



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

Issued by the Chief Inspector

Name of designated centre:	Coolcotts
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2021
Centre ID:	OSV-0005239
Fieldwork ID:	MON-0025551

About the designated centre

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

The services is described as offering long term residential care to 12 adults, both male and female with a mild intellectual disability who require low levels of support. It is located in a community setting in a regional town with good access to all amenities and services. There are day services provided by the service which residents can use if they wish. Residents can also access external day services, if they choose. The premises comprises of two adjacent purpose built houses. All residents have their own spacious bedrooms and there is ample community living space and suitable shower and bathroom facilities. They are furnished and maintained to a high standard. The house is staffed 24/7 with a staff team that comprises of social care workers and support workers. Nurse support and behavioural support is also available within the organisation when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

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
Thursday 5 August 2021	10:00hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. Residents were supported to live as independently as they were capable of. Overall, the inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support.

The inspector started the day with a walk around the centre, facilitated by a team leader. The centre comprised of two purpose built dormer detached houses located beside one another. Both houses had identical layouts and were well maintained internally and externally. The inspector observed flowers and vegetables in the surrounding garden. Both houses had communal living, kitchen and dining areas with individual resident bedrooms. The environments appeared homely, tidy and individualised. Both houses had a second floor where there was a staff office and an activity room with access to various activities including arts and crafts. Some resident had developed scrap books where they displayed pictures of activities they had enjoyed in recent months.

The inspector had the opportunity to meet with six residents on the day of inspection. Overall residents expressed high levels of satisfaction with the service provided and appeared happy and safe. One residents was observed chopping vegetables in the kitchen for dinner and told the inspector that they had grown some of the vegetables themselves in the centres garden. When asked about living in the centre, the resident communicated that they loved living there and added that they had great staff working with them. Another resident was observed enjoying a jigsaw and another was playing with their tablet device. Some residents had resumed attending day services and they appeared happy with this.

COVID-19 continued to impact some residents schedules and preferred activities. One resident was looking forward to meeting family who were visiting from overseas on the day of inspection. The resident had not seen their family face to face for an extended period of time due to COVID-19 and appeared happy and excited that this was taking place. Other residents spoke with the inspector about how happy they were that things appeared to be getting back to normal.

The residents were supported by a staff team of social care workers and support staff. Residents also had access to nurse support when required. Both houses were supported by two team leaders. Staffing levels in place appeared appropriate to meet the assessed needs of the residents and staff spoken with appeared familiar with the residents needs. Positive and familiar interactions were observed between staff and residents throughout the inspection day. Residents meetings were held weekly and these were used to discuss any relevant information regarding the running of the centre and the care and support provided. Residents appeared to be regularly consulted about the general operation of the centre.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre. Overall, high levels of compliance with the regulations reviewed were observed.

Capacity and capability

The inspector found that the registered provider, An Breacadh Nua, was demonstrating the capacity and capability to provide appropriate care and support to the residents which was person-centred and promoted the resident's needs and preferences. The provider had ensured that the centre was adequately resourced and that the service provided was safe and effectively monitored. The provider and person in charge had appropriately addressed any actions from the centres most previous inspection.

There was a clear management structure in place and lines of accountability. The person in charge had good management systems in place to ensure day-to-day oversight of the centre's running. The person in charge was supported by two full time team leaders in both houses who were both social care workers. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included reviews of health and safety systems, six-monthly unannounced provider visits and an annual review for 2020.

There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision every six months with their line managers. The provider had a staff training program, and the inspector found significant training and development levels for staff members. Staff meetings and resident meetings took place on a regular basis.

Regulation 15: Staffing

The staff team comprised of social care workers and support staff. Residents also had access to nurse support when required and the person in charge was a registered nurse. Both houses were supported by two team leaders. Staffing levels in place appeared appropriate to meet the assessed needs of the residents and staff spoken with appeared familiar with the residents needs. There was a staff rota in place that accurately reflected staff on duty on the day of inspection and staff meetings were held on a regular basis. The inspector observed respectful interactions between staff and residents throughout the inspection day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed a program of mandatory training and refresher training. This included training in safeguarding, epilepsy management, behaviour management, childrens first, fire safety, first aid, infection control, manual handling, and medication management. Staff also engaged in information sessions with a nurse specialist regarding the management of diabetes.

Formal one to one supervisions were taking place between all staff and line managers on a six monthly basis. An action regarding supervision of staff had been appropriately addressed by the provider since the centres most recent inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a full time person in charge and place and a team leader supporting them in both houses of the centre. The person in charge had a large managerial remit in total at the time of this inspection and their role of person in charge was shared with five designated centres. Based on the compliance levels of this inspection, the inspector did not find this arrangement to have a negative impact on the designated centre.

There was evidence that the service provided was regularly audited and reviewed. An annual review of the care and support provided in 2020 had been completed by the person in charge and six monthly unannounced visits and audits were being completed by a person nominated by the provider. This fully reviewed the centres levels of compliance with the regulations and outlined an action plan with areas in need of improvement with timelines and persons responsible.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was available to residents in a prominent place in the centre. Any complaints recorded appeared to be managed in a serious and timely manner by the centres complaints officer.

