



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

Issued by the Chief Inspector

Name of designated centre:	Coolnevaun
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	14 September 2021
Centre ID:	OSV-0002879
Fieldwork ID:	MON-0026081

About the designated centre

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

This is a service providing residential and respite support to adults (both male and female) over the age of 18 years with an intellectual disability in Co. Wicklow. It is a specialized nurse led service, as many of the residents have other health related conditions such as middle to late stage Dementia, high medical needs and/or have palliative and end of life care needs. Coolnevaun is one part of a large residential building which also houses another separate designated centre and a separate day service. Coolnevaun provides residential care and also has one respite bed which is rotated between five respite service users. There is a kitchen area, a large dining room, a sitting room, a relaxation/therapeutic room and an activities room available to the residents. There are also very well maintained gardens for residents to avail of and a specialised herb garden that some residents use and look after with the support of staff. There are two service vehicles attached to Coolnevaun that residents can use to attend functions that are inaccessible by public transport and/or for residents who need support with transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 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 14 September 2021	10:00 am to 4:15 pm	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector also respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector greeted all residents that lived in the centre and were present during the course of the inspection. Residents were sitting in the living room area of the centre, had their breakfast and were relaxing. Residents the inspector met were mostly unable to provide verbal feedback about their experience of living in the centre. One resident did verbally interact with the inspector and engaged in some brief greetings and introductions. The inspector observed the resident engaging in some verbal interactions with staff, which were pleasant and jovial.

Residents living in this designated centre required dementia related supports and ongoing nurse led care in relation to their healthcare needs. The inspector observed various dementia related activity provisions in place for residents to support their specific needs.

For example, residents were provided with a multi-sensory room which was well equipped with sensory equipment and soft furnishings. Each resident bedroom was decorated and individualised to reflect their personality but also with due regard to their dementia related needs. There was also an 'indoor garden' space that was located in a conservatory area of the premises with lots of plants and seating arrangements. During the course of the inspection, the inspector observed a resident receive a visit from their family members in this area.

The inspector took the opportunity to meet with the family of the resident and seek feedback about the service their loved one received. Overall, the family were extremely happy with the care their loved one received. They were complementary of the person-centred approach to care and support for residents living in the centre. They described how the staff understood their loved one's specific communication style and how the made meals specific to their nutritional requirements but also ensured they were appetising and well presented.

The family also discussed visiting arrangements for the centre. They outlined how they booked the visit ahead of time and the staff were very accommodating. They described how well their loved one was cared for and the care and attention staff took to ensure they were well dressed at all times. They mentioned that they knew who they could raise any complaint or issue with but had not had a need to do so as the care was to a very high standard and they were very appreciative and happy

their loved one lived in the centre.

During the course of the inspection, the inspector also observed residents engaging in arts and crafts with the help and assistance of staff. They were preparing for a birthday celebration event. Staff were also observed supporting some residents to mobilise about the centre and receive hand massages, for example. Residents personal plans contained a folder with photographs of the activities they had engaged in over the previous year. These included trips out to local scenic areas, going to cafes and also engaging in activities within the centre, for example Sonas programme which is a dementia specific sensory activity.

Overall, the inspector found a high level of compliance on this inspection. Residents were in receipt of a good standard of person-centred dementia specific care. Improvements were required however, in relation to the fire containment measures in the centre.

During the course of the inspection, the inspector noted residents' bedroom doors previously had provisions for observation of residents while in their bedrooms. The provider had removed these viewing arrangements and had filled in the space, where they had previously been, with a filling agent, therefore causing the fire door to be inadequate.

While this ensured better privacy arrangements for residents, the inspector was not assured the fire doors had retained their ability to provide appropriate containment of fire and smoke. The inspector brought this to the attention of the provider and required them to have the doors reviewed by an appropriately qualified engineer in fire safety and to make arrangements to complete any recommendations made by the engineer following their review.

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

Capacity and capability

The governance and management arrangements within the centre ensured appropriate resources were available to operate a safe and effective service.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in Schedule 1 of the regulations.

There was a suitably qualified and experienced person in charge that met the requirements of Regulation 14 in relation to management experience and qualifications. They were responsible for this centre and one other designated centre located in the same building. The provider had put in place governance

arrangements to support their regulatory management remit and a clinical nurse manager (CNM1) formed part of the management team for the centre.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff reported to the CNM1 who was based within the centre and they in turn reported to the person in charge.

