



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

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:	10 December 2019
Centre ID:	OSV-0001817
Fieldwork ID:	MON-0028232

About the designated centre

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

The centre was a purpose built, spacious detached bungalow with a large rear and side garden. There were six bedrooms at this centre, two bathrooms, a sitting room, a kitchen, dining area and a sensory room. In addition, there was a large indoor play space available for the children to use. There were outdoor recreational facilities located in a rear garden; this was fenced in. The centre was located in a rural area within driving distance to local shops and facilities. The provider states that they aim to provide a safe and nurturing environment for children who avail of respite services which will cater to their individual needs and which offers them opportunities for independence, social interaction and fun activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 10 December 2019	09:00hrs to 18:00hrs	Cora McCarthy	Lead
Tuesday 10 December 2019	09:00hrs to 18:00hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

On arrival to the designated centre the inspectors had a brief opportunity to meet and observe the residents in their home. They appeared content in the presence of staff members. Interactions between staff members and the resident were noted to be respectful in nature. The residents were returning from day outings and staff were supporting them in their evening activities. The staff were very familiar with protocols for residents in line with their assessed needs, for example staff members were wearing hats in line with protocol for one resident.

The residents were unable to express their views verbally however inspectors had the opportunity to speak with staff and although initially they had reservations regarding the compatibility of residents residing together these had been alleviated through the assessment and transition process. The residents had settled in well and there were very positive reports regarding the interactions between residents. Staff members from the residents previous designated centre transitioned with them which was a positive support and meant that there was consistency of practice, which was in line with the assessed needs of the residents. The inspector noted that staff members were very good at interpreting the residents needs particularly residents who were non verbal.

Capacity and capability

Governance and management systems were in place in this centre, and there were clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present regularly and was accessible to the staff as they were supernumerary to the rota. They had good oversight of the operational management of the centre and was effective in their role as person in charge. The person in charge had ensured that a compatibility assessment and comprehensive transition had been completed prior to the transition of residents from another designated centre.

Staff spoken with on the day of inspection had a good knowledge of the residents' needs. Interactions observed with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members supporting residents with activities and they were facilitated in a dignified manner that promoted their independence. The inspector noted that staff members were very good at interpreting the residents needs particularly residents who were non verbal.

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

The inspector viewed actual and planned rosters and these were in-line with the statement of purpose. Staffing arrangements ensured the number and skill mix of the staff working in the centre met the assessed needs of the residents at the time of the inspection. Staff members from the residents previous designated centre transitioned with them which was a positive support and meant their was consistency of practice which was in line with assessed needs of the residents.

During the inspection, the person in charge and the inspector reviewed the notifications submitted to the Office of the Chief Inspector as per the regulatory requirements. The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Office of the Chief Inspector of all incidents that occurred in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the residents' was very good. The health and well-being of the residents' was promoted in the centre. The residents were noted to be very happy in the centre and with the staff and management working in the designated centre.

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs. The support plans implemented were effective in meeting the needs of the residents. A resident who had recently experienced a bereavement was supported through a bereavement process with the service psychologist and there were social stories and a memory book in place to facilitate the resident in coming to terms with their loss.

The person in charge had ensured that residents received support as they transitioned between residential services.

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk. Risk assessments were viewed by the inspectors and found to be comprehensive and were regularly reviewed.

The provider had systems in place to ensure that residents were safeguarded against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents' from abuse. All staff had received safeguarding training and knew how to respond to a safeguarding concern.

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place in the centre for the assessment, management and on-going review of risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. All staff had received safeguarding training and knew how to respond to a safeguarding concern.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant