



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

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:	19 September 2018
Centre ID:	OSV-0002879
Fieldwork ID:	MON-0021730

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. It is a specialised service, as many of the residents have other health related conditions such as dementia and Alzheimer's disease. Residents health and emotional well being is comprehensively provided for, they have as required access to a range of allied healthcare professionals (to include GP services) and where required, comprehensive care plans are in place so as to guide staff and support residents in experiencing best possible health.

The service is staffed on a 24/7 basis with an experienced and qualified person in charge, a team of staff nurses and two social care professionals.

Each resident has their own bedroom, which are decorated to their individual assessed needs, choice and preferences. 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.

The service has a range of monitoring and auditing systems in place which are ensuring it is responsive in meeting the assessed emotional, healthcare and social care needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

To prepare for this inspection the inspector or 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
19 September 2018	11:00hrs to 17:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spent some time with five of the residents who use this service. Residents used a number of mediums to communicate to the inspector to include facial expression, body language and objects of reference to include photographs. They appeared happy and content in their home and staff were seen to support residents in a caring, dignified, kind and professional manner. Some residents completed feedback questionnaires on the service with the support of family members. Feedback was very positive and residents and/or family representatives reported that the care was excellent, staff were very supportive. They had no complaints and saw the centre as it as a home away from home. Throughout the course of this inspection, the care provided to residents was observed by the inspector to be person centred and staff understood and respected the communication needs of the resident in their care.

Capacity and capability

The care provided in this centre was observed to be individualised and person centred. The provider had put appropriate supports in place so as to ensure the person in charge and staff team had adequate resources to respond effectively to the individual, complex and changing needs of the residents in a professional, warm and caring manner. This was reflected in the high levels of compliance found across the majority of regulations assessed.

The centre has a management structure in place which responded to residents' needs and feedback. There was an experienced person in charge who worked on a full time basis in the centre and was supported in her role by the Programme Manager.

The person in charge was a qualified clinical nurse manger with additional qualifications in management and dementia care. She provided good leadership and support to her team and ensured resources were used appropriately to meet the individual and assessed needs of the residents. She also ensured that her staff team were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspectors was assured that they had the skills, competency and knowledge to support the residents in a safe and effective way. They were all qualified nursing and/or social care professionals and had undertaken a suite of in service training relevant to the assessed needs of the residents. In turn, they had the skills and knowledge required to support the residents in a person centred and safe way.

The Programme Manager provided regular support to the governance and

management structure of the centre and in co-operation with the person in charge, ensured it was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports and local audits undertaken by staff. This monitoring was ensuring the service remained responsive to the needs of the residents and was bringing about positive changes if or where required.

For example, a recent audit on the centre identified that a number of areas required review such as the staff supervision process and updating was required to parts of the building. These issues had been actioned and addressed by the time of this inspection.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Family member were seen to be good advocates for their relatives and informed the inspector that if they had any issues with any aspect of the service, they would bring it to the attention of staff and management. They also reported that the management structure was very supportive and welcomed feedback on the service.

There was also a system in place to log and manage complaints. It was observed that one recent complaint made by a family member was been resolved to their satisfaction and to the satisfaction of the resident. However, it should be noted that complaints in this centre were rare, and family members spoke exceptionally highly of the quality and safety of care provided to their relatives.

Overall, from meeting and speaking with residents, family members, management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents. Feedback from residents and/or family representatives informed that they were very happy with their living arrangements and their needs were being comprehensively provided for in a caring, supportive, person centred and dignified manner.

Regulation 14: Persons in charge

The inspector found that there was a full time person in charge in the centre, who was a qualified clinical nurse manager with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident at an intimate level.

She also held an additional management qualification and had undergone

professional training in the management of dementia care.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. There was adequate nursing cover provided in the centre which was complimented with input from a number of qualified social care professionals.

Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication and Dysphagia

the inspector was assured staff had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe and person centred services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre was reporting all notifiable incidents to the centre as required by 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.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. From reading a sample of documentation, the inspectors could see that complaints were being responded to appropriately in the centre. However, it was also observed that complaints were rare and family members were very good advocates for their relatives,

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful lives and participate in meaningful activities which were based on their individual preference and assessed needs. The quality and safety of care was being monitored, it was to a good standard and residents' health, emotional and social care needs were being comprehensively provided for.

An issue with regard to using one bed as a respite facility was identified, however the Programme Manager and Person in Charge were aware of this and were actively seeking solutions to address it at the time of this inspection,

The individual health, emotional and social care needs of residents were being supported, encouraged and comprehensively provided for. From viewing a sample of files, meeting with residents, speaking with staff and speaking with family representatives, the inspector saw that the residents were being supported to engage in meaningful activities of their choice and in line with their assessed needs.

