



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

Name of designated centre:	Coolcotts
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	16/05/2018 & 17/05/2018
Centre ID:	OSV-0005239
Fieldwork ID:	MON-0021968

## About the designated centre

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

The services is described as offering long term residential care to 12 adults, both male and female with a mild intellectual disability who require low levels of support with some nursing oversight available. It is located in a community setting in a regional town with good access to all amenities and services. There are day services attached to the service which residents can use if they wish. Residents can also access external day services if they choose. The premises comprises two adjacent purpose built houses. All residents have their own spacious bedrooms and there is ample community living space and suitable shower and bathroom facilities. They are furnished and maintained to a high standard. Both houses are suitable for the current and changing needs for residents.

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

Current registration end date:	31/10/2021
Number of residents on the date of inspection:	11

## 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
16 May 2018	09:30hrs to 06:30hrs	Noelene Dowling	Lead
17 May 2018	09:30hrs to 13:30hrs	Noelene Dowling	Lead

## Views of people who use the service

The inspector met and spoke with five of the residents and met with three family members. Residents also completed questioners with staff assistance. All of the residents said that they were very happy with their lives in the centre and gave feedback which was positive and complimentary of the service provided. They spoke positively of their own bedrooms, had lots of their own personal belongings, did many interesting activities, hobbies and had a social life they enjoyed. Residents said they did interesting things in the day services and when they wanted a day off they could take it.

Residents said staff helped them all the time and they had meetings where they made decisions together. They also said they got on very well together and loved their new homes which they had lived in for two years.

Family members were also very complimentary about the care they received, the commitment of the staff and management. They outlined very prompt communication, good consultation and shared decision making processes which meant that they felt reassured at the care provided.

## Capacity and capability

The inspector found that overall this was a well-managed centre with good structures and levels of accountability evident. However, some improvements were required in the consistent implementation of systems for oversight and review of practices to ensure the quality and safety of care provided.

The systems for quality improvement, including auditing while undertaken rigorously were not effective. Audit systems were not sufficiently utilised to analyse the data collated and to support changes in practice. There was a concentration on documentation as opposed to the quality and potential outcomes for residents and as a result opportunities to improve the service were missed.

The provider had complied with the requirement to carry out an annual review and self assess the centre. The content of the annual report required review to transparently reflect and detail the quality and safety of the centre and plan for improvements. The views of both residents and families were ascertained but not reflected in the report. As a result it was not demonstrated that the provider had the capacity to self identify and address areas for improvement in this centre.

The lack of effective auditing and monitoring systems was reflected in a number of areas for improvement as identified in the quality and safety section of this report.

For example, findings under risk management and health care management indicate that a more robust system was needed to ensure that systems prescribed were effective and were implemented consistently.

However, despite these findings the inspector was assured that residents' needs were prioritised by the provider.

The provider had ensured that good arrangements were in place for key management positions. The person in charge was suitably qualified and experienced. She was responsible for four centres. In this instance, two experienced team leaders in each house were responsible for the day-to-day practices under the direction of the person in charge. There were good reporting systems evident at all levels, including to the chief executive officer. As a result this management arrangement worked well.

Sufficient staff with the training and skills to support residents were employed. There was a commitment to mandatory training evident and recruitment practices were safe. Staff received regular and pertinent supervision and there was evidence that where any issues arose which may affect negatively on residents these were addressed by the person in charge. All staff and the managers demonstrated a sound knowledge of good practice and a commitment to residents care and best interests.

The provider's statement of purpose clearly defined the service which residents could expect to receive. Care, support and admission processes were seen to be managed according to this document. This ensured that residents' needs could be met in the service. The service was adequately resourced and the provider was responsive to changes in residents needs.

Staff and managers were seen to be very familiar with the residents' needs and preferences and fully engaged with them.

The provider had put satisfactory arrangements in place that anyone could provide feedback or make a complaint about the service. Complaints were recorded and seen to be managed in a timely manner. The provider took action in response to incidents and accidents which took place in the centre. From a review of the incident reports, it was evident that that actions taken in relation to these were appropriate and responsive. This approach provided for learning. The person in charge was forwarding the required notifications in relation to incidents to HIQA.

All resident had a contract for service which detailed all costs.

## Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes
Judgment: Compliant
Registration Regulation 8 (1)
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was suitable qualified and experienced and engaged in the manage of the centre.
Judgment: Compliant
Regulation 15: Staffing
Sufficient staff with the training and skills to support residents were employed. The numbers of staff were increased when this was necessary to offer additional support to the residents. Staff were observed to be respectful of and very supportive of the residents.
Judgment: Compliant
Regulation 16: Training and staff development
There was a commitment to training which was pertinent to the needs of the residents.
Judgment: Compliant
Regulation 22: Insurance

Insurance arrangements were satisfactory and up to date
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>There a was a good management structure evident. However, systems for monitoring of practices required some improvement to ensure they were effective and were implemented consistently to residents' benefit.</p> <p>The systems for quality improvement, including auditing and review of quality and safety also required review to ensure they were fully effective, transparent and inclusive of views of both residents and families.</p>
Judgment: Substantially compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
Admission processes and decisions were suitable and took account of the needs of the current and proposed resident and the service the centre offers.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose clearly detailed the service to be provided and practice was in accordance with this statement .
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had notified HIQA of all matters which required this.
Judgment: Compliant



### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Appropriate arrangements were in place to notify HIQA of periods when the person in charge was absent.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a process for the management of all complaints and such issues were managed transparently.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All of the required policies were in place.

Judgment: Compliant

## Quality and safety

It was apparent that residents' quality of life and overall safety of care was prioritised and managed in a consultative manner with the residents. Some improvements were required, however, in the consistent implementation of risk management processes and ensuring that all of residents' needs were identified and responded to.

The provider had made arrangements to protect residents safe from the risk of fire. All of the required fire safety management equipment including containment doors were present and serviced as required. Staff diligently undertook regular drills with residents and fire training had been completed. However, from a review of the records in relation to the drills it was apparent that on occasions residents were not able to respond to the alarms. There were no strategies or guidance provided to address this. Staff worked alone at night in each unit, which increased the risks to the residents.

As residents found that fire doors difficult to open they were in some instances propped open by chairs. Staff assured the inspector that these were removed at

night. The inspector was informed that the provider was in the process of procuring self-closing magnets and would do so promptly.

Risk management systems therefore required review, as they were not fully reflective of or responsive to the conditions in the centre. Risks which related to individual residents were managed in a better way. There were detailed and pertinent risk assessments and management plans for each individual resident. These included areas including falls, diet and personal safety.

Overall residents' health care was promptly assessed and responded to. However, from a review of specific records and conversations with staff the inspector was unable to ascertain the response and actions taken when a significant health related symptom was noted. While this may have been a documentary deficit it was of concern that assurance in relation to this could not be given and subsequent reports to the person in charge were contradictory. There was inadequate health care information for another resident and monitoring systems, for example weight monitoring, were not consistently adhered to. The inspector acknowledges the particular complexity of both of these situations and that they were not consistent findings in the centre. Both however had the potential to impact negatively on resident's wellbeing.

It was evident that where serious illness developed the person in charge took all appropriate actions and residents were very well supported either in acute services or in the centre. Additional staffing and clinical support was also made available.

The inspector could see and family members confirmed the progress made with ongoing support for participation in physiotherapy for example. Staff were actively encouraging the resident to participate and this was seen to have a beneficial impact.

Residents had frequent access to multidisciplinary assessments and clinicians including speech and language, physiotherapy, and psychiatry. Personal support plans were implemented and staff were very well aware of their individual needs. Staff supported the residents themselves to be informed and to take control of these where possible.

Regular multidisciplinary reviews took place and these were attended by residents and family members. It was apparent that goals and new experiences were being identified and achieved with the residents.

The provider was responsive to changing needs such as age and listened to residents expressed preferences. Alternations were made to staffing arrangements, day care programmes and residents were given the opportunity to try out new experiences or retire and relax as they wished.

Residents had good access to external activities of their choosing and to the local community, which they knew well. They did drama art, music, crafts and the centre had a well-used recreational room.

Residents who required additional support with communication were assisted with

social stories and pictorial images. They also had access to mobile phones and the Internet. However, the support plans did not provide adequate guidance to staff about residents' preferred means of communication and this was an area which required review.

There was evidence of consultation with residents with house meetings and individual key worker meeting held. These helped to ensure that that residents were encouraged to voice their opinions and there was evidence that these were listened to.

Dietary needs and preferences were well known by staff and residents participated fully with staff in the choosing and preparation of meals and shopping for food. Meals as observed were relaxed and social occasions.

There were effective systems in place to protect residents from harm and the person in charge and the provider acted promptly and correctly to address any issues, which occurred. There was a trained designated officer. There was access to clinical guidance for the support of behaviours that challenge and frequent review and guidance for staff in relation to these. These were not a significant feature of this service.

The policy on intimate care demonstrated a commitment to protecting residents' dignity and integrity. However, intimate care support plans were not detailed in providing this guidance. While these plans were not detailed, staff were observed to be very considerate and respectful of the residents.

Residents were encouraged to be as independent as possible. For example, residents managed their money with the appropriate level of staff support. There were good systems for oversight and these were robustly audited. The premises promoted residents' privacy and quality of life and all had spacious individual bedrooms and bathrooms with many personal belongings and certificates of various achievement.

