



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

Issued by the Chief Inspector

Name of designated centre:	Coolamber House
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	19 November 2019
Centre ID:	OSV-0001836
Fieldwork ID:	MON-0022436

About the designated centre

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

The statement of purpose for the centre outlines that this seven day fulltime residential community house provides a home for three adults, male and female with moderate intellectual disability, behaviours that challenge and dementia. There is one-to-one staff support provided and two staff available at night time. Nursing oversight is available within the organisation. The premises is a two story detached house, on its own grounds , and comprises a communal kitchen, living room and laundry room. There are two self contained apartments located in the centre consisting of a large bedroom, en suite facilities and living room. The third residents' bedroom and separate bathroom are located in the main part of the centre.. There are two staff bedrooms with a combined office space. The centre is located in large town within easy access to all services and amenities

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
19 November 2019	09:00hrs to 17:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with all three residents in their home at various times and they communicated in their own preferred manner. Two residents told the inspector that they were very happy with their home, enjoyed their activities and the staff were helpful and supportive to them. They showed the inspector around the house and explained how everything worked. They said they got on well together and all had their own space. The residents were engaging and communicating with the staff while planning their day and staff were seen to be very supportive of them, helping and encouraging them with personal care and routines. The day was flexible and they had breakfast when they wished to and staff accommodated their preferences. It was apparent that the residents' primary care needs were being very well and kindly supported.

One resident did explain how, while the house was really good and the staff and managers were very helpful, this was not a suitable location. A more independent or single arrangement would be better. Plans were being considered for an alternative but had not been progressed and the resident felt this was taking a long time.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. The centre was last inspected on 30/1/2017 and was granted registration at that time. All of the non-compliances found at that inspection had been addressed by the provider in the intervening period, which indicates a commitment to the provision of good and safe care. The inspector found good management systems in place which ensured the safety and welfare of the residents living in the centre. There was a suitably qualified and experienced person in charge of the centre, who, although responsible for two designated centres, had sufficient protected time to carry out the duties. The person in charge demonstrated a good knowledge of the residents' individual needs and of the legal requirements of the post. There were suitable management arrangements in place for any absences of the person in charge.

The provider had systems in place to assure itself of the quality of care provided. There was an effective reporting system, via the regional residential service manager who provided oversight and support in relevant areas. There were systems for quality assurance including unannounced quality and safety reviews and various audits undertaken. These were detailed reviews and covered areas such as medicines administration errors, safety reviews of the premises and observation of practices. These systems identified various areas for improvement and actions identified were completed by the person in charge. However, the annual review of

the quality and safety of care required some improvements to be a fully effective review which would support the ongoing strategic direction of the service. This would better support the ongoing planning for the centre.

The centre was well resourced in terms of staffing with one-to-one staff for each resident during the day and two staff available at night. Fulltime nursing care was not required. This ensured they had the supports needed for their individual care and activities. All mandatory training was found to be up-to-date. The staff also have a range of relevant previous experience including working with older persons and psychiatric services. However, despite this, there is evidence outlined in the quality and safety section of this report which indicates that some further training in specific areas would be beneficial for staff given the nature for the changing needs of the residents.

A review of a sample of personnel files indicated that recruitment practices were safe, with all of the required documents procured and checks completed and good quality staff supervision systems and team meetings evident. These systems supported consistency of care for the residents.

The complaints record indicated that complaints raised were managed transparently. The residents told the inspector that if they had any concerns, they told the staff and they were sorted out for them. The provider was aware of the concerns raised by a resident in relation to living in the centre and was making efforts to address this.

The documents required for the renewal of centres registration, including evidence of insurance were provided. There were sufficient resources available to provide the service, including premises, equipment, and transport and staffing. From a review of the accident and incident records the inspector was satisfied that the person in charge was forwarding the required notifications to the office of the Chief Inspector.

The statement of purpose required some minor amendments to fully comply with the regulations and accurately describe the service which was provided. This was rectified following the inspection and the service was operated in accordance with this statement. The residents had appropriate signed tenancy agreements in place.

While there are non-compliances identified in this report in terms of risk, staff training and access to appropriate assessments for the residents, overall the inspector was assured that the service was safe, responsive to changing needs and to the preferences of the individual residents.

Registration Regulation 5: Application for registration or renewal of registration

The documents required for the renewal of centres registration were forwarded in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre, who, although responsible for two designated centres, had sufficient protected time to carry out the duties.

Judgment: Compliant

Regulation 15: Staffing

The centre was very well resourced in terms of staffing with one-to-one staff for each resident during the day and two staff available at night.

Recruitment practices were safe, with all of the required documents procured and checks completed

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was found to be up-to-date and there good staff supervision systems in place.

The staff also had a range of relevant previous experience including working with older persons and psychiatric services. Despite this, there was evidence outlined in the quality and safety section of this report which indicated that some further training in specific areas would be beneficial for staff given the nature for the changing needs of the residents.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence of up to date insurance were provided.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found good management systems in place which ensured the safety and welfare of the residents living in the centre. There was an effective reporting and quality assurance measures. However, the annual review of the quality and safety of care required some improvements to be a fully effective review and support ongoing strategic direction for the service. In addition, systems for ensuring the service could meet the needs of the residents required further oversight.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required some minor amendments to fully comply with the regulations and accurately describe the service which was provided. This was rectified following the inspection and the service was operated in accordance with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was forwarding the required notifications to the office of the Chief Inspector.

Judgment: Compliant

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

There are suitable arranges in place for any absences of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints records indicated that complaints raised were managed transparently.

Judgment: Compliant

Quality and safety

The needs of the residents living in this centre differed significantly, with various levels of complexity evident including healthcare and psychosocial needs. To this end, the service was individualised and structured in a manner which supported this. There was evidence of a commitment by the provider to the provision of a person-centred service with residents own preferences and choices being actively encouraged. Residents had very good access to a range of meaningful daytime and social experiences based on their own capacity and preference. They had flexible schedules and went to dance classes, participated in a local choirs, and one resident did part time voluntary work. These activities changed as their preferences and needs changes. They were encouraged to try new ventures or remain at home with individual support.

There were good systems for consultation with the residents regarding their wishes and daily lives. The residents were assessed and consulted regarding the management of their monies and medicines, with either full or partial staff support available as needed. There was evidence that staff supported the residents to develop and maintain life and self-care skills where this was feasible.

The residents overall care needs were supported by access to pertinent allied clinical assessments including speech and language, physiotherapy, dieticians, neurology and mental health. There was evidence that these were reviewed as the residents' needs changed which supported their care. There were suitable support plans implemented for most of the residents assessed needs although these concentrated on the physical care of the residents, such as falls risks, special dietary needs and skin integrity. The residents had twice yearly reviews of their personal plans and these were attended by family members and the residents themselves. Personal goals were set and these were being achieved, for example going on holidays or joining the national learning network and computer training.

However, a number of factors impact on the provider's ability to ensure the care provided is suitable and sufficient. These included lack of adequate information following an emergency admission. This has impacted on the ability to plan for and

address the residents needs, in particular the psychological needs of the resident. Ongoing multidisciplinary reviews held did not sufficiently address this deficit, or make definitive plans for the resident's living arrangements. This was despite the best efforts of the person in charge to access this information. At the time of this inspection there was further clinical and psychological assessment being sourced by the person in charge in order to address this. Nonetheless, the complexity of the needs indicated a more timely response was necessary.

The residents' different, and in some cases declining, healthcare needs were being addressed with a prompt response evident and good access to medical advice and reviews. There was a commitment evident from the provider to maintaining residents at home at this time and discussion had taken place regarding end-of-life and clinical supports in order to ensure this occurred. One-to-one staffing ensured that the residents' comfort and wishes were being prioritised and this was observed by the inspector.

However, in order to support this commitment, changes were needed to ensure the non nursing staff had the guidance or training in monitoring of needs, such as fluid intake and could, if necessary, administer controlled medicines. A medicine, deemed necessary, was not prescribed at one point due to the centres policy that the non-nursing staff cannot administer or store controlled medicines. When it became apparent that the alternative was not effective a further alternative was prescribed but this was some time later. These factors could have a negative impact on a residents' health and the providers ability to provide care in such circumstances, despite the commitment to do so.

The residents had good communication plans implemented and were supported by staff with pictorial images. It was apparent to the inspector that staff were attuned to and responsive to the residents' communication.

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse with safeguarding plans implemented where this was necessary. The inspector observed that personal care was undertaken with due regard to residents privacy and dignity with sufficient staff to provide the level of support necessary for each individual. There were clinical support plans implemented to address challenging behaviours. From a review of the incidents records it was apparent that these were managed appropriately and the residents were being supported to understand and manage their own behaviours where this was pertinent. A small number of restrictive practices were used in the centre having been assessed as necessary for the residents' safety and where these were seen to be unsafe they were not implemented. For example, bedrails were not used. The uses of an audio and visual alarm had been introduced just prior to the inspection. While this was an intrusive procedure the inspector was advised that this was an interim measure while a full multidisciplinary review/ assessment was undertaken due to significant changing needs. This would inform the care practices or staff changes needed to meet these needs. Medicines were administered on a PRN (as required) basis for anxiety and distress. There had been an increase in such usage in the preceding months due to changing needs, including dementia. Again, the person in charge had acted appropriately and quickly to have this usage

reviewed and it was being monitored.

Medicines management systems were appropriate, safe and regularly reviewed.