For example, social outings were provided for and family visits were encouraged and supported. Therapeutic activities of interest were also provided for, such as time spent working in the herb garden, music therapy, pet therapy (a dog made regular visits to the centre of which the residents loved), exercise to music, social stories by use of photographs and objects of reference and relaxation therapies. All these interventions were seen to enhance the quality of life of the residents living in the centre.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had regular access to GP services, psychiatry and neurology services, speech and language therapy, occupational therapy, physiotherapy and a dietitian. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents with mobility issues and conditions such as epilepsy and dementia. These plans helped to ensure that staff provided safe and consistent care in line with the recommendations and advice of the health care professionals.

There were systems in place so as to ensure the safety of the residents. Staff had undergone training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they knew how to keep residents safe and would report any concern (if they had one) relating to the welfare and safety of residents. However, it was observed that at the time of this inspection, there were no safeguarding concerns in the centre.

There were also systems in place to manage and mitigate risk. For example, where a resident may be at risk of choking, they were assessed. a specialised diet was provided and staff were provided with specialised training so as to effectively manage and mitigate the level of risk.

An issue was identified with regard to the use of one bed as a respite facility in the

centre. As this was a very specialised service, supporting residents with conditions such as dementia or Alzheimer's disease, the centre was not always appropriate for the provision of respite services. The residents that resided in the centre on a full time basis had little choice or control over this aspect of daily life in the centre.

It was observed however, that management had reduced the impact of this issue by reducing the level of respite services on offer and assessing the compatibility of individuals availing of respite with the other residents. Notwithstanding, some issues remained with this arrangements and it was an on-going at the time of this inspection.

On reviewing a sample of documentation, the inspector as assured that all fire fighting equipment was checked and serviced as required. Staff also undertook regular checks on all fire fighting equipment and escape routes and where required, reported any issues or faults. Fire evacuation drills were facilitated and each resident had a personal emergency evacuation plan in place, detailing the support they required to safely evacuate the premises in the event of a fire.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements 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. All staff had training in the safe administration of medication which ensures they had the skills necessary to support the individual medication requirements of each resident. There was a system in place to manage a medication error should one occur and staff were able to talk the inspector through the procedures on how to manage a medication error. However, it was observed that there had been no recent drug errors in the centre.

Overall residents appeared very happy and content in this service, family members reported to the inspector that there were very happy with the staff and service provided, they felt their relatives were adequately supported and safe and that their emotional, health and social care needs were being comprehensively provided for.

Regulation 10: Communication

Each resident had a comprehensive communication system and passport in place, in line with their assessed needs and preferred style of communicating.

Staff were observed to be fully aware and respectful of the communication requirements of each resident.

Where appropriate, information was provided in a way to suit the communication needs of the residents for example, the use of pictures and objects of reference.

Judgment: Compliant

Regulation 11: Visits

Family and friends of the residents were facilitated and supported to visit the centre as often as they liked and were kept informed about the residents progress.

One family member spoken with said they could visit their relative at any time and that staff were very responsive and welcoming to family and friends making visiting the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a risk register for the centre containing environmental and individual risks and identified the mitigating factors in addressing and mitigating such risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were adequate systems in place to protect against infection and the issue identified in the previous inspection had been addressed. There were adequate hand sanitising gels and facilities providing warm water throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place in the centre to include a fire alarm/panel and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place

and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur. It was observed that there had been no recent drug errors reported in the centre.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to enjoy a meaningful activities of their choosing and in line with their assessed needs. There was also significant input from family members and allied healthcare professionals with regard to the individual planning process with each resident.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents emotional and healthcare needs were

being comprehensively provided for with appropriate and significant input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital/neurology appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 9: Residents' rights

An issue was identified with regard to the use of one bed as a respite facility in the centre. As this was a very specialised service, supporting residents with conditions such as dementia or Alzheimer's disease, the centre was not always appropriate for the provision of respite services. The residents that resided in the centre on a full time basis had little choice or control over this aspect of daily life in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Coolnevaun OSV-0002879

Inspection ID: MON-0021730

Date of inspection: 19/09/2018

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A de-congregation plan is in place to allow for respite residents to move from the centre to specific respite accommodation.</p> <p>Respite is only availed of for 20 nights per month to allow residents time within the month for no respite to be in attendance.</p> <p>Respite will only be used in Coolnevaun where the resident has high medical needs and needs support from a nursing team as outlined in the statement of purpose.</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 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/11/2019