



Office of the Chief Inspector

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

Name of designated centre:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	07 June 2019
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0022459

About the designated centre

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

The centre provides community residential care and support to adults with disabilities. There is capacity for six people to be accommodated in the house and at the time of inspection it was home to two gentlemen and three ladies over 18 years of age. The house is a two storey house and consists of 6 individual bedrooms for residents. The centre is located within walking distance to several local amenities including a park, shopping centre, restaurants, bowling, cinema and is well serviced by public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
07 June 2019	09:30hrs to 17:00hrs	Amy McGrath	Lead
07 June 2019	09:30hrs to 17:00hrs	Valerie Power	Support

Views of people who use the service

The inspectors met with four of the five residents who live in Coolfin. Some of the residents spoke with the inspectors and shared their views on the service. Inspectors also observed residents in their home throughout the course of the inspection. One resident was on a break away at the time of inspection.

One of the residents discussed their home with the inspectors, and spoke of things they like about living there; they mentioned having nice staff and being able to help out around the house as important things about their home. Residents spoke about how they were supported to have visitors, and to engage in activities outside of their home. It appeared that residents were satisfied with the support they received to develop their personal relationships; residents spoke about the support they received to have visitors and meet with their families and friends.

Residents told inspectors about their day services, and other activities they liked to engage in, such as holidays, trips, and concerts. One of the residents spoken with talked about their local community, and how they enjoyed travelling to places on local transport.

Residents who spoke with inspectors shared that they were happy in their home, and that they felt safe. Some residents did not speak with inspectors, as they communicated via alternative methods. The inspector observed that residents who did not primarily use verbal communication were supported by staff to indicate choice and preference, and were consulted regularly throughout the course of the inspection about their care and support.

Residents appeared comfortable and content in their home, which had a warm and homely atmosphere.

Capacity and capability

The inspectors found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

There was a clear organisational structure in place, with identified lines of authority, and defined roles and responsibilities. The provider had carried out six-monthly unannounced visits to the centre, which reviewed the quality and safety of the service; a report and action plan was subsequently developed to address areas identified by the provider as requiring improvement. An annual review of the centre had been completed, which included consultation with residents, their

representatives, and staff. There were also a range of local audits and monitoring tools in place to oversee the delivery of care to residents.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for two designated centres, the inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre.

There were mechanisms in place to ensure that the service provided was appropriate to residents' needs, and it was noted that where changes to residents' needs were identified, the reporting structure ensured that information was escalated to the appropriate person to ensure prompt and comprehensive action.

It was found that there were sufficient staff employed, with the appropriate skills and experience, to meet the assessed needs of the residents. There were planned and actual rosters maintained, and a review of rosters found that the provider had ensured residents received continuity of care and support. Staff spoken with over the course of the inspection demonstrated excellent knowledge and understanding of residents' support needs.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, and inspectors found that staff had received training in all areas identified as mandatory; there was also additional training available specific to residents' needs, and staff had availed of this training.

While there was a schedule of staff supervision in place, it was found that supervision meetings had not occurred as frequently as set out in the provider's own policy. The person in charge had recently engaged in supervision with staff members, however planned supervision was not occurring in a consistent manner.

Overall, it was found that the arrangements in place were effective in delivering and monitoring a safe and quality service.

Registration Regulation 5: Application for registration or renewal of registration

The application to renew the registration of this designated centre contained full and satisfactory information.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge employed in a full time capacity, who was appropriately qualified and experienced to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff, who were suitably skilled and experienced, to meet the assessed needs of residents. The roster was well maintained, and nursing care was provided in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training in areas identified by the provider as mandatory; such as safeguarding vulnerable adults and fire safety. There was a schedule of refresher training in place. While there were arrangements for staff supervision in place, it was found that supervision had not been carried out as frequently as set out in the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined lines of authority within the centre, and effective oversight mechanisms to monitor the quality and safety of the service delivered to residents. The provider had undertaken unannounced visits to the centre on a six-monthly basis, which generated a report on the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a clearly defined management structure in place, with clear lines of authority and accountability. There were effective monitoring and reporting systems in operation to oversee the quality of the service.

Judgment: Compliant

Quality and safety

Inspectors found that, overall, residents were supported in a person centred manner, that resulted in good quality, safe care being delivered. The oversight mechanisms in place ensured that the standard of care was effectively monitored and reviewed, and that residents' needs and preferences informed the delivery of care. While there were some improvements required in relation to risk management, and some maintenance work needed attention, it was found that residents were safe and comfortable in their home.

Inspectors found that residents' health care needs were well assessed, and that staff demonstrated a good understanding of residents' health care needs and plans. Residents had access to a range of allied health care professionals, including a general practitioner. The recommendations of specialists were included in health care plans, and facilitated by staff. Residents' ongoing health care needs were responded to promptly, and there were nursing staff available to meet residents' needs in this area.

There were arrangements in place to safeguard residents. All staff had received training in safeguarding adults, and it was found that any potential safeguarding incident was investigated and responded to appropriately. Where necessary, residents had safeguarding plans in place.

Residents received support to positively manage their behaviour, with support plans in place where necessary. A review of plans found that efforts had been made to understand the needs of residents, with support measures identified to promote positive mental health and communication for residents. While there were some restrictive practices in place, these were subject to review by a monitoring group, and there were clear indicators that lesser restrictive measures had been implemented in the first instance. Each restrictive practice was risk assessed and reviewed regularly for effectiveness.

Residents who required support in relation to communication had received support from an appropriate health care professional, and had comprehensive communication support plans in place. Residents were supported to communicate their needs and wishes to the best of their ability, and assistive equipment was available and observed to be in use.

The design and layout of the premises was appropriate to meet the assessed needs

of residents, with ample space for residents who required the use of a wheelchair. Residents each had their own bedroom, with sufficient storage for personal belongings. Although generally in good condition, there was some maintenance work required to the premises, for example, the kitchen required painting due to damage to previous paintwork. Some areas of the house required cleaning, although this had been identified on the provider's own health and safety audit.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. Inspectors found that in general, risk was well managed. Identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and empowered residents to safely take positive risks. It was found that in some cases, risk control measures were not fully implemented, although in the examples observed by inspectors, this did not pose a significant risk to the safety of residents. For example, for one resident, a risk assessment identified that rescue medication for epilepsy was carried at all times when the resident was away from the centre. This was found to not be the case when the resident was travelling to and from day services, due to staff training and limited ability to administer this medication while the resident was travelling. A review of incidents, and discussion with staff in the centre found that the likelihood of the resident requiring this medicine was very low, and that there were additional arrangements in place to respond to this event in a safe manner. Improvement was required to ensure all risk assessments included accurate detail of the control measures in place to manage risks.

The provider had ensured there were effective fire safety management systems in place. There were measures in place to ensure the safe evacuation of residents in the case of a fire, as well as appropriate containment measures and fire fighting equipment. Residents engaged in planned fire evacuation drills, and there were personal evacuation plans in place for each resident which contained detail of their support needs.

The inspectors reviewed the medicines management arrangements in the centre, and found that the provider had satisfactorily implemented all actions from the previous inspection. There were suitable arrangements for the storage of medicines. There were protocols in place to ensure the appropriate administration of PRN (medicine given as the need arises) medicines, and an assessment of capacity had been carried out to support residents to manage their medicines in accordance with their abilities and preferences.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Staff were aware of specific communication supports required by residents as outlined in their personal plans.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' assessed needs. While the premises was generally well maintained, there were some areas that required further cleaning, and some rooms required repainting.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were effective fire safety arrangements in place, including appropriate containment measures and fire fighting equipment that was regularly serviced. Residents took part in fire drills, and there were evacuation plans in place for each resident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The actions from the previous inspection were satisfactorily implemented. There were suitable practices in place for the ordering, storage, and administration of medicines.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate health care, based on a comprehensive assessment, and ongoing review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with support to positively manage their behaviour, where required. While there were some restrictive procedures in place, these were implemented with clear rationale, following an assessment of risk, and reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

There were appropriate safeguarding arrangements in place, and any potential safeguarding incident was investigated and addressed to promote the safety of residents. There were personal plans in place for any resident who required support with personal care, and these plans guided respectful and dignified practice.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to assess, manage and review risk. There was a risk register in place, that evidenced a good understanding of the risks in the centre, with proportionate control measures in place. Inspectors found that the control measures for one risk were not fully implemented.

Judgment: Substantially 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	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0022459

Date of inspection: 07/06/2019

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:</p> <p>In response to the area of substantial compliance found under Regulation 16 (1)(b):</p> <ul style="list-style-type: none"> • The PIC scheduled Supervision Training for the Clinical Nurse Manager 1 in the centre to support the PIC in completing the supervision meeting with the staff team. The CNM1 is scheduled to attend supervision training on the next available date. • The person in Charge will complete a schedule of supervision meetings with the staff team in the centre in line with the revised and updated organisations Staff Supervision and Support Policy. Supervision will be provided to every member of the staff team at a recommended minimum of 4 times per year. <p>The Peron in Charge will also provide on-going feedback and support to all staff members in addition to supervision and support meetings.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In response to the area of substantial-compliance found under Regulation 17(1)(b)</p> <ul style="list-style-type: none"> • The Registered Provider has approved funding for the internal paint work required, paintwork will be completed by the end of August 2019. • Cleaning Rota reviewed and updated to ensure all cleaning is completed in a timely 	

manner and is recorded in the cleaning record.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In response to the area of non-compliance found under Regulation 26(2):

- The specific risk assessment has been reviewed and updated.
- After any incident in the centre, the PIC will ensure risk assessments are reviewed/updated to ensure the current controls are still effective.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/10/2019
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	31/08/2019
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.	Substantially Compliant	Yellow	08/06/2019