

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Coolmine Court - Community Residential Service
Centre ID:	OSV-0003074
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Conan O'Hara
Support inspector(s):	Helen Thompson
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 April 2017 09:30 To: 27 April 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The required actions from the centre's registration inspection in November 2015 were also followed up as part of this inspection. This was HIQA's second inspection of this designated centre.

How we gathered our evidence

The inspectors spent time speaking with the seven residents. The inspectors met with the person in charge and staff team and reviewed various sources of documentation which included the statement of purpose and residents' files. The inspectors also completed a walkthrough of the centre's premises.

Description of the service

The centre was home to seven female residents over 18 years of age. The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided a homely environment that promotes residents' health, independence and wellbeing.

The centre comprised of two adjoining community-based semi-detached houses.

Overall judgment of our findings

Of the nine outcomes inspected against, moderate non-compliance was found in the premises. Substantial compliance with the regulations was found in governance and management and workforce. Regulatory compliance was found in social care needs, health and safety and risk management, safeguarding and safety, healthcare, medication management and statement of purpose.

All inspection findings regarding compliance and non-compliance are discussed in further detail within the inspection report and accompanying action plan.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found residents were supported in line with their wishes and needs and residents had opportunities to participate in meaningful social opportunities.

The inspectors reviewed a sample of files and found that each resident had an assessment of need completed, which incorporated assessments by multidisciplinary team members. Health, social and personal needs were set out in assessments and corresponding support plans were developed. The inspectors found that personal plans were subject to regular review and recommendations arising from multidisciplinary team reviews formed part of plans where required.

Social care plans were personalised and reflected residents' individual preferences and requirements. Some residents were now at retirement age and there were retirement plans in place. The inspectors found that the residents were actively involved in designing their personal plan. Residents' person-centred plans outlined goals and objectives for residents to achieve. For example, holidays, attend concerts and maintain relationships with family and peers.

In discussing social care needs with residents, the inspectors found that residents enjoyed going to local choir, local music events, mass, bingo, hairdressers and on holidays. The inspector found that residents had busy schedules and appropriate levels of social activities in their lives.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspectors found the centre to be homely and suited to the needs of the residents. The privacy and dignity issues identified on the previous inspection had been addressed. However, the inspectors found that there were areas of the centre which required some attention.

The previous inspection identified that the design and layout of the centre was not suitable for its stated purpose as it did not meet the residents' privacy needs. The inspectors found that this had been addressed. The inspectors observed that the connecting door between the two houses was removed from residents' bedrooms and placed in the front hallway. In addition, all residents now had their own individual room.

Residents told inspectors that they liked their home and their individual rooms. Each resident had their own private bedroom with suitable storage which was decorated to their individual taste. Some residents showed inspectors their rooms. Residents were actively involved in the care and running of their home and had great pride in their home.

However, the inspectors noted areas of the centre which required some attention. This included the painting required around the new connecting doors, bedrooms and fire doors. In addition, inspectors found that the kitchen in one house required some upkeep. The provider's unannounced six-monthly visit had identified these maintenance issues.

The inspectors also observed adaptive furniture in one house. The adaptive furniture was put in place based on a multidisciplinary team recommendation for a previous resident. This adaptation was not reflective of a homely environment and did not support any current residents in the centre and required review. This was discussed at the feedback meeting.

There were separate kitchens with adequate cooking facilities and adequate communal space available in both houses. There was a spacious garden area to the rear of the centre which was well maintained. Residents also had access to well-maintained

equipment that promoted independence and comfort. For example, some residents had mobility difficulties and a chair lift was in place to support access to the upstairs of the house.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. The issues identified on the previous inspection had been addressed.

The centre had a health and safety statement in place and completed health and safety walkabouts weekly. From a review of the health and safety walkabouts, it was evident that the issues identified were addressed in a timely manner.

There was a risk management policy in place which contained the four specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included slips, trips and falls, medications, lone working and fire. In addition, there were individual risk assessments in place for falls, manual handling and fire. The inspectors found good practices in monitoring and responding to risk.

There were systems in place for the prevention and management of fire. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place. The centre completed daily and weekly checks on the fire exits, alarm, fire doors and emergency lighting. The centre completed regular fire drills and inspectors reviewed the record of these drills. Recent fire drills identified issues with evacuating all residents and it was evident that the centre was in the process of addressing this through the multidisciplinary team process. Staff and residents spoken with were able to tell inspectors what to do in the event of a fire.

The centre had prevention and control of infection procedures in place. Residents were actively involved in the cleaning of their home. Overall, the inspectors found the premises to be clean and well kept. Inspectors observed personal protective equipment and hand gels were available in the centre.

Judgment: Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall, inspectors found that the centre had measures in place to protect residents from being harmed or suffering abuse.

The centre had a policy in place for the prevention and detection of abuse, and systems in place for responding to incidents, allegations and suspicions of abuse. Staff knowledge of safeguarding vulnerable people was found to be strong and they were clear regarding the required reporting mechanisms. Residents told inspectors that they felt safe in the centre and that they would tell any staff member if they were not happy with something in their home or needed support. During the inspection, staff interactions with residents were observed as dignified, warm and respectful.

A behavioural support policy was in place in the centre, however no residents had a behaviour which required a specialised support plan. Where required, support was provided to residents by allied health professionals such as; mental health professionals, behaviour specialists and social work support.

The centre had a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. The centre promoted a restrictive-free environment for residents and at the time of inspection there was no restrictive practice in place.

Judgment: Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents' healthcare needs were being met. Residents were supported to achieve and enjoy the best possible health.

Residents spoken with on the inspection presented as being in good health and they informed the inspectors that they felt well supported with their healthcare needs. The inspectors reviewed a sample of healthcare plans and found that residents' healthcare needs were identified, assessed and care interventions were developed if required. The plans were updated annually, guided staff in supporting the resident and were reviewed regularly.

Residents were supported to have timely access to appropriate healthcare services and treatments. This included occupational therapy, physiotherapy and clinical nurse specialists. Residents had access to opticians and an audiologist where required. Residents were observed to be supported by a general practitioner (GP) of their choice.

There was evidence that a nutritional and varied diet was available for residents. Residents enjoyed the food provided and informed the inspector that their preferences were facilitated. Within the houses, refreshments and snacks were available for the residents outside of mealtimes. Residents were supported to maintain a healthy diet and were supported to access a dietitian where required. Specialised diets were facilitated and supported in line with residents' needs.

End-of-life care plans were in place. Inspectors reviewed a sample of end-of-life care plans and it was evident that the plans were reflective of, and guided by, the resident's wishes.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medicines management. There were written operational policies relating to the ordering, prescribing, storing and administering of medicines to residents. Residents' medication records were kept in a safe and accessible place.

The inspectors reviewed the medication prescription and administration record for a sample of residents. This documentation was observed to be complete. The inspectors noted that medication in this centre was administered by nursing staff and staff who were trained in the safe administration of medication. No residents in this centre were responsible for the administration of their own medication.

Inspectors observed that medication stored in the centre was stored securely. There was evidence of good linkage and communication with the pharmacy for the disposal of unused or out-of-date medication.

There was a system in place for reviewing and monitoring safe medication management practices. Medication errors were being identified and appropriately followed up.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that the centre's statement of purpose contained all of the information required by Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, the inspectors found that there was an effective management system in place and a clearly defined management structure that was understood by staff and residents. A suitably qualified and experienced person in charge was in place who demonstrated authority, accountability and responsibility for the provision of service within the centre. However, some improvement was required with the centre's self-assessment process.

The centre was managed by a suitably qualified, skilled and experienced person in charge who had been in the role for a number of years. They were supported in their role by a clinical nurse manager 3 and the provider nominee. The person in charge worked directly with residents and was knowledgeable of residents' support needs. The person in charge was observed to be clearly identifiable to, and known by residents.

There was a clear management structure with lines of authority and accountability. The inspectors reviewed the minutes of staff meetings and management meetings. Staff spoken with were found to be clear regarding the reporting structures within the centre and felt supported. There were systems in place regarding the auditing and review of aspects of care including: residents' personal plans, finances, medication and health and safety.

An annual review for 2016 had been completed for the centre by the Quality and Risk Officer. The annual review included the views of residents or their representatives on the quality of care being provided in the centre.

The inspectors reviewed the previous two unannounced six-monthly quality and safety reviews carried out by the provider. However, the reviews were completed outside the six-monthly timeframe. The most recent review was undertaken in March 2017 and an action plan was in place.

Judgment:

Substantially Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was an adequate number of staff to meet the needs of the residents and to deliver a safe service. The actions from the previous inspection were addressed. Inspectors observed that staff were very familiar with the needs of the residents and the residents displayed comfort and familiarity with staff.

There was a staff rota in place and a planned and actual rota was maintained. The inspectors reviewed rosters for a three week period including the week of the inspection which demonstrated that there was an appropriate staffing level to meet the assessed needs of the residents in the centre. The residents spoken with noted that they felt well supported by the levels of staffing. All staff were observed to be familiar with residents and were caring and respectful throughout the inspection.

The inspectors found that staff were supervised appropriately to their roles through staff meetings, the person in charge working directly with staff and residents, and annual appraisals.

The inspectors reviewed a sample of staff training and found that not all staff had up-to-date training in manual handling and safeguarding. In addition, the inspectors found that non-nursing staff were not provided with appropriate training in supporting a person with diabetes. This was discussed in the feedback meeting.

The recruitment of staff was managed centrally by the human resources department of the organisation. The inspectors did not review staff files during this inspection as the previous inspection found that staff files met the requirements of Schedule 2.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conan O'Hara
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee
Centre ID:	OSV-0003074
Date of Inspection:	27 April 2017
Date of response:	02 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Areas of the house which required some attention:

- Painting required doors, areas around connecting doors, bedrooms
- Maintenance of kitchen
- Adaptive furniture

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

- 1.Painting prioritised and be completed by October 2017
- 2.Maintenance of the kitchen complete by October 2017
- 3.Adaptive furniture removed 26/05/2017

Proposed Timescale: 31/10/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The six monthly unannounced reviews where not carried out within the six month timeframe

2. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

-The Provider will carry out unannounced visits every 6 months

Proposed Timescale: 12/06/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff were up to date in mandatory training
Non nursing staff were not provided with training in supporting a person with diabetes.

3. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional

development programme.

Please state the actions you have taken or are planning to take:

-A training needs analysis completed.

-Staff will be prioritized for mandatory training. Local training will be provided for non-nursing staff related to supporting a person with diabetes

Proposed Timescale: 31/10/2017