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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Coolnevaun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17 August 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0002879</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026083</td>
</tr>
</tbody>
</table>
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: | 3 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 17 August 2020</td>
<td>09:50hrs to 15:30hrs</td>
<td>Andrew Mooney</td>
<td>Lead</td>
</tr>
</tbody>
</table>
## What residents told us and what inspectors observed

In line with public health guidance and residents assessed needs, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to meet and briefly engage with all three residents during the inspection.

The inspector observed residents being supported in a dignified and caring manor during the inspection. The inspector observed residents during a mealtime and found that a homely and relaxed environment was facilitated by staff. The centre's configuration allowed for residents to engage in activities of their choosing, while also ensuring a peaceful and relaxing atmosphere.

Residents appeared very comfortable with staff and seemed to know them well. The inspector also noted that residents appeared relaxed and comfortable in each other's company.

## 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 suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre.

The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed every six months. Where areas for improvement were identified within these audits, time bounded plans were put in place to drive improvement. This illustrated that the provider had the capacity to self identify and address issues in a timely manner.

Staffing arrangements at the centre were appropriate to meet the needs of residents and reflected what was outlined in the statement of purpose. From a review of the roster it was evident that there was also 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 which was maintained. From a review of the roster it was clear that there was high levels of staff continuity and the inspector found that this
promoted positive health outcomes for residents. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding, end of life care planning and infection prevention and control. Staff told the inspector there was an open and transparent culture within the centre and they would be comfortable raising concerns if they arose.

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. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs.

A review of supervision records noted that staff were supervised and these records detailed a high level of staffing support. There was a very clear supervision process in place and supervision was planned throughout the year. Staff told the inspector they found this process very beneficial and it supported them in their role.

**Regulation 15: Staffing**

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of all residents at all times. Nursing care was available as required. There was a planned and actual roster in place. All schedule 2 information was in place.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff received on-going training as part of their continuous professional development that was relevant to the needs of residents.

Staff received supervision appropriate to their role.

Judgment: Compliant

**Regulation 23: Governance and management**

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all area's of service provision.
Quality and safety

There were systems and procedures in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. This included a robust provider response to the COVID-19 pandemic.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding activities to enrich their lives and maximise their strengths and abilities. However, due to the national COVID-19 pandemic, opportunities to engage in these activities had been limited in line with public health advice. That being said, the provider had ensured residents had accessed meaningful activities. The inspector observed photographs of residents recently enjoying activities such as visiting the phoenix park, going on days out to the seaside, engaging in sensory activities and doing art.

Residents' health care needs were very well supported. Residents had access to a general practitioner (GP) of their choice and other relevant allied health care professionals where needed. During times of illness, residents' health needs were appropriately supported in consultation with their GP, hospital consultants and other appropriate multi-disciplinary team members, such as speech and language therapists, occupational therapists and psychiatry. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' needs. This resulted in residents' health being well supported.

During the inspection the inspector observed that the centre was well maintained. The design and lay out of the centre met residents assessed needs. Each resident had their own bedroom and there was suitable communal spaces. For example there was a sitting room that had been redecorated in keeping with residents personal preferences. Additionally, a sensory room had been created within the centre which residents liked to use.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample
supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider had developed a COVID-19 contingency plan that was in line with public health guidance and best practice. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk. The person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. From a review of documentation the inspector noted that the person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. The cumulative impact of these measures promoted safety within the centre.

Medicines were used within the centre for their therapeutic benefits and to support residents with their health and wellbeing. The inspector observed good medicine management systems in place.

### Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose and met residents assessed needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate risk management systems were in place. Risk control measures were relative to any risks identified. Arrangements were in place for identifying, recording, investigating and learning from adverse events.

Judgment: Compliant

### Regulation 27: Protection against infection
There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

**Judgment:** Compliant

### Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and appropriate fire evacuation drills were carried out regularly.

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate.

**Judgment:** Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of this assessment was used to inform an associated plan of care, which was recorded in the resident's personal plan.

**Judgment:** Compliant

### Regulation 6: Health care

Residents had access to appropriate allied health professional support. Residents received support in times of illness, which met their physical, emotional, social and spiritual needs and respected their dignity, autonomy, rights and wishes.
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
</tbody>
</table>