



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

Issued by the Chief Inspector

Name of designated centre:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0027997

About the designated centre

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

Coolfin is a designated centre operated by St Michael's House. The centre provides residential care and support for up to six adults with intellectual disabilities. The designated centre comprises a detached two-storey house located in North County Dublin located near a large community park and within a short walking distance to nearby shops and public transport routes. The designated centre consists of six individual bedrooms for residents, two living room spaces, a kitchen and separate dining area and a staff office. St. Michael's House operate a separate day service to the rear of the designated centre. The centre is managed by a full-time person in charge who is supported in their role by a CNM1. The staff team comprises of nursing and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 19 May 2021	10:20hrs to 16:20hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Some residents, the inspector met with, were unable to provide verbal feedback on the service they received. Other residents the inspector met with could provide some feedback and others preferred to engage with the inspector on specific topics of interest to them.

Residents that did provide feedback told the inspector that they liked their home and the staff were nice to them and helpful. They knew their keyworker and explained to the inspector what their goals were which were to do up their bedroom. They explained to the inspector that they and their keyworker had started to look at colours for paint and had made a decision on the colour.

They also told the inspector that they really liked their home. They said all the staff were nice to them and then walked over to point to pictures of staff on a visual roster, to inform the inspector who would be supporting them that evening. When asked, the resident told the inspector that they would speak to staff if they needed help or if something was bothering them.

The resident mentioned they liked having the option to use a small living room space to chill out and watch their preferred TV programmes or to listen to music. The inspector observed the resident using this space and noted they appeared very content while doing so.

Another resident spent time with the inspector and talked about a time when they got the bus to go to a workshop where they used to make furniture. They mentioned a number of bus routes they used to take and how they used a bus pass. They then showed the inspector their bedroom which was painted the colours of their favourite football team.

The inspector observed a number of framed pictures in the resident's bedroom of their favourite singers and TV presenters. They also showed the inspector a photo of themselves and some friends and mentioned their friends names and where the photograph was taken. The resident didn't wish to provide any specific feedback about the centre, but on observation of their day it appeared that they were content and happy in their home.

The inspector also observed a resident use the centre's transport to attend their day service. They had recently recommenced attending their day service with a view to increasing the number of hours each day. This would provide them with greater opportunity for occupation and meaningful activity during the day while also

providing them with an opportunity to meet their friends.

The centre comprises of a two-storey detached house located in North County Dublin. The centre is located within a short walking distance to a large park, a nearby shop and public transport routes. To the rear of the centre is a day service which is also ran by St Michael's House, the provider.

Residents have their own personal bedrooms which are decorated to meet the individual personal preferences of each resident.

The house had undergone a number of premises improvement works in recent times to enhance the heating and insulation. The inspector observed a number of walls in the centre had been recently plastered and skimmed and was informed by the person in charge that this was part of the refurbishment works that had been undertaken to enhance the insulation and energy efficiency of the centre. Residents were in the process of picking paint colours and there were plans to carry out some additional premises improvement works in the centre within a short time-frame following the inspection. This would include the installation of a new kitchen.

Residents would be supported to go on short holiday while these works were being undertaken and residents spoken with were aware of this upcoming holiday and were looking forward to it.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by the ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection and minor actions from the previous inspection had been addressed.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The inspector 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 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.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, the person in charge carried out quality audit checks on an ongoing basis in the centre in relation to areas such as medication management, residents' finances, restrictive practices and accidents and incidents.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place.

A stable and consistent staff team worked in the centre which afforded residents the opportunity to make good connections with staff that supported them. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. Staff spoken with over the course of the inspection demonstrated good 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, the inspector found that staff had received training in all areas identified as mandatory. However, there were some small gaps in infection control training. This required improvement.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and had made positive changes to the staffing rosters and working schedules to better meet the support needs of residents.

The person in charge appointed to manage the centre, was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Overall, a stable and consistent staff team worked in the centre.

The person in charge maintained a planned and actual roster and it was noted that appropriate staffing support arrangements were in place to meet the assessed needs of residents and aligned to the whole -time -equivalent (WTE) numbers as set out in the statement of purpose.

Schedule 2 files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

Mandatory training for staff was found to be up to date and refresher training was made available to staff with dates identified for the coming year.

Some improvement was required to ensure all staff had received training in infection control.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had undertaken to carry out a significant suite of refurbishment works in this centre. This addressed a regulatory finding from the previous inspection.

The provider had created an annual report for 2020.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits on a monthly basis

with the senior manager. These governance audits reviewed key quality and compliance indicators and provided an action plan for the person in charge to complete.

The provider had appointed a person in charge of the centre that met the regulatory requirements of Regulation 14. Appropriate arrangements had been put in place to support the person in charge to manage more than one designated centre, by appointing a CNM1 as part of the local management team for this designated centre.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection.

The provider and person in charge had ensured appropriate fire safety precautions were in place in the centre. Fire and smoke containment measures were in place, fire doors were located throughout the premises and had been fitted with automatic door closers. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date.

Additional improvements had also occurred since the last inspection, whereby a window in a bedroom had been changed to a patio door. This arrangement supported more effective evacuation of residents using that bedroom. Each resident had a personal evacuation procedure in place. Fire evacuation drills had been completed on a monthly basis and documented to review the effectiveness of the evacuation plans for residents.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures. Where required, safeguarding plans were in place and had been created as part of the person in charge implementing National safeguarding policies and procedures. Some residents required additional safeguarding support plans to guide staff in the appropriate safeguarding response in supