



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

Issued by the Chief Inspector

Name of designated centre:	Coolamber House
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	11 October 2022
Centre ID:	OSV-0001836
Fieldwork ID:	MON-0029058

About the designated centre

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

The statement of purpose for the centre outlines that this seven day full-time residential community house provides a home for three adults, male and female with moderate intellectual disability, behaviours that challenge and dementia. There is one-to-one staff support provided and two staff available at night time. Nursing oversight is available within the organisation. The premises is a two storey detached house, on its own grounds, and comprises a communal kitchen, living room and laundry room. There is one self-contained apartment located in the centre consisting of a large bedroom, en-suite facilities and living room. The second resident's bedroom consists of a large bedroom and en-suite facilities. The third resident's bedroom and separate bathroom are located in the main part of the centre. There is one staff bedroom and one separate office space. The centre is located in large town within easy access to all services and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 October 2022	10:00hrs to 18:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care which was meeting their assessed needs. Some improvements were required in relation to positive behaviour supports, staff training and development, premises, risk management, and protection against infection. These areas are discussed further in the next sections of the report.

The inspector met with all three of the residents on the day of the inspection. One resident left the centre to complete interviews for their radio show. Before they left they told the inspector that they were happy living in the centre and that they knew they could bring any concerns they may have to staff or the person in charge.

Two other residents went out for lunch to meet friends. After the lunch one resident went shopping for personal items. The other resident returned to the centre for a time and they planned to go to the pub in the evening. They spoke with the inspector and explained that life was still continuing to improve for them since the last inspection and that all the residents were now getting on better together the majority of the time. At the previous two inspections this resident had expressed that they no longer wished to live in the centre. They updated the inspector about how their plan to move to an individual accommodation was being progressed and said they were happy work was still being done to progress their move as it was still their wish to move.

The house appeared clean and tidy. There was sufficient space for privacy and recreation for residents. There were suitable recreational equipment available for use, such as art supplies and games. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings. Two residents gave a tour of their bedroom to the inspector. One bedroom had recently been painted in colours chosen by the resident. Residents' rooms had personal pictures displayed around their walls.

Since the last inspection some changes had been made to the back garden, such as the picnic table and seating in the back garden had been painted and the door of the shed at the side of the house had been replaced. The large grass area did not have any plants, leisure or recreation equipment for residents use. However, the provider had funding and plans in place to renovate the back and front garden area. The plan was to have this completed in the first quarter of 2023. The back garden fence and gate had been painted in the summer by a resident with the support of a staff member.

In addition to the person in charge, there were three staff members on duty on the day of the inspection. Staff spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. They were observed to engage with residents in a manner that was friendly and attentive. Resident and

staff interactions appeared to be relaxed.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). These questionnaires had been completed by the residents themselves. They indicated that they were happy or neutral about the majority of aspects of their care and supports. One resident commented that they felt listened to when they made a complaint and that they liked all of the staff members that worked in the centre. One resident stated that they would like to change their couch and two residents would like more choices with regard to their food. The two residents in question communicated to the inspector on the day of the inspection that they chose their own food options and created their own meal planners. Any areas that residents documented that they were not happy about were communicated to the person in charge and they were exploring those areas with the residents. The inspector was informed that a new couch was already being sourced by the resident.

The provider had also sought resident and family views on the service provided to them by way of six monthly unannounced visits to the centre. Feedback received indicated that residents and families communicated with were satisfied with the service. In addition, the centre had received compliments such as 'staff were good' and that they were happy with the centre and the service.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. This centre was last inspected in March 2022 where it was observed that some improvements were required to ensure the centre was operating in full compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Following that inspection the provider submitted a compliance plan which provided assurances that actions identified would be completed within a timely manner.

The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. The majority of actions from the previous inspection had been completed by the time of this inspection.

There were effective management arrangements in place that ensured the quality of the service was consistent and monitored. The centre was adequately resourced to

meet the assessed needs of residents.

There was a defined management structure in place which included a recently appointed person in charge and in addition the residential services manager who was the person participating in management for the centre. The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

The provider had all of the required Schedule 5 policies and procedures in place. They were available at the centre and all reviewed within the last three years.

From a review of the rosters and speaking with the person in charge, there were sufficient staff available, with the required skills, and experience to meet the assessed needs of residents. While there was a high turnover of staffing over recent months in the centre, the provider had tried to ensure where possible that known staff were recruited to the centre in order to provide consistency for residents. A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There was a schedule of training opportunities available to staff that ensured they each had the minimum required training (as determined by the provider) to safely meet residents' needs, and additional training had been undertaken in areas specific to residents' assessed needs. However, further training was required for some staff, such as eating drinking and swallowing and a specific training used to support one resident. There were monthly staff meetings occurring in the centre and there were formal supervision arrangements in place for staff.

Regulation 14: Persons in charge

The person in charge of the centre was a qualified professional with leadership experience in services for people with disabilities. They were also found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. They were responsible for the running of two designated centres and split their time between the two centres.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and they were maintained by the

person in charge. The inspector observed that there were adequate staffing levels in place in order to meet the assessed needs of the residents.

A sample of staff personnel files were reviewed as part of this inspection and they contained any information required by Schedule 2 of the regulations.

Judgment: 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. Staff training included, fire safety, safeguarding of vulnerable adults, transport training, and a range of infection prevention and control (IPC) training. Some staff refresher training was scheduled for staff to attend in the coming weeks, such as training in relation to positive behaviour supports. However, some staff were due to complete eating drinking and swallowing training and some staff were due a specific training in order to support one resident with no dates scheduled for either training. These trainings were discussed at the feedback meeting with the person in charge and the residential services manager.

In addition, there were formal supervision arrangements in place for staff.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had taken out a contract of insurance against injury to residents and against other risks in the centre, such as property damage.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the residential services manager who was the person participating in management for the centre.

The provider had carried out an annual review of the quality and safety of the service provided and there were arrangements for auditing of the centre carried out

on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits, the inspector found that actions identified had been followed up on. There were other local audits and checks conducted in areas, such as health and safety, infection prevention and control, fire safety, and medication.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider did have all the required Schedule 5 policies and procedures in place. They were available at the centre and all reviewed within the last three years.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were in receipt of good quality care and supports that were individualised and focused on their needs. The care provided was being monitored and reviewed to ensure their needs were being met. However, some improvements were required in relation to positive behaviour supports, premises, risk management, and protection against infection.

Residents' needs were assessed on an annual basis and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and support them to manage their behaviour positively. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were reviewed regularly. However, while other actions in relation to residents' positive behaviour supports from the last inspection had been completed by the time of this inspection, one resident's behaviour support plan still required review.

There were arrangements in place to protect residents from the risk of abuse. Staff had received appropriate training and there were established procedures in place to manage and respond to any safeguarding concerns in accordance with national policy. While there were some open safeguarding issues within the centre at the time of this inspection, the provider was undertaking actions to mitigate and eliminate the risks.

The inspector found that there were adequate mechanisms in place to uphold

residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about an aspect of the service provided to them.

Visits were facilitated with no visiting restrictions in place in the centre. There were private areas available for entertaining visitors .

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

From a walkabout of the centre the inspector found the house to be clean and have adequate space which was laid out to meet the needs of the residents. While the centre was generally in a good state of repair, some improvements were required. For example, some areas required painting.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents were updated regularly. However, the risk management policy and some risk assessments required review and a known risk had not been risk assessed.

The inspector reviewed arrangements in relation to infection control management in the centre. While the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it required review to ensure staff were adequately guided. For example, the plans did not provide some practical details to guide staff with regard to entry and exit points and waste management. Some items required addition to the cleaning checklist. For example, a resident's footspa. Furthermore, the washing machine needed to be cleaned as some areas were found to be not clean.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP).

Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Private areas for entertaining visitors were available. One resident had their own private sitting room available for their use and the other two residents shared a sitting room.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. Generally, the premises was found to be in a state of good repair although some painting was required in different areas throughout the premises. For example, some paint on the sitting room door frames was peeled and some paint was scuffed in both sitting rooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The centre had a risk register and risk assessments in place with regard to the centre and individual risk assessments for residents were within regularly. However, while the risk management policy had very good descriptions of how risks in specific areas were managed, it was not evident what the procedure was for escalating risk other than for a 'significant' risk such as, fire risks. The policy required further review to explain the arrangements in place to ensure that risk control measures were proportional to identified risks.

In addition, some risk assessments had information that was no longer applicable, such as wearing masks in shops was mandatory or referring to visitors guidance that had been since stepped down. While it was accounted for in a resident's personal evacuation plan that they may refuse to leave in the event of a fire drill this had not been risk assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection control management in the centre. The centre received an award from the Health Service Executive (HSE) for the highest uptake among staff from a care setting to receive their flu vaccinations.

While the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it required review to ensure staff were adequately guided. For example, the plans did not provide some practical details to guide staff with regard to entry and exit points and waste management. Some items were not accounted for on the centre's cleaning checklist, such as a resident's footspa and shower chair. Furthermore, the washing machine needed to be cleaned as some areas of it were found to be not clean, such as the seals being dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP). Some fire doors required alterations to ensure they closed fully and were flush. They were fixed prior to the end of the inspections and evidence shown to the inspector.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for each resident, which identified their health care, personal and social care needs. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to a range of clinical supports in order to support their mental health and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, such as a locked food press that contained unsafe foods for a resident, these were reviewed regularly. However, while other actions in relation to residents' positive behaviour supports from the last inspection had been completed by the time of this inspection, one resident's behaviour support plan still required review to ensure it adequately guided staff. For example, it did not list potential behaviours likely to be observed or any

potential triggers. The section for reactive strategies was very brief and there was no post incident section to guide staff.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff had received training in adult safeguarding. There were established procedures in place to manage and respond to any safeguarding concerns in accordance with national policy and staff spoken with were familiar with the procedure to undertake if there was a safeguarding concern. While there were some open safeguarding issues within the centre at the time of this inspection, the provider was undertaking actions to mitigate and eliminate the risks. Residents were involved in those actions and decisions that may impact them.

Judgment: Compliant

Regulation 9: Residents' rights

There were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and residents were supported to make a complaint if they were unhappy about an aspect of the service provided to them. Residents spoken with said they felt listened to and were supported to make decisions in their lives.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coolamber House OSV-0001836

Inspection ID: MON-0029058

Date of inspection: 11/10/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Positive behaviour support training was carried out (PETMA) on the 13th and 14th of October 2022 for staff. Epilepsy training was completed on Thursday 10th of November. All staff have been asked to completed the HSELand eating, drinking and swallowing training by the 30th Nov. PICs first aid Training for PICs is scheduled for the 24th, 25th and 26th of January 2023.The specific training for staff as discussed at the feedback meeting will be completed by the 30/1/23.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Issues identified with regard to the premises for example painting of door frames, scuff marks in both sitting rooms and other works will be addressed and completed by 31st December 2022.	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Risk assessments have been updated to provide the most recent guidance completed 15th October. There is now a risk assessment in place in relation to Service Users refusing to leave the premises in the event of a fire and the PEEP has been updated to say what to do in this event.

The Risk Management Policy is currently been updated in line with the most recent (HSE Risk Management Policy. The Policy will address how risks in specific areas are managed for example proportional risk in relation to residents rights and how procedures for escalating risk other than fire are managed. This will be completed by 30th Nov 2022.

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Items missing from the monthly cleaning schedules such as footspa and shower chair have now been placed on the cleaning checklist 15/10/22. A procedure is in place for the cleaning of the washing machine to guide all staff 15/10/22. The Covid outbreak management plan has been updated to include entry and exit points and waste management as discussed during feedback 15/10/22.

Regulation 7: Positive behavioural support	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 The behavioural support plan has been revised to include potential behaviour's likely to be observed and any potential triggers. This plan has been forwarded to the behavioural support specialist with a view to listing reactive strategies and to include a post incident section. The plan was sent on the 15/10/22 and we expect closure on this behavioural action by December 19th 2022

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 26(1)(e)	The registered provider shall	Substantially Compliant	Yellow	30/11/2022

	<p>ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.</p>			
Regulation 26(2)	<p>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>	Substantially Compliant	Yellow	15/10/2022
Regulation 27	<p>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare</p>	Substantially Compliant	Yellow	15/10/2022

	associated infections published by the Authority.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	19/12/2022