



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

Issued by the Chief Inspector

Name of designated centre:	Coolcotts
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	03 February 2023
Centre ID:	OSV-0005239
Fieldwork ID:	MON-0034797

About the designated centre

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

The services is described as offering long term residential care to 12 adults, both male and female with a mild intellectual disability who require low levels of support. It is located in a community setting in a regional town with good access to all amenities and services. There are day services provided by the service which residents can use if they wish. Residents can also access external day services, if they choose. The premises comprises of two adjacent purpose built houses. All residents have their own spacious bedrooms and there is ample community living space and suitable shower and bathroom facilities. They are furnished and maintained to a high standard. The house is staffed 24/7 with a staff team that comprises of social care workers and support workers. Nurse support and behavioural support is also available within the organisation when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 3 February 2023	09:00hrs to 15:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was facilitated by the person in charge and members of the centre staff team. The inspector had the opportunity to meet with residents who live in the centre and to spend time with staff in addition to reviewing documentation relating to the operation and oversight of the centre.

This centre comprises two large purpose built houses located next to one another on the same site. The centre is registered for a maximum of 12 residents with each house registered for a maximum of six individuals. Currently 11 residents live in the centre and the inspector met and spent time with six of them with the other residents attending their day services.

One resident told the inspector that they were welcome to their home and explained that they were getting ready to go to their day service. They were observed to move freely throughout their home and staff supported them in bringing their karaoke machine up to the hall as they were bringing it with them for the day. A resident explained to the inspector that they liked Friday (the day of the inspection) as they had a take-away and brought the inspector into the kitchen to look at the symbol supported menu board.

One resident was relaxing in the living room of their home in a new recliner armchair and was watching television. They said that their new chair helped them to see the television better and they liked it. The resident later engaged with staff on whether they should wear a scarf to go out. Another resident was in the kitchen and when they were preparing to leave the centre asked the staff to support them in putting on a face mask as they were going on the bus. Some of the residents had recently moved to a different location for their day service which was in the town and a resident explained they liked going as they had more independence here.

While both houses are of identical construction and floor plan each is decorated and furnished in a way that reflects the individuals who live in the house. Each resident had personalised their rooms with items that were important to them on display and personal photographs were also displayed throughout the houses. Each resident had created space in their bedrooms to relax on their own with comfortable chairs and televisions and had desk space built into the window area. There was also a large communal living room and one house had created a second living room upstairs.

Residents were observed engaging with staff and they were relaxed and comfortable in staff presence. The staff team were familiar with the residents' individual assessed needs and were observed engaging in conversation and using consistent and shortened verbal directions alongside physical prompts to support residents' understanding. Staff described how important it was to them to ensure that residents privacy and dignity were respected and that they were in receipt of a good quality and safe service. The staff who spoke to the inspector were familiar with

resident's personal goals and their likes and dislikes and explained how they supported residents on a daily basis.

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

Overall the findings of this inspection were that residents were in receipt of a good quality and safe service. There was an experienced person in charge in place who utilised a suite of established systems to monitor the quality of care and support for residents. They visited the premises regularly and were supported in their role by two full time team leaders each with responsibility for one of the two houses that comprised the centre.

The person in charge was also supported by a person participating in the management of the designated centre (PPIM). There were systems for the monitoring and oversight of care and support for residents included audits in the areas, with the provider completing their annual reviews and six monthly reviews of care and support as required by the Regulations. The centre specific audits were picking up on areas for improvement in line with the findings of this inspection and action plans were in progress.

The staff team were found to be familiar with residents' needs and motivated to ensure they were happy, well supported, spending their time as they wished, and achieving their goals. Residents were observed to be familiar with the staff team and comfortable in their presence.

Regulation 15: Staffing

There was a core staff team providing support to residents in the centre with no vacancies on the staff team. This consistency ensured that residents were provided with continuity of care and support. The provider had a small relief panel that was utilised to cover planned leave in the centre and the staff on the panel were familiar with all residents. Residents were supported by a team comprising social care leaders, social care workers and nursing staff.

