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Cois Dara, OSV-0007698, 07 March 2022

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

Issued by the Chief Inspector

Name of designated centre:	Cois Dara
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 March 2022
Centre ID:	OSV-0007698
Fieldwork ID:	MON-0035621

About the designated centre

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

Cois Dara is a designated centre operated by Autism Initiatives Ireland Company Limited by Guarantee. It provides a community residential services to up to four adults with a disability. The centre comprises of a main house which accommodates two residents and two attached individual apartments which each accommodate one resident. The main house consists of a kitchen, dining room, utility room, living room, two bedrooms, bathroom, staff bedroom and office. The first apartment contains a living room, bedroom, office, bathroom and kitchen. The second apartment comprises a kitchen/living room and a bedroom with an en suite. The centre is situated close to a suburban area of County Wicklow. The centre is staffed by a team leader, two senior social care worker, social care workers and support workers.

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
Monday 7 March 2022	10:30hrs to 16:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of this designated centre. This inspection was carried out to assess compliance with the regulations and to review the implementation of the compliance plan submitted by the provider subsequent to the previous inspection.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection and also wore personal protective equipment (PPE).

The premises was subdivided into a main house and two self contained apartments. The two apartments included a bedroom and a small living and kitchen-dining area, and the main house included two individual bedrooms, a living room, kitchen and separate dining area and a small utility room. There were three residents living in Cois Dara at the time of inspection, with one vacancy in the main house. The inspector briefly met one resident who chose not to speak with the inspector and observed another resident in their home.

The inspector used observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall, the inspector found the designated centre was providing a service that was safe for residents and promoted person centred care. The general welfare of residents was promoted and staff were found to be familiar with residents' support needs. Staff and resident interactions were observed to be respectful.

One resident was out at the time of inspection. Another went out for a drive with a staff member in the morning and returned early in the afternoon. The resident relaxed on a bean bag in the hallway of the premises as was their preference. One resident remained in their apartment during the inspection and declined to speak with the inspector. Staff supported the resident with their daily activities and personal care, and advocated the resident's preferences to the inspector.

A safeguarding issue was noted at the previous inspection, with incompatibility between residents in the multi-occupancy apartment. At that time, the provider had commenced a plan to address the issue. It was found that following a review of residents' assessed needs, one resident was transferred to another centre which the provider determined to better meet their needs. Consequently, there were no safeguarding risks at the time of inspection.

The provider had also reviewed the environmental restrictions in the centre which were in place to support residents in managing their behaviour. Following this review, some restrictions were reduced and others were adapted to reduce the impact to residents. For example, the provider had removed alarms connected to doors which alerted staff to residents exiting the premises and replaced them with a more discreet alert to staff in an effort to reduce the noise and institutional nature

of the previous alarm.

The provider had addressed the premises issues highlighted at the previous inspection. The premises was found to be clean and nicely decorated. The design and layout was suitable to meet residents' assessed needs. Two residents' bedrooms had new flooring installed, one had additional storage added and the walls in the premises had been repaired and were being repainted at the time of inspection.

Residents were supported by a team of social care workers and support staff. At the time of inspection there were seven staff vacancies, most of which were filled by relief and redeployed day service staff. While staff in the centre were known to residents, the staffing arrangements meant that there was a high volume of staff.

Capacity and capability

The inspector found that the governance and management arrangements were effective in monitoring the safety and quality of the service. While there was still some action required with regard to staffing, the provider had progressed with the action plan submitted and was ensuring that sufficient staff were available on a daily basis to meet residents' needs. It was found that the provider had made improvements to their governance arrangements, specifically in relation to staffing, and had implemented the actions from the previous inspection in relation to premises, safeguarding, positive behaviour support and protection against infection.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six-monthly basis. These audits informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the centre. The audits had been reviewed to include an assessment of the condition and suitability of the premises in order to ensure that premises and infection prevention issues were promptly identified and addressed.

The provider had made some progress with regard to staffing issues and there were clear plans in place to address staffing deficits in the long term. There was an organisational approach to the recruitment, retention and development of staff. Notwithstanding, there were approximately seven vacancies at the time of inspection, with most of the vacancies filled with relief staff or redeployed day service staff. While the person in charge ensured the sufficient number of staff was present and endeavoured to ensure that familiar staff were available to residents, the high number of staff on temporary contracts or short-term informal arrangements did not facilitate security and required continued attention to ensure a consistent staffing arrangement.

Staff had access to appropriate training, including refresher training as part of continuous professional development. Staff had training in areas such as safeguarding, fire safety and positive behaviour support. Staff had additional

training in relation to residents' specific needs. There were established supervision arrangements in place and the provider implemented a performance development and management system.

There was a complaints policy, and associated procedures in place. A record of complaints was maintained that contained information regarding the complaint, the response and the satisfaction of the complainant. An accessible complaints process was available to residents.

The person in charge gave notice to the Chief Inspector of most of the adverse incidents as set out in the regulations, however an allegation of staff misconduct that was being reviewed had not been notified as required.

Regulation 15: Staffing

While the provider had ensured that the number and skill mix of staff was appropriate to meet the needs of residents, there were approximately seven vacancies at the time of inspection which had resulted in an over-reliance on temporary staff.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements. The provider had implemented the actions required from the previous inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all adverse incidents were notified to the Office of the Chief Inspector, as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

Judgment: Compliant

Quality and safety

The findings of the inspection indicate that the provider had improved the governance and management arrangements in response to the previous inspection, which in turn had contributed to improvements in the quality of care provided to residents. The provider had reviewed the compatibility of residents and the capacity of Cois Dara to effectively meet all residents' needs. This had resulted in a resident being discharged from the centre and admitted to another service which was determined to better meet their needs. In turn, this had mitigated a safeguarding risk and facilitated a full review of restrictive practices in the centre.