Overall, the residents were protected by the systems for the management of risk with some improvements required in the systems for learning and review of incidents. For example, the incident records did not clearly demonstrate the actions taken to prevent re-occurrences or provide a full review of casual factors where incidents occurred. While figures were available for all incidents, the data was not sufficiently assessed and reviewed to determine what changes were necessary. However, all residents had risk management plans implemented for their identified individual risks including falls, choking, or leaving the centre inadvertently. These were found to be proportionate and balanced.

There was a suitable emergency plan in place. There was a signed and current health and safety statement available.

Overall, there were good fire safety management systems in place with some improvements required. There was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis. Each resident had a detailed personal evacuation plan and fire drills were held regularly to ensure the residents could be evacuated safely and additional supports needed were identified.

However, while there were containment systems in place in strategic areas, these did not have self-closing devices in place. This could negate their purpose to allow time for the residents to evacuate or be safe from smoke inhalation. An additional fire door was also required on the hot press due to the risk of fire and its location. The provider was in the process of addressing these deficits.

The premises was homely, comfortable, and warm and had been recently decorated. It is a large house and in accordance with the statement of purpose there were two semi independent areas where residents' accommodation consists of a large bedroom, adjoining sitting room and en suite. The remaining bedroom was large with a separate shower room beside this. The residents shared the kitchen and dining areas and communal living room, as they wished. This layout supports the different care needs of the residents. They each had their own favoured possessions, photographs and televisions. There was small garden yard area outside of the centre.

Regulation 10: Communication

The residents had good communication plans implemented and were supported by

staff with pictorial images.
Judgment: Compliant
Regulation 13: General welfare and development
The residents' needs for access to the local community, recreation and or training were actively encouraged and facilitated where this their preference.
Judgment: Compliant
Regulation 17: Premises
The premises was homely, comfortable, and warm and had been recently decorated and met the individual needs of the residents very well.
Judgment: Compliant
Regulation 18: Food and nutrition
The residents' dietary needs and individual preferences were facilitated.
Judgment: Compliant
Regulation 26: Risk management procedures
The residents were protected by the systems for the management of risk with some improvements required in the systems for learning and review of incidents and analysis of data to to determine what changes were necessary to prevent re-occurrences.
Judgment: Substantially compliant
Regulation 28: Fire precautions

There were good fire safety management systems in place with some improvements required in the containment systems which did not have self-closing devices in place. An additional fire door was also required on the hot press due to the risk of fire and its location.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

General medicines management systems were appropriate, safe and regularly reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' overall care needs were supported by access to pertinent allied clinical assessments including speech and language, physiotherapy, dieticians, neurology and mental health and with support plans and review evident. Their social care needs were actively encouraged and promoted. However, in order to ensure that the care provided is suitable and can meet the resident's needs, changes were needed in accessing relevant clinical and psychological assessments which would inform the support plans and future planning for residents.

Judgment: Not compliant

Regulation 6: Health care

While there was an obvious commitment to supporting the residents with declining health and to have them remain in their own home, some additional guidance and training for staff was necessary to ensure they could provide the care needed into the future.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were clinical support plans implemented to address challenging behaviours. From a review of the incidents records it was apparent that these were managed appropriately and the residents were being supported to understand and manage their own behaviours where this was pertinent. A small number of restrictive practices were used in the centre having been assessed as necessary for the residents' safety and where these were seen to be unsafe, they were not implemented.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse with safeguarding plans implemented where this was necessary.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coolamber House OSV-0001836

Inspection ID: MON-0022436

Date of inspection: 19/11/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that all staff who require refresher training receive same. Completed 6/12/19</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Going forward the annual review, health and safety reports and local reporting systems will be completed in a more specific and detailed format highlighting the areas of achievement as well as the areas which need to be addressed to ensure effective and safe practices for our residents.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk</p>	

<p>management procedures: The Health & Safety Manager will furnish a specific report to the PIC quarterly with analysis, learning and recommendations. This will be an agenda item on the PIC meeting to review trends and develop shared learning. 31/1/2020</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door to be placed on the hot press in Coolamber. Self-closing systems to be added to all existing fire doors in the house 31/1/2020</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Copies of all relevant reports to be secured by the PIC from allied clinical professionals involved in residents care and support. These to be put on file by 31/1/2020</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Provider will ask the CNM1 to complete a report of resident's additional care needs and actions required by PIC to meet these needs. This report to be completed by 20/12/19 and implemented straight away. The CMN1 should include all clinical reports i.e. OT as part of her action plan.</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 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	06/12/2019
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	31/12/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Substantially Compliant	Yellow	31/12/2019

	support in the designated centre and that such care and support is in accordance with standards.			
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.	Substantially Compliant	Yellow	31/01/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2020
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	20/12/2019
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs	Substantially Compliant	Yellow	20/12/2019

	and respects their dignity, autonomy, rights and wishes.			
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