The inspector reviewed the rosters in both houses and found that they were well maintained. There was a system in use that recorded any changes made to the rostered hours and these were clearly documented. The staff team were supported by a clear system of on-call whereby they could access support out of hours if required and all staff who spoke to the inspector were clear on how and when to use this.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified and experienced person in charge. They were supported in the centre by two team leaders, one in each house, both of whom were full time and had protected time for administrative duties. The quality of care and experience of residents was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their roles and responsibilities and how to escalate any concerns they may have.

The inspector found that the provider had systems in place to complete audits and reviews. These included systems to complete an annual report and six monthly reviews in relation to residents' care and support as required by the Regulation. The previous six monthly unannounced audit was completed in August 2022 with an action plan arising from this and the inspector found that there was ongoing review of progression against these actions. In addition, the local management team were completing regular audits in key areas of service provision with staff outlining to the inspector what record keeping they completed and how they contributed to reviews and checks.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and from the sample reviewed, all notifications were submitted to the Chief Inspector of Social Services as required, and within the time frame identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported to be aware of their rights and to make choices in their lives.

Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. The inspector observed staff communicating with, and providing supports to residents in a respectful and dignified manner. Residents' meetings were occurring regularly and there was information on resident notice boards that they were familiar with and referred to that included day-to-day matters and information relating to the upkeep of their home. There was easy-to-read information available for residents in relation to areas such as, the availability of advocacy services, infection prevention and control, activities and complaints and each resident had access to an easy read version of their individual goals in their bedroom.

The inspector found that residents, staff and visitors were for the most part protected by the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place for use in the event of an outbreak of infection. The premises were found to be clean during the inspection although some improvement was required to rooms not accessed or used by residents but used by staff. There were cleaning schedules in place to ensure areas within the centre were regularly cleaned although some minor improvement was required to ensure that all rooms and equipment were included on these schedules.

Regulation 13: General welfare and development

There was evidence that residents were busy and active throughout their day and supported to make decisions in their day to day lives. Resident's choices on matters such as moving to a new day service had been considered and listened to. In addition there was evidence that independence skills were promoted whenever possible with the inspector observing that residents had responsibilities they completed independently in the running of their homes.

Residents' consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met on a regular basis to discuss matters important to them and to decide on the organisation of their home. There was evidence that residents were provided with information regarding their rights. with the provider ensuring advocates and specialist supports were in place on a residents' behalf.

Residents were supported to meet friends and with their families, they had planned for short breaks away and were supported to participate in activities in the community as they wished.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was in line with the centre's statement of purpose. Both houses that comprise this centre were found to be warm, comfortable, homely and spacious. Residents had their own bedroom which was personalised and had ample space for relaxation or for them to engage with hobbies and preferred activities. Large bathrooms located between bedrooms were shared by two residents only and each house had another bathroom that contained a bath. There was a large communal living room and open plan kitchen-dining room.

Upstairs in each house was a staff office, staff sleep over room and another room that in one home was used as a second living room and in the other home used for storage. The houses were next to one another located on one large site, while the garden areas were open to each house there were areas that residents could sit and relax outside and there was ample parking to the front of each house.

Some minor repairs were required to aspects of the furniture and fittings in both houses however, these are reflected in the judgement against Regulation 27.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a policy on the management of risk which was reviewed in 2022 and contained all areas as required by this Regulation. In addition the provider had ensured that there were comprehensive and up-to-date health and safety assessments and statements in place for the centre.

For the most part risk was being managed in this centre. The provider had systems in place for the identification, review, assessment and management of risk. Risk was escalated and responded to locally and control measures were put in place.

The inspector found that the majority of individual and centre specific risks were self identified, recorded, reported and escalated both internally and externally by the registered provider. However, one risk was identified on the day of inspection that had not been identified by the provider and one other risk that had been self-identified by the provider had not been actioned in a timely manner. A prescribed product used to thicken drinks for a resident had been left accessible to all others in the kitchen and not safely stored. In addition an area for improvement identified in a fire drill in December 2022 whereby staff were locking doors internally resulting in them not opening as required during a fire drill remained a practice in the centre on

the day of inspection. These risks were discussed with the person in charge on the day of inspection and steps were taken to mitigate these risks prior to the inspector leaving the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management. Some areas of the house required maintenance in order that cleaning was effective for example a radiator that was rusted, blackened grout in the shower of one bathroom and furniture such as kitchen chairs where the surface was worn down to the fabric.

Staff could outline the knowledge they had received as part of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe. Cleaning schedules required review however, to ensure that specific equipment such as walking frames, wheelchairs and shared shower chairs were included also that rooms not listed on the schedule were cleaned such as the upstairs room used for storage. Where residents used specific healthcare equipment such as machines for breathing support there were comprehensive cleaning protocols and records kept. The core staff were clear on what required cleaning and how to complete this but there was not guidance available should a less familiar staff member be on duty. The inspector acknowledges that the houses were cleaned to a high standard and that the areas not included on the schedule had been cleaned prior to the end of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire containment measures in place in the centre including fire doors and self closing mechanisms. There were systems in place to ensure fire equipment was serviced and maintained.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly to reflect a variety of staffing levels and times of day. On the day of inspection not all fire drill records were available for review by the inspector however, the person in charge ensured these were provided immediately following the inspection. They demonstrated clear identification of actions and plans for learning from situations as they arose. The one area of risk regarding the locking of doors forms part of the judgement against Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of their goals and these were regularly discussed at meetings between residents and the staff team. Residents had access to easy-read and symbol supported versions of their personal goals and these supported residents in talking about their goals and interests. Daily schedules and options to support choice making were available for all residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the provider was recognising residents' changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend appointments and there was follow-up by the staff team and person in

charge. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. For example there were detailed care plans and protocols for diabetes care with plans for staff to follow in case of emergency treatment being required. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured residents were supported to maintain best possible mental health and were supported to attend specialist services as required. Residents were involved with Psychiatry and/or Psychology services and accessed behaviour support as indicated. There were clear protocols in place for review following administration of 'as required' medicines alongside review of the effective use of positive behaviour strategies.

Support plans were developed for residents and reviewed as required, including anxiety management plans, stress reduction plans and positive behaviour support plans. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices. Clear and consistent symbol supported plans were available for residents and there was evidence that these were used by residents to explain how they felt and what they needed when in a more pressured situation.

There were a small number of restrictive practices in place in the centre such as a movement sensor in a hallway or locked cupboards. Restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents had individual restrictive practice documents where the impact of the restriction on them was considered.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection with the provider having clear systems relating to all aspects of safeguarding including financial safeguarding.

Safeguarding plans if required were developed and reviewed and there were a small number of current safeguarding plans in place on the day of inspection. These had

been reviewed and adapted as required and provided clear guidance to staff when supporting residents. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The inspectors reviewed a number of residents' intimate and personal care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coolcotts OSV-0005239

Inspection ID: MON-0034797

Date of inspection: 03/02/2023

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • A risk assessment is in place for the product used to thicken drinks. This includes storage of same when not in use. • The issue in relation to internal doors remaining unlocked at night time was reiterated to all staff on the day of the inspection. This was also discussed at a staff meeting on the 16/02/2023. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The radiator cover that had rust on it has been replaced with a new cover. The grout in the bathroom has been deep cleaned. • The leather on some sitting room chairs and kitchen chair covers where the surfaces have worn down is currently being looked at to see if it can be repaired. If this cannot be repaired this furniture will be replaced. • Shower chairs have now been included on the bathroom cleaning schedule and will be cleaned after each use. • Cleaning schedules have been amended to ensure each area in the home to be cleaned 	

is clearly identified on the schedule. A separate cleaning schedule has been implemented for the cleaning of walking frames and wheelchairs.

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 26(2)	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.	Substantially Compliant	Yellow	16/02/2023
Regulation 27	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 associated infections	Substantially Compliant	Yellow	16/03/2023

	published by the Authority.			
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