There were weekly resident meetings, and key working sessions held with residents every two weeks, where residents were regularly consulted about their level of satisfaction with the service provided. There were no complaints communicated with

the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that overall, the registered provider was providing a safe and effective service to the residents. The designated centre provided a spacious and comfortable environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as personal planning, activation and personal goal setting.

The inspector viewed a sample of residents' assessments and personal plans. These were found to be person-centred and regularly reviewed and updated. The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these precautions were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated in an efficient manner at all times of the day and night.

The registered provider had effective systems in place to prevent and control the potential spread of COVID-19 in the centre and adequate contingency arrangements in case of infection. Cleaning schedules were in place, however some areas were identified as requiring improvement. This is further detailed under regulation 27.

Regulation 26: Risk management procedures

The registered provider had implemented a system for the assessment, management and ongoing review of actual and potential risks in the designated centre. The person in charge had regular oversight of any accidents and incidents and had a clear system and record for assessing when further actions were required to mitigate further incidents. There was a centre risk register in place which identified all risks in the centre and residents also had individualised risk assessments in place.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre had systems in place for infection prevention and control. The service was implementing measures to reduce the risk of COVID-19 in the centre. This included staff wearing personal protective equipment (PPE) and regular temperature checks being completed with staff and residents. The registered provider had developed a management plan for in the event of an outbreak of COVID-19 and a folder was in place with up-to-date guidance on the management of COVID-19 in residential care facilities. Accessible versions of COVID-19 information had been developed and made available to residents.

The inspector reviewed a sample of the centres cleaning records and found that improvements were required to ensure that cleaning tasks included all areas of the designated centre and that completion of cleaning tasks were clearly recorded. The majority of the designated centre was visibly clean, however some food storage and cooking facilities were observed as needing surface cleaning on the day of inspection. Gaps were noted on a number of weekly cleaning records where staff had not recorded if they had completed allocated tasks such as deep cleaning residents bedrooms and changing mop heads.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, it was found that the registered provider had ensured effective management systems were in place in the centre for fire safety. Following a walkaround the centre, the inspector observed fire fighting equipment, emergency lighting, clear exit routes, detection systems and containment systems. Fire fighting equipment was regularly serviced by a fire specialist.

Staff and residents were completing regular emergency evacuation drills which demonstrated the ability to evacuate the centre in a safe and efficient manner. These simulated both day and night time conditions. Risk assessments had been completed to consider and mitigate potential fire safety risks and hazards.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and suitable practices in place for the management and administration of residents medications in the designated centre. There was appropriate, clean and safe storage in place for all medication. A fridge was supplied for medicines that required refrigeration. All staff had up-to-date training in medication management and further information sessions with a nurse specialist on

the management of diabetes.

All medicines reviewed were in date and clearly labelled as per the residents prescription kardex. Staff were completing regular stock checks. Clear protocols were in place for the administration of medication given as required (PRN). Administration records clearly identified when staff had administered medication and the centre was appropriately resourced to ensure that medication could be administered by staff in line with current guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place. These appropriately reflected the resident needs and supports required for activities of daily living. Residents all had passports in place which detailed important information regarding the residents care needs, for in the event of transfer to a hospital setting. Assessments and care plan were subject to regular review.

Residents had allocated person centres planning folders and meetings were held with residents and their key workers fortnightly where residents personal goals were discussed, reviewed and planned. Progression of residents personal goals was evident. Some residents had set out goals to go on day trips, exercise classes and parties. Inspector observed that changes in key workers were discussed with residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had regular access to a service behavioural therapist, if or when required. Behavioural support plans were in place when necessary which clearly outlined supports, interventions and reactive strategies

The centre maintained a register of restrictive practices in use. Clear rationale was evident for any use of restrictive practices in risk documentation and staff regularly completed key working sessions and skill teaching with residents to reduce the risk of escalation of behaviours or safeguarding incidents.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place which guided staff to safely support residents with personal care. Financial passports were in place to support residents to safely manage their finances.

Safeguarding incidents were minimal and treated in a serious manner and in line with national policy. The inspector observed a number of safeguards in place to protect residents including risk assessment reviews, increased staff supervision, behavioural therapy input, regular monitoring and key working sessions with residents.

Judgment: Compliant

Regulation 9: Residents' rights

The resident rights appeared to be respected and residents appeared to have choice and control in their daily lives. Residents meetings were held weekly where areas including the HIQA inspection, infection control, fire safety and menu choices were discussed. Residents meal options were displayed in the centres kitchens along with accessible versions of staff on duty. Accessible social stories were regularly developed by staff to educate and communicate with residents. Residents' privacy and dignity appeared to be respected at all times.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coolcotts OSV-0005239

Inspection ID: MON-0025551

Date of inspection: 05/08/2021

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning template will be updated in the designated Centre</p> <p>All staff have been advised to ensure they sign off the cleaning records after they have completed any cleaning within the home.</p> <p>Managers will carry out audits to ensure cleaning records are being completed</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	04/10/2021