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and CNM1 carried out various review audits in the centre on key areas related to the quality and safety of care provided to residents. The person in charge and CNM1 had created an audit schedule for the year that reviewed key quality indicators. This auditing schedule and practice ensured a high level of compliance with the regulations as it complemented the provider-led regulatory audit framework by way of six-monthly unannounced visits and an annual report.

The provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. Additionally, the provider had also ensured an annual review of quality and care was completed for the previous year.

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose. From a review of the roster, it was evident that there was an appropriate skill-mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster maintained.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due.

A review of supervision records noted that staff were supervised and these records detailed a good level of staffing support. There was a very clear supervision process in place and supervision was planned throughout the year.

The provider had submitted a full and complete application to renew registration of this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the centre that met the matters of Regulation 14.

They were responsible for three designated centres.

The provider had put supervision and governance arrangements in place to support the person in charge in their regulatory management role by appointing a supervisor to operationally day-to-day manage the designated centre.

A clinical nurse manager 1 worked in this centre in the role of supervisor and reported to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose.

The person in charge had ensured that there was both a planned and actual roster maintained.

From a review of the roster, it was evident that there was an appropriate skill-mix of staff employed at the centre.

There were adequate nursing skill-mix numbers in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling.

The person in charge maintained a register of what training was completed and what was due.

Staff had received supervision from their line manager over the year and there were additional scheduled supervision dates scheduled for the remainder of the year.

The Person in charge and CNM1 provided clinical governance and supervision arrangements in relation to nursing care and practices in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audits for the centre had been completed for the previous year and were available for review during the course of the inspection.

These were noted to be of a good quality and comprehensive in scope with provision of an action plan for the person in charge to address.

The provider had completed an annual report for the centre for 2020.

The provider had ensured appropriate operational management oversight arrangements were in place in the absence of the person in charge by appointing a Clinical Nurse Manager 1 to manage the service in their absence with additional oversight by a senior services manager.

The person in charge and CNM1 had created an audit schedule for the year that reviewed key quality indicators.

This auditing schedule and practice ensured a high level of compliance with the regulations as it complemented the provider-led regulatory audit framework by way of six-monthly unannounced visits and an annual report.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensure the statement of purpose for the centre met the matters of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in the centre were in receipt of a good quality service. A good level

of compliance was found on this inspection. Improvement was required in relation to fire containment measures in the centre.

Overall, it was demonstrated fire safety precautions were of a reasonable standard in the designated centre. Emergency lighting was located at key areas, fire servicing checks were up-to-date and fire evacuation drills were carried out with good frequency and evaluated different evacuation scenarios. Staff had received up-to-date fire safety training with refresher training also provided. Fire drills took place on a regular basis and examined both day and night time evacuation simulations. Some residents required mattress evacuation systems. Staff spoken with demonstrated good knowledge of these procedures and were able to show the inspector how they engaged in the process and where the relevant straps and mechanisms were located on the beds in order to implement the evacuation for residents.

The designated centre was located in a larger building that contained one other designated centre and office areas on the first floor of the building. The provider had put arrangements in place to ensure a centralised fire alarm system was in place with repeater panel alarms located in the designated centres located in the building. This ensured when the alarm sounded within the overall building, staff could locate the source of the alarm by checking the fire panel located within their own designated centre and not have to travel to a centralised panel a further distance away.

Fire servicing records were maintained and showed that fire extinguishers, emergency lighting and fire alarm servicing was carried out for the entire building at each quarter. This ensured the servicing checks for the entire building were taken into consideration at each time of servicing. Localised daily checks in the designated centre were carried out by staff and maintained as a record in the designated centre and available for the inspector to review during the course of the inspection.

While this was overall evidence of good fire safety precautions in place, as discussed, some adjustments to residents' bedroom doors had impacted on the potential integrity and effectiveness of their containment measures. The provider was required to have the bedroom doors reviewed by an appropriately qualified engineer to establish their effectiveness and on foot of this review to address any recommendations made.

