said that they had agreed to comply in the case of a real fire. However, given the nature of the communication needs of each of these residents, the inspector was not assured that this would actually be complied with.

Two further drills were identified as being night time fire drills, however, on both occasions all the residents were up, so that there was no evidence that if there was an emergency at night while all residents were in bed, with only two staff on duty, that they would be evacuated in a timely and safe manner. The person in charge explained that an additional staff member would attend from the nearby designated centre, but there was no evidence that this plan would be effective.

The person in charge and the person participating in management presented an updated risk assessment in relation to fire safety prior to the conclusion of the inspection, which included, the rostering of an additional staff member that night, and were required to submit assurances the following day that an emergency could be safely managed.

These assurances were submitted as required, however, on the day of the inspection the provider had not ensured that effective fire safety management systems were in place as required by the regulations.

Judgment: Not compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There had been recent changes in the presentation of one of the residents that had been responded to in a timely manner.

There were detailed healthcare plans in place, for example there was a plan in relation to skin integrity and another relating to nutritional needs. These plans included detailed guidance for staff, and there was clear evidence that the plans had been implemented. For example a fluid balance chart for one resident was maintained and was easily accessible.

Residents had access to various members of the multi-disciplinary team (MDT) as required, including a dietician, a speech and language therapist, and an occupational therapist. Some residents were under the care of the 'Mental Health in Intellectual Disabilities' team.

Health screening had been offered to residents, and either implemented or considered and ruled out.

The inspector was assured that healthcare was given high priority in this designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

Some staff had undertaken training courses in relation to human rights. Not all staff who spoke with the inspector had been in receipt of this training, but all were able to describe the ways in which they supported the rights of residents. For example, they were aware of assisted decision making, and outlined various ways in which residents made their preferences known.

They described the ways in which residents communicate non-verbally, and gave detailed descriptions of this, such as the individual ways of vocalising to indicate agreement or disagreement for suggestions posed to them. For example, one of the residents would vocalise and laugh or smile if the suggestion was to their liking, and would make a different sound to indicate their dislike of a suggestion.

Some residents had an interest in pets and this had been facilitated by a 'dog therapist' who visited the centre every week.

Where residents had been recently bereaved, there were supports made available to them, and one resident had required additional supports from their mental health

team which had been facilitated. Overall, it was clear that staff members and the person in charge were making all efforts to ensure that the voices of residents were heard and responded to.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coill Darach OSV-0002572

Inspection ID: MON-0038739

Date of inspection: 30/10/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The person-centred plan(PCP) audit tool has been reviewed and now includes a section where the identified components of the PCP document can be audited for quality. The fire safety audit tool has been reviewed and now identifies the need for both a night and day time evuacation to take place ensuring all residents are present for this evuacation at least twice a year. It also identifies the need for the routinely rostered night time staff to carry out the night time evuacation. While work has comenced in addressing the shortage of storage for residents as required under Schedule 6 of the regulations, it was identified that additional fire safety up grade work was also required in this designated centre. Due to these additional works the project required retendering and planning permission. Planning permission was received in November 2024 and the tendering process has comenced. HSE Estates are planning that a contractor will be secured before the end of Janurary 2025 with the hope to comence works in March 2025.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A Requisition has been submitted by the PIC to have a heater installed in the Cabin and Items that were stored in this area have been removed. While work has comenced in addressing the shortage of storage for residents as required under Schedule 6 of the regulations, it was identified that additional fire safety up grade	

work was also required in this designated centre. Due to these additional works the project required retendering and planning permission. Planning permission was received in November 2024 and the tendering process has comenced. HSE Estates are planning that a contractor will be secured before the end of Janurary 2025 with the hope to comence works in March 2025.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A full fire evacuation of all residents in Coill Darach was carried out at 07.00hrs 30/11/2024 when all residents were in bed. All seven residents were evacuated as per their assessed fire evacuation needs detailed in their individual PEEP's.
Evacuation took 8 minutes 6 seconds, The evacuation was carried out by two night staff and 1 staff assisted from the neighboring designated center Na Driseoga as per the emergency evacuation plan.

All residents actively participated in the fire drill with no concerns or objections raised. There is simulated nighttime evacuations scheduled over the coming months to support the staff and residents with improving evacuation times. Positive improvements in evacuation times have already been recorded with a time of 7 minutes 08 seconds on 27/11/2024. PIC reviews and actions if required.

All residents PEEPs have been reviewed and updated regarding individual support requirements and the importance of fire drills is a standing agenda item at weekly residents meetings.

The PIC has consulted with the fire officer who has completed an assessment of the fire evacuation procedures in place on the 12.11.2024.

The safety statement for Coill Darach has been reviewed and updated by PIC and PPIM to give more details on their fire excavation process.

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/09/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	01/12/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2024