The inspector found that residents' needs were well assessed and there were clear support plans in place. Two residents enjoyed their own private space in separate one bedroom apartments, and received individualised support in line with their assessed needs. The main house had one vacancy at the time of inspection and the resident who lived there appeared comfortable in this space. There was adequate space and facilities to accommodate a second person.

The premises appeared in good structural condition and was clean and neatly decorated. The provider had addressed the issues noted at the previous inspection and it was found that residents' bedrooms had new flooring installed and were newly painted. The premises had been deep cleaned and there were cleaning checklists in place to monitor cleaning on an ongoing basis. New furniture had been purchased for the living and dining area, including soft furnishing such as curtains.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and the provider had addressed a previous safeguarding

risk. There were no active safeguarding risks at the time of inspection.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. Residents had support plans in place that were developed in consultation with staff and an appropriate clinical professional. Staff were familiar with residents' behaviour support plans. Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

The inspector reviewed the infection control arrangements in the centre, specifically areas requiring attention from the previous inspection. It was found that the provider had improved the arrangements for hand-hygiene, enhanced staff training, and improved the storage arrangements in the utility area, including those related to storage of mops and cleaning products.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines

Regulation 17: Premises

The provider had addressed the issues related to premises from the previous inspection. New flooring had been installed in residents' bedrooms, damage to walls had been repaired and the premises was being painted at the time of inspection. Furnishings in the living area had been replaced, such as curtains and sofas. The utility area in the main building had been fitted with additional storage and was clean and neatly organised.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had addressed deficits in relation to hand hygiene. There were newly installed fixed hand gel dispensers at entrance points and in the utility area. Outdoor laundry facilities had a sink with hot water installed, and there was hand soap and towels available.

The provider had arranged for the unannounced visits to the centre to review premises issues, including an assessment of the condition of the premises as it pertains to infection prevention and control. Staff had received additional training to support them in identifying infection control risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the storage arrangements in place for medicines and found that the provider had addressed the issues found at the previous inspection. No other aspects of this regulation were reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans had been reviewed and updated since previous inspection. A review of restrictive practices had taken place which resulted in some restrictions being reduced. Restrictions were found to be utilised following a risk assessment and there were arrangements in place to ensure that restrictions were used for the shortest duration and that the least restrictive measure was taken.

Judgment: Compliant

Regulation 8: Protection

A previous safeguarding issue had been mitigated. There were no active safeguarding concerns at the time of inspection. All staff had received training in safeguarding vulnerable adults.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cois Dara OSV-0007698

Inspection ID: MON-0035621

Date of inspection: 07/03/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A Recruitment Day was held on the 20.04.22 resulting in one new recruit for the designated centre another recruitment day has been scheduled for the 20.05.22 with an aim to fill more vacant positions, scheduling recruitment days regularly will continue to play a key part of the organisations recruitment strategy.</p> <p>Interviews for permanent positions took place with internal staff members who were redeployed to the designated centre to support staffing vacancies, this resulted in another vacant position being filled.</p> <p>A proposal for a floating Senior Social Care Worker and floating Social Care workers will be submitted to the operations director for review, this would support the filling of positions that are temporary and ensure they are filled with staff members of a similar qualification level and skillset,</p> <p>A new role has been developed for relief Social Care workers to ensure there is a correct ratio of Social Care Worker staff to cover full time staff leave in line with the Statement of Purpose, interviews took place on the 09.05.22 and is now at offer stage,</p> <p>A health and wellbeing day was scheduled and took place on the 29.04.22 to support wellbeing, job satisfaction and in turn staff retention, this day provided information on health and wellbeing support such as resilience, self-care, mindfulness, yoga, nutrition, financial wellbeing, sleep hygiene and exercise,</p> <p>A proposal has been submitted to the board to bring in an employee of the month benefit to further support staff retention and motivation</p> <p>The organisation will continue to liaise with voluntary bodies and other service providers to support the request for pay parity for section 39's in order to support further recruitment and retention of staff.</p>	

The current Vacant Lines in the designated centre will continue to be covered with redeployed staff and the designated centre assigned relief staff members.

The organisation will continue to liaise with colleges to discuss recruitment opportunities, a visit to a further education course was scheduled for the 09.05.22 to provide Autism Awareness to students and promote recruitment opportunities within the organisation,

The organisation's HR and Operational team meetings are taking place regularly to discuss new opportunities to promote retention and recruitment , The most recent idea that the organisation are exploring is the possibility of funding Fetac level 5 course to support recruitment for our support worker vacancies. Fetac 5 course coordinators have been contacted requesting a meeting to explore this idea.

The organisation have launched their new social media page to support their online presence and showcase the aims and ethos of the organisation while also using it as a recruitment tool

The organisation continue to complete exit interviews to establish staff members reason for leaving, these exit interviews are reviewed by HR and the operational team

The organisation are continuing to engage with overseas recruitment agencies to support recruitment, one interview for the designated centre took place on the 09.05.22 and is at offer stage,

The rota for the designated centre will be updated to reflect the role of each staff member in the service to ensure it is in line with the statement of purpose, the 6 month provider assurance audit tool will be updated to check that this requirement is being met,

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Monthly manager report will be updated to reflect details and confirmation of HIQA notifications.

The 6 month provider assurance audit tool will be updated to include more detail of specific notifiable events.

Notification of incidents has been added to the HIQA matrix and discussed at HIQA steering group meeting to ensure shared learning across the organization, the HIQA matrix and HIQA steering group minutes have been circulated and saved to the Tdrive where all members of management can access.

List of HIQA notifiable events will be saved the central Tdrive for all members of management to access,

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/06/2022
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working	Not Compliant	Orange	30/05/2022

	days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
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