



Office of the Chief Inspector

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

Name of designated centre:	Cooperscross
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	29 August 2019
Centre ID:	OSV-0003646
Fieldwork ID:	MON-0027513

About the designated centre

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

Coopers Cross is a four bedrooomed detached dormer bungalow located near a village in Co Louth. Each resident has their own spacious bedroom, which are decorated to their individual style and preference. The centre has well maintained grounds with the provision of ample parking. Communal facilities include a well equipped kitchen cum dining room and a separate sitting roo/TV room. It provides care and support to four female adult residents with disabilities on a 24.7 basis throughout the year. There is an identified management structure in place with an experienced person in charge leading a staff team that consists of a mixture of nursing staff, social care workers and residential programme assistants (RPAs). Systems are in place to ensure the health and social care needs of the residents are comprehensively provided for and as required access to GP services (and a range of other allied healthcare professionals) form part of the service provided to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
29 August 2019	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with two of the residents during the morning of the inspection. The inspector observed positive interactions between the residents and the staff members supporting them and residents appeared comfortable and at ease in the presence of staff. Residents appeared comfortable in their environment and one resident interacted with the inspector briefly and appeared happy and content in the centre. The residents were not in the centre during the afternoon of the inspection and the inspector did not get an opportunity to interact with them further.

Capacity and capability

The person in charge and the provider ensures that a good quality and safe service was being provided to the residents. There was a strong management presence and structure in place that identified clear lines of authority and accountability. The person in charge was employed on a full-time basis and had the necessary qualifications and experience to manage the designated centre competently and effectively.

The person in charge was supported in her role by a house manager and a staff team that consisted of qualified nursing staff, social care workers and a number of residential programme assistants (RPAs). The management systems in place ensured the service provided to residents was safe and met their assessed needs.

There were auditing systems in place that led to regular review of the residents and centres information and there was evidence that the management and staff team were active in responding to actions set and agreed following these audits.

The provider had ensured that the annual review of the quality and safety of care and support had been carried out. Residents and their representatives had been consulted as part of the review process. Unannounced visits had also been carried out by the provider as per the regulations. Written reports had been prepared following these visits that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the report and that the management and staff team were active in addressing these actions.

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. There was evidence that adverse incidents were investigated and

reviewed appropriately and that learning from incidents was prioritised.

The number and skill mix of the staff team was appropriate to the number and assessed needs of the residents. The inspector reviewed the centres roster and found that the residents were being supported by a consistent staff team. The centre's staff team had access to appropriate training, including refresher training as part of the staff team's professional development. Staff members were receiving regular supervision and there was evidence that learning was being promoted as part of the supervision process and team meetings.

The registered provider had a complaints procedure in place. There was an easy read document on how to make a complaint and how the complaints were managed. There was a complaint log in place for the centre, the inspector reviewed same and found that there had been two recent complaints. These had been investigated and addressed.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the necessary qualifications and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of the staff team was appropriate to the number and assessed needs of the residents. The inspector reviewed the centres roster and found that the residents were being supported by a consistent staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The centre's staff team had access to appropriate training, including refresher training as part of the staff team's professional development. Staff members were receiving regular supervision and there was evidence that learning was being promoted as part of the supervision process and team meetings.

Judgment: Compliant

Regulation 23: Governance and management

There was a strong management presence and structure in place that identified the lines of authority and accountability in the centre. The management systems in place were leading to a service being provided to residents that was safe and met the residents' needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

There was evidence that adverse incidents were investigated and reviewed appropriately and that learning from incidents was prioritised.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place. There was an easy read document on how to make a complaint and how the complaints were managed. There was a complaints log in place, the inspector reviewed same and found that there had been two recent complaints. There was evidence that these had been investigated and addressed.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within the centre and their local community. The quality and safety of care provided to the residents was to a very good standard and it was clear that the provider was proactive in responding to the changing needs of each individual residents.

A sample of the residents' personal plans were reviewed and it was found that the residents availing of the service had received comprehensive assessments of their health and social care needs. These assessments and support plans were reviewed regularly as part of an auditing systems in the centre and were updated as required. There was evidence that residents were being supported to plan and achieve goals around their personal health, activities of daily living and that they were actively involved in their community.

Residents were being supported to access facilities for occupation and recreational purposes. A review of the residents' person centered plans showed that residents were being provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Residents were also receiving visitors in accordance with their wishes and the centre had sufficient space for visits to take place.

A sample of residents' files showed that they were receiving appropriate health care. Residents had access to health information, allied healthcare professionals and were being supported to attend health related appointments when necessary.

Staff members had received appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were practices in place to support residents with their behaviours and the inspector observed that their behavioural support plans were under regular review. Therapeutic interventions were being implemented and residents were being reviewed by members of the multidisciplinary team as required.

There were some restrictive practices being utilised in the centre. However, there was evidence that the person in charge was ensuring that the least restrictive procedure was being used for the shortest duration of time. The inspector observed that trial periods to remove an existing restrictive practice had been carried out; however, the restrictive practice was still in place in order to maintain the safety of the resident.

Residents were supported to develop knowledge around self-awareness, understanding and skills needed for self-care and protection. The provider and person in charge were proactive in relation to safeguarding residents. A review of safeguarding plans showed that the provider was following national guidelines and

were reporting incidents as per the regulations.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. There was a risk register specific to the centre that was reviewed regularly and addressed social and environmental risks. Incidents were recorded as per the provider's policies and procedures and adverse incidents were reviewed as part of management and team meetings. It was observed that learning from incidents was being promoted during these meetings.

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available. The appropriate servicing and maintenance of equipment had taken place, and regular fire safety checks were undertaken and documented. The person in charge had prepared personal emergency evacuation plans for each resident. They were reviewed on a quarterly basis with the residents input. The staff team had received the appropriate training in fire safety and there was evidence that regular fire drills were taking places.

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. There were communication support plans in place and residents were being facilitated to access assistive technology and aids where necessary.

Judgment: Compliant

Regulation 11: Visits

The registered provider was facilitating residents to receive visitors in accordance with the residents' wishes and the centre had sufficient space for visits to take place.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to access facilities for occupation and recreation. A review of the residents person centred plans showed that residents were being provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to ensure the prevention of fire, and the safe management of any emergency. There was appropriate fire safety equipment available. The appropriate servicing and maintenance of equipment had taken place, and regular fire safety checks were undertaken and documented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was also evidence that staff members working in the centre had received adequate training to administer medication safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of the residents' personal plans were reviewed, it was found that the residents availing of the service had received comprehensive assessments of their health and social care needs.

Judgment: Compliant

Regulation 6: Health care

A sample of residents' files showed that they were receiving appropriate health care. Residents had access to appropriate health information, allied healthcare professionals and were being supported to attend appointments when necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members had received appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were systems in place to support residents with their behaviours and the inspector observed that these plans were under regular review.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to develop knowledge around self-awareness, understanding and skills needed for self-care and protection. The provider and person in charge were proactive in relation to safe guarding residents. A review of safeguarding plans showed that the provider was following national guidelines and were reporting incidents as per the regulations.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	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