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults. Where required, safeguarding planning was in place. Overall, it was noted there were a low number of safeguarding incidents that occurred in the centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Family visits were organised in line with Public Health guidelines and the inspector observed a visit taking place during the course of the inspection in adherence with these guidelines.

As discussed, the provider and staff ensured residents were provided with options for activity and hobbies both within and outside their home with due regard for their dementia and cognitive decline diagnosis and presentations. The provider had ensured residents were provided with activities and resources to meet their dementia related needs through the provision of a sensory space in the centre, staff were trained and skilled in dementia related activities and therapies and had access to transport to support residents' engagement in community based activities also.

The inspector reviewed a sample of residents' personal plans. These were found to be comprehensive and provided an assessment of need which was updated at least annually, with an associated support plan in place for each need identified. Personal goal planning was also in place and reviewed regularly by key working staff and residents. Residents' personal plans were also updated to reflected their changing needs. There was evidence to demonstrate comprehensive reviews of residents' changing needs, through an allied professional framework with guidance for staff to support their changing needs.

Resident healthcare needs were also well managed. The provider had ensured that adequate nursing support and an appropriate skill-mix were in place to meet the healthcare and nursing needs of residents. The person in charge and CNM1 provided clinical governance and supervision arrangements for the nursing practice and care provided to residents.

End-of-life care planning was also in place and ensured consultation with the resident, their families and other important people in residents' lives. Allied health care professionals were part of the overall healthcare review framework for residents. Dementia planning meetings occurred regularly to review residents' care planning arrangements. Palliative care supports were available and the person in charge had made connections with the local palliative care team who provided supports and direction where required.

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures. A risk register was maintained and updated as required. Risks were reviewed and updated as required and included environmental, personal risks and hazard identification.

Regulation 13: General welfare and development

The provider and staff ensured residents were provided with options for activity and hobbies both within and outside their home with due regard for their dementia and cognitive decline diagnosis and presentations.

The provider had ensured residents were provided with activities and resources to meet their dementia related needs through the provision of a sensory space in the centre, a trained and skilled workforce. Dementia related activities and therapies were also available in addition to access to transport to engage in community based activities also.

Judgment: Compliant

Regulation 26: Risk management procedures

There was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

A risk register was maintained and updated as required.

Risks were reviewed and updated as required and included environmental and personal risks and hazard identification.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19.

There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required in relation to the containment measures in the

designated centre.

During the course of the inspection, the inspector noted residents' bedroom doors previously had provisions for observation of residents while in their bedrooms. The provider had removed these viewing arrangements and had filled in the space, where they had been removed, with a filling agent.

While this ensured better privacy arrangements for residents, the inspector was not assured the the fire doors had retained their ability to provide appropriate containment of fire and smoke.

The inspector brought this to the attention of the provider and required them to have the doors reviewed by an appropriately qualified engineer in fire safety and to make arrangements to complete any recommendations made by the engineer following their review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were found to be comprehensive and provided an assessment of need which was updated at least annually, with an associated support plan in place for each need identified.

Personal goal planning was also in place and reviewed regularly by key working staff and residents. Folders with photographs of activities each resident had engaged in over the previous year were maintained demonstrating residents' engagement in hobbies and activities aligned to their assessed needs and interests.

Residents' personal plans were also updated to reflect their changing needs.

There was evidence to demonstrate comprehensive reviews of residents' changing needs, through an allied professional framework with guidance for staff to support their changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare and cognitive decline needs were well met in this centre.

Residents were supported to achieve their best possible health in the context of changing cognitive and dementia related needs.

End-of-life care planning was in place and there were additional palliative supports available for residents should they be required as part of their end-of-life care planning needs.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults.

Where required, safeguarding planning was in place. Overall, it was noted there were a low number of safeguarding incidents that occurred in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coolnevaun OSV-0002879

Inspection ID: MON-0026081

Date of inspection: 14/09/2021

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Review of all fire doors took place on 1.10.21. This review was conducted by an independent Fire Safety Consultant and Chartered Engineer. Formal review of works (attached to this compliance plan) was issued on 5.10.21</p> <p>Works are to be complete on fire doors in Coolnevaun to ensure that the integrity of all doors is compliant with fire regulation. No doors in Coolnevaun will need to be replaced.</p>	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021