Medicines management systems including provisions for controlled medicines were safe and frequently reviewed.

## Regulation 10: Communication

While social stories and pictorial images were developed to support residents' communication needs, the support plans did not contain sufficient information and guidance for staff, in particular new staff.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

Residents had access to all of their personal possessions and these were itemised to ensure they were safe.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents attended day services appropriate to their needs, age and preferences. These were regularly reviewed to ensure they remained suitable and were what the residents wanted.

Judgment: Compliant

### Regulation 17: Premises

The premises was very well laid out spacious and suitable to meet the residents current and future needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents dietary needs were assessed and supported with variety and individual choice evident.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management systems were implemented but they they required some review to ensure they were reflective of and responsive to the situation in the centre including lone working arrangements.

Judgment: Not compliant

## Regulation 27: Protection against infection

Suitable systems for the prevention and management of risk of infection were implemented.

Judgment: Compliant

## Regulation 28: Fire precautions

All of the required fire safety management equipment including containment doors were present and serviced as required. Staff had the required training .However, no strategies or guidance was implemented to address situations when residents could not respond to the fire alarm.

In addition the fire doors were held open with chairs which negated their value to contain fire.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Systems for the management of and reviewing of resident medicines were safe.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had person-centred personal plans reflective of their assessed need and preferences which were regularly reviewed and amended as needed. The residents and their representatives were closely involved on this process.

Judgment: Compliant

## Regulation 6: Health care

It was not demonstrated that appropriate action had been taken in a timely

manner when a significant health care symptom emerged, or if this had been accurately reported and addressed subsequently.

The lack of adequate healthcare information available in another instance and lack of adherence to the monitoring systems prescribed by policy could impact negatively on residents well being.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

There was access to clinical guidance for the support of behaviours that challenge and frequent review and guidance for staff in relation to this as changes emerged.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the implementation of safeguarding policy, identification of potentially abusive situations, good access to management, good communication with staff, access to external supports and recruitment practices.

Intimate care plans however required further details to ensure residents personal integrity, privacy and choice was protected.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents rights were actively promoted and their views and preferences sought and responded to.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially 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 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Coolcotts OSV-0005239

Inspection ID: MON-0021968

Date of inspection: 16/05/2018 & 17/05/2018

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><b>Unannounced inspections will be carried out twice yearly. Two unannounced inspections will be completed by the end of December 2018.</b></p> <p><b>The structure of the Annual review report will be looked at and will include details on the consultation with residents and their families. This will be reflected in the 2018 Annual review report completed in January 2019.</b></p> <p><b>AD hoc Audits will be carried out by the SCL and the CNM at the designated Centre for the remainder of 2018 and will continue going forward</b></p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p><b>Resident's individual support plans will be reviewed and updated to contain sufficient information and guidance for staff, in particular new staff. There will be specific focus on detailed intimate care plans.</b></p> <p><b>Each Individuals risk assessment regarding evacuating of the building will be reviewed and will include a plan of support which outlines what actions are taken if they do not respond to fire alarm.</b></p> <p><b>Social stories around fire evacuation will be developed for individuals who may require additional support with this.</b></p>	
Regulation 26: Risk management procedures	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p><b>Risk management policy will be updated to reflect lone working arrangements</b></p> <p><b>Risk register will be amended to reflect lone working arrangements</b>  </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Individual risk assessments have been completed on each resident to include an action in the</p> <p><b>Each Individuals risk assessment regarding evacuating of the building will be reviewed and will include a plan of support which outlines what actions are taken if they do not respond to fire alarm.</b></p> <p><b>Social stories around fire evacuation will be developed for individuals who may require additional support with this.</b></p> <p><b>Fire evacuations plans will continue to be discussed at residents meetings ned fortnightly PCP meetings.</b></p> <p><b>Appropriate Door magnets to hold doors open have been identified for each house. These door magnets will be ordered and fitted by the fire company in the next three months.</b>  </p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p><b>When a residents is seen by GP/ Care doctor a record of this will be completed in the residents file. This record will outline the reason for visit, the actions taken by the Doctor and the advice and instruction to be carried out following the appointment.</b></p> <p><b>Written reports regarding appointments attended eg dental , optical etc will be requested for one specific resident for all appointments attended in 2018</b></p> <p><b>All residents will have weight monitoring completed on a monthly basis.</b>  </p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p><b>Resident's individual support plans will be reviewed and updated. There will be specific focus on detailed intimate care plans.</b>  </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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/09/2018
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2018
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Yellow	30/09/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	IF	31/10/2018

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/12/2018
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	30/09/2018