



Office of the Chief Inspector

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

Name of designated centre:	Cooleens House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	16 July 2019
Centre ID:	OSV-0001817
Fieldwork ID:	MON-0023422

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:	1
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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
16 July 2019	09:45hrs to 18:30hrs	Cora McCarthy	Lead

Views of people who use the service

The inspector met with 1 resident who was on respite that night. The inspector observed the resident in the house and noted that they were comfortable in their surroundings and in the presence of staff. The resident had just returned from day service and was making a snack, staff were very good at interpreting the residents needs and communication methods and supported the resident in a very respectful manner. All interactions between the resident and staff were noted to be very positive and the resident indicated through both facial expressions and some words that they were happy with the support provided. The resident continued with their evening activities and was facilitated by staff using a person centred approach.

Capacity and capability

Governance and management systems were in place in this centre, and there was 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 on a day-to-day basis and had good oversight of the operational management of the centre. The person in charge was effective in their role as person in charge. In addition the provider completed unannounced visits and an annual review of the care and support provided to the residents, the inspector noted that these reports were comprehensive and recommendations to make improvements were been followed up in a timely manner.

Staff spoken with on the day of inspection had a good knowledge of the residents and observed interactions 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 a resident at mealtime and the resident was facilitated in a dignified manner that promoted their independence.

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 provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

Inspectors reviewed actual and planned rosters and these were in-line with the statement of purpose. The person in charge had ensured that there was appropriate

numbers and skill mix of staff to meet the assessed needs of the residents.

The registered provider had ensured systems were in place for the receipt and management of complaints. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

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 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

Regulation 21: Records
The registered provider had ensured that records of the information and documents in relation to staff were kept in line with Schedule 2.
Judgment: Compliant
Regulation 23: Governance and management
Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The provider inspections and annual review resulted in actions plans for service quality improvement. Records indicated that the implementation of these action plans was monitored on an ongoing basis.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the office of the chief inspector of incidents that occurred in the designated centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had arrangements in place which ensured that both

residents and their representatives were aware of their right to complain about the care and support provided.

Judgment: Compliant

Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support the resident.

Overall the health and well-being of the residents was promoted in the centre.

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However a more visual environment was required for one resident as part of their communication assessment. All residents had access to television, newspapers and radio.

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. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of school, community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There was a large activity room within the centre which had plenty of bicycles and matting for the residents to engage in fun activities. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. There was age appropriate murals painted on the walls for the residents enjoyment. The inspector observed that the residents' home was warm and homely. However, improvement was required to the garden fence; it was leaning and was unstable and required to be replaced. The person in charge showed the inspector a plan for the garden which

included playground equipment.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive. There was a review ongoing of one residents positive behaviour support plan at the time of inspection. Inspectors noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. However a more visual environment was required for one resident as part of their communication assessment.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes. The residents had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that overall the residents' home was warm and homely. It was clean and there was adequate communal and recreational space for the

residents. However the garden fence was leaning and was unstable and required to be replaced.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of

medicines.
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 6: Health care
Overall the health and well-being of the residents was promoted in the centre. Where treatment was recommended by allied health professionals such treatment was facilitated.
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 resident's 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.
Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cooleens House OSV-0001817

Inspection ID: MON-0023422

Date of inspection: 16/07/2019

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The Person in Charge has made a re-referral to SLT 17/7/19 highlighted the need to increase the visual environment for one resident. SLT to review with Cooleens PIC on 23/9/19</p> <p>Staff in Cooleens Respite House are increasing their stock of images for selection for all residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge and the Health and Safety Officer reviewed the fence on the 19/7/19. The fence is to be removed and replaced. The Person in Charge has received quotes for the replacement and a completion date is to be agreed with the contractor.</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(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/09/2019
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	18/10/2019