



Office of the Chief Inspector

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

Name of designated centre:	Coolmine Court - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	08 January 2019
Centre ID:	OSV-0003074
Fieldwork ID:	MON-0021746

About the designated centre

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

Coolmine Court is two adjoining two-storey houses that are connected internally by a door located in the front hallway. There is a total of 8 bedrooms, 1 bedroom is being utilised as a staff office and bedroom. There is a large back garden and shared front driveway. The team in Coolmine Court provides full time, low to medium support residential care to 6 females residents. The ladies also have varying healthcare needs. The team in Coolmine Court consists of one clinical nurse manager, two full time staff nurses, one part time nurse, three social care workers, and health care assistants. Staff nurses are rostered daily to support service users medical needs. The care provided in the centre is based on Roper, Logan and Tierney's model of care. The centres Statement of Purpose states: it is the mission of Coolmine Court to provide a person centred and safe home to the service users.

The following information outlines some additional data on this centre.

Current registration end date:	12/04/2019
Number of residents on the date of inspection:	6

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:

Date	Times of Inspection	Inspector	Role
08 January 2019	09:30hrs to 17:30hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet and speak with five residents on the day of inspection. All residents communicated their satisfaction with the service being provided and no complaints were voiced. Residents appeared very comfortable and proud of their home and the centre was supporting residents to exercise freedom of choice and control in their daily lives.

Residents were supported to attend their individual activities throughout the day. The inspector observed staff supporting residents to go shopping and also supporting one resident to use new technology equipment they had recently purchased. Some residents were retired and this was also supported and facilitated by staff. Positive, respectful and warm interactions were observed between staff and residents and staff appeared to be very familiar with residents individual needs and preferences. Residents were observed to gather in the kitchen to make tea and to chat with each other and with staff about their day and this was friendly and social.

The inspector had the opportunity to review six questionnaires completed by residents pre-inspection. All questionnaires completed expressed a high level of satisfaction with care and support, and food and mealtimes provided. Satisfaction with the premises and staff working with them was also highlighted.

Capacity and capability

Overall the registered provider, person in charge and persons participating in management were striving to provide a safe service at a high standard. There was a robust management structure in place with clear lines of accountability. Actions from the last inspection had been adequately addressed

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. Concerns identified appeared to be addressed in a timely manner and informed improvements in the designated centre. The person in charge demonstrated adequate oversight and knowledge of the designated centre. There was an annual review of the service provided available on the day of inspection, areas in need of improvement identified in the review appeared to drive improvements in the designated centre. The person in charge was carrying out regular one to one performance reviews with all staff and had an adequate level of oversight of the designated centre. The person in charge was also

carrying out regular audits of the centre and identifying outstanding actions needed.

The registered provider had appointed a person in charge. This person was in a full time position and found to have the suitable skills, qualifications and experience necessary to manage the designated centre. The person in charge had a high level of oversight of the designated centre and a good working knowledge of the needs of the residents living there.

The inspector reviewed a number of training records and found that while the registered provider had ensured all staff members had received mandatory training, not all staff had received refresher training in line with the service policy. This included refresher training in fire safety and manual handling. Further training was provided to staff in areas including the safe administration of medication (SAMS), safeguarding, and hand hygiene. Training needs analysis was carried out on a regular basis and identified any gaps in staff training. However, deficits in training to meet specific needs of some of the residents were identified. Staff spoken to appeared to have good knowledge from the training they had received and this appeared to guide the provision of a high standard of support and care.

All Schedule 5 written policies and procedures were in place. A copy of these policies were made available to all staff. These policies were reviewed and updated when appropriate at intervals not exceeding three years and these updated copies were then available. Staff spoken with appeared knowledgeable on service policy and procedures which was guiding staff practice.

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes. There was a designated complaints officer in place, nominated to investigate complaints by or on behalf of residents. Residents had access to advocacy services if required. The complaints procedure was prominently displayed in the designated centre.

The inspector reviewed a sample of the centres accident and incident records and found that all relevant incidents had been notified to the Office of the Chief Inspector. These had been submitted within the required time lines and had been actioned appropriately by the person in charge and people participating in management.

The registered provider had prepared in writing a statement of purpose containing all information set out in Schedule 1. This was reviewed at regular intervals and accurately described the service being provided. This was available to residents and their representatives.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge. This person was in a full time position and found to have the suitable skills, qualifications and experience necessary to manage the designated centre. The person in charge had a high level of oversight of the designated centre and a good working knowledge of the needs of the residents living there.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a number of training records and found that while the registered provider had ensured all staff members had received mandatory training, not all staff had received refresher training in line with the service policy. This included refresher training in fire safety and manual handling. Further training was needed to meet the specific needs of some of the residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. There was an annual review of the service provided that appeared to drive improvements. The person in charge was completing performance reviews with staff and was carrying out quality audits in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing all information set out in Schedule 1. This was reviewed at intervals not less than a year and accurately described the service being provided. This was available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were in place. A copy of these policies were made available to all staff. These policies were reviewed and updated when appropriate at intervals not exceeding three years and these updated copies were then available.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of the centres accident and incident records and found that all relevant incidents had been notified to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Overall the registered provider, people participating in management and person in charge were endeavouring to ensure the designated centre was resourced sufficiently for the effective delivery of care and support to the residents availing of respite. All actions from the previous inspection had been addressed.

Overall, the registered provider had ensured that the premises were designed and laid out to meet the number and needs of the residents. The premises was of sound construction and was in a good state of repair externally and internally. The premises consisted of two adjoining two-storey houses that were connected internally by a door located in the front hallway. There was a total of eight bedrooms, one bedroom was being utilised as a staff office and bedroom. There was a large back garden and shared front driveway that was well maintained and accessible to the residents and they enjoyed sitting out there in the nice weather. All residents had separate bedrooms that were decorated in an individualised manner. Assistive aids were provided where appropriate. Adequate storage space was provided and communal living areas were a suitable size to meet the needs of the residents. The person in charge was identifying any outstanding repair or decorative issues and was then reporting these to the service maintenance department

Arrangements were in place for detecting, containing and extinguishing fires. All

staff had received training on fire safety in the designated centre. Emergency lighting and detection systems were in place around the designated centre where appropriate. Testing and servicing of equipment was carried out at regular intervals and staff were completing regular safety checks on lighting, exits and fire doors. Staff spoken to appeared to have good knowledge regarding fire safety precautions and procedures. Regular day and night time fire drills were being completed by staff, and staff learning was evident from these drills. Personal emergency evacuation plans (PEEPs) were in place for all residents and guide staff to safely evacuate residents in an emergency.

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents that reflected residents health, personal and social care needs. A key worker system was in place to ensure staff supporting residents were assessing the effectiveness of plans in place and ensuring plans were accurately reflecting the residents most current needs. Residents had a wide range of individual social goals in place which the key workers also revised and updated as required. These included attending shows, beauty therapy sessions, holidays, and flower arranging sessions. One resident had a goal to purchase a new piece of technology equipment. This goal had been achieved on the day of inspection, and staff were supporting the resident to use the equipment. Social goals in place for residents were accurately reflecting the residents personal development. Annual personal care planning meetings (PCP's) were held with each resident and their preferred attendees. This was an opportunity for residents to discuss their personal goals and aspirations for the year ahead. These meetings guided personal plans in place and the care and support being provided by staff.

In general, the registered provider had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided where appropriate. Staff spoken to appeared to have good knowledge of the residents healthcare needs. All residents had access to a general practitioner (GP). Assessments of need were guiding personal plans and appropriate healthcare. There was a key worker system in place, allocating staff to regularly review particular assessments and care plans. Residents had access to a number of allied healthcare services. However, it was observed relevant referrals to physiotherapy services and occupational therapy services had not been made by staff at times.

The registered provider had ensured residents had freedom of choice and control in their daily lives and had ensured the designated centre was operated in a manner that respected the age, gender and disability of each resident. Residents had access to advocacy services and staff spoken to expressed their role in advocating for residents at times. Residents appeared to have a high level of input into the running of the designated centre and decisions regarding their care and support. Annual PCP meetings provided residents with an opportunity to discuss the effectiveness of care and support being provided.

The registered provider, person participating in management and person in charge

had ensured arrangements were in place for the safeguarding of residents. All staff were up-to-date on appropriate training in relation to the prevention, detection and response to abuse. All residents were assisted and supported to voice any concerns, and these were addressed in a serious and timely manner. A designated officer was in place to investigate any concerns raised and escalate when appropriate in line with national policy. Staff spoken to appeared to have good knowledge of safeguarding procedures and national policy. There were no safeguarding concerns identified on the day of inspection.

In general, practice relating to the ordering, prescribing, disposal and administration of medicines was appropriate, safe and in line with best practice. Documentation adequately reflected the administration of medication by suitably trained and qualified staff. Residents' medication prescription's were clear, regularly reviewed and accurately guided the administration of prescribed medication. Protocols were in place for the administration of emergency medication. Residents availed of pharmaceutical services from a local pharmacy who delivered their medications monthly. Audits were carried out by nursing staff to ensure this medication was packed as prescribed by the residents' general practitioner. However, the inspector identified areas in need of improvement for the management of out-of-date or unused medication. Some medical devices specific to one residents healthcare needs was out-of-date and was stored in the medication press. Furthermore, there were no arrangements in place for the storage of out-of-date medicines prior to returning to the pharmacy.

Regulation 17: Premises

Overall, the registered provider had ensured that the premises were designed and laid out to meet the number and needs of the residents. The premises was of sound construction and was in a good state of repair externally and internally. The registered provider had ensured the provision of all matters set out in Schedule 6

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements were in place for detecting, containing and extinguishing fires. All staff received up-to-date training on fire safety in the designated centre. Emergency lighting was in place around the designated centre where appropriate. Testing and servicing of equipment was carried out at regular intervals and staff were completing regular safety checks on lighting, exits and fire doors

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In general, practice relating to the ordering, prescribing, disposal and administration of medicines was appropriate, safe and in line with best practice. However, the inspector identified areas in need of improvement for the management of out-of-date or unused medication. Some medical devices specific to one residents healthcare needs was out-of-date and was stored in the medication press. Furthermore, there were no arrangements in place for the storage of out-of-date medication prior to returning to the pharmacy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents.

Judgment: Compliant

Regulation 6: Health care

Overall, the registered provider had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided where appropriate. However, relevant referrals to allied healthcare professionals had not made by staff at times.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider, person participating in management and person in charge had ensured arrangements were in place for the safeguarding of residents. All staff were up-to-date on appropriate training in relation to the prevention, detection and response to abuse. All residents were assisted and supported to voice any concerns, and these were addressed in a serious and timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured residents had freedom of choice and control in their daily lives. Residents had access to advocacy services. Residents appeared to have a high level of input into the running of the designated centre and decisions regarding their care and support.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coolmine Court - Community Residential Service OSV-0003074

Inspection ID: MON-0021746

Date of inspection: 08/01/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1 Staff scheduled to attend manual handling on 14/05/2019 The Provider will ensure all staff have refresher fire training, Dementia training and training in diabetes .	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Local house guidelines/arrangement is in place regarding storage and returning of out of date medication and medical devices.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: A referral has been made to Physiotherapy for 1 resident	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2019
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	27/02/2019
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	27/02/2019

	and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	27/02/2019