



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

## Issued by the Chief Inspector

Name of designated centre:	Cooleens House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0001817
Fieldwork ID:	MON-0032195

## About the designated centre

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

Cooleens House is a large detached purpose built one-storey building located in a rural area but within close driving distance to a nearby town. The centre operates as a COVID-19 isolation centre if required for residents of the provider's other designated centres. As a result it can support a maximum of six residents of both genders over the age of 18 with intellectual disabilities. Six individual bedrooms are available for potential residents' use, some of which have en suite bathrooms. The centre also has other bathrooms and other rooms in the centre include a kitchen/dining room, a sitting room, a sensory room, a gym and a laundry room. When the centre is in use residents are to be supported by the staff employed by the provider such as nurses and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

0

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 17 May 2022	17:00hrs to 18:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

This designated centre was seen to be presented in a clean, well-furnished and generally well maintained manner on the day of inspection.

On arrival at the centre, which served as a COVID-19 isolation unit for adults, it was seen that a COVID-19 related sign was present at the front door, Signage was also present within the premises while facilities were also available to support infection prevention and control practices. For example, there were wall mounted hand sanitiser dispensers, pedal operated bins and cleaning supplies. Six individual bedrooms for potential residents were present in the centre some of which had their own en-suite bathrooms.

Other bathrooms were also present in the centre and while these were generally seen to be well maintained and clean, it was observed that some taps appeared to have limescale present and were in need of descaling. The rest of the internal of the centre was seen to be brightly decorated and well-furnished with communal spaces available including a sitting room, a sensory room and a gym. Some external painting was observed to be required to part of the centre.

While the designated centre was registered as a COVID-19 isolation unit for adults, the inspector was informed by a person participating in management that the centre had not been in use since July 2020. As a result no residents were met during this inspection.

In summary, while this centre had not been in use for some time, it was observed to be generally well maintained although some external painting and descaling of taps was needed. The centre was seen also to be clean and well-furnished.

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

## Capacity and capability

While oversight of this designated centre was being maintained, a person in charge was not in place for the centre at the time of inspection.

This designated centre had traditionally operated as a respite centre for children. However, in April 2020, in response to the the COVID-19 pandemic, the provider changed the use of the centre to make it a COVID-19 isolation unit for adults

availing of the providers other designated centres. The centre subsequently had its registration renewed until February 2024 and as such remained registered as a COVID-19 isolation unit. As the centre had not been inspected by HIQA since December 2019, it was decided to conduct the current inspection to assess compliance with relevant regulations.

During this inspection, the inspector was informed that the designated centre had not been used for COVID-19 isolation purposes since July 2020 and had been unoccupied since that time. It was also indicated to the inspector that the intention of the provider was for this centre to revert to being a children's respite centre but it was unclear when this would happen as the structures and staffing needed to support this were not in place. In addition to this, no person in charge was in place for the centre at the time of inspection. While it was acknowledged that the centre had not been in use for some time, under the regulations, a designated centre must have a person in charge.

It was indicated that staffing would be provided for the centre in the event that it was required for isolation purposes with such staff to come from the provider's other designated centres. This was not stated under details of the staffing arrangements in the recently reviewed statement of purpose for this centre. However, this did include details of a person participating in management who was maintaining oversight of this designated centre. They had ensured that key regulatory requirements for this centre such as provider unannounced visits and annual reviews had been completed. As discussed further below, they had also ensured that key checks had been completed for the centre to ensure that it was ready to accept residents should the situation arise.

#### Regulation 14: Persons in charge

The centre did not have a person in charge at the time of this inspection.

Judgment: Not compliant

#### Regulation 23: Governance and management

Provider unannounced visits and annual reviews had been completed for this centre. Reports of these were available for the inspector to review with action plans put in place where necessary.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre had been recently reviewed and contained most of the required information such as the information contained within the centre's certificate of registration. However, it was not clearly indicated in the statement of purpose how this centre would be staffed in the event that the centre was to be used.

Judgment: Substantially compliant

### Quality and safety

Key checks were being carried out in this designated centre while a risk register was also being maintained for the centre.

As highlighted earlier, it was observed that some taps in bathrooms were in need of descaling while some external painting was observed to be required to part of the centre. The inspector was informed that efforts were being made to address these and some maintenance works had been carried out in the centre which had also received a deep clean in the months leading up to this inspection. It was also noted that maintenance of certain equipment contained within the centre, such as particular beds, had been conducted within the previous 12 months.

Maintenance checks were being carried out on the fire safety systems that were present within the designated centre. Such systems included a fire alarm, emergency lighting, a fire blanket, fire extinguishers and fire doors. Such doors are important to prevent the spread of fire and smoke while providing a safe evacuation route in the event that an evacuation is required. The centre was also provided with multiple evacuation routes, all of which were observed to be unobstructed on the day of the inspection.

A risk assessment was in place relating to fire safety and this formed part of the risk register that was being maintained for the centre. Another risk that was included in this register was the risk relating to legionnaire's disease (a severe form of pneumonia) that can be contracted through water. To reduce the potential for this to be an issue for this centre, the relevant risk assessment indicated that taps in this centre were to be flushed every week. Records were available on this inspection indicating that this was being done. A risk assessment was also in place related to COVID-19 while it was indicated that a self-assessment related to infection prevention and control had been recently completed.

## Regulation 17: Premises

While the designated centre was seen to be presented in a clean, well-furnished and generally well maintained manner on the day of inspection, some taps in bathrooms were in need of descaling while some external painting was observed to be required to part of the centre.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

A risk register was provided for the centre which contained various risk assessments covering areas such as fire and legionnaire's disease. Such risk assessments had been reviewed in a timely manner.

Judgment: Compliant

## Regulation 27: Protection against infection

An infection prevention and control self-assessment had been recently completed. COVID-19 related signs were present in the centre which also had wall mounted hand sanitiser dispensers, pedal operated bins and cleaning supplies.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety systems in the centre included a fire alarm, emergency lighting, a fire blanket, fire extinguishers and fire doors. Maintenance checks were being carried out on such systems. The centre was provided with multiple unobstructed evacuation routes.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant

# Compliance Plan for Cooleens House OSV-0001817

Inspection ID: MON-0032195

Date of inspection: 17/05/2022

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>To come into compliance with Regulation 14: Persons in charge: Despite several recruitment processes, attempts to recruit a person in charge has been unsuccessful to date. A new recruitment process has commenced with the hope of recruiting a suitable person in charge for the centre as soon as possible.</p> <p>To be completed by: 30/08/2022</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>To come into compliance with Regulation 3: Statement of Purpose: The registered provider has reviewed and amended the statement of purpose to reflect how the centre will be staffed should residents transfer for isolation purposes.</p> <p>Completed on: 31/05/2022</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: To come into compliance with Regulation 17: Premises; The registered provider will replace the taps identified in bathrooms and has arranged for painting to be completed in the coming weeks.</p>	

To be completed: 30/07/2022

## 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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	30/08/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/07/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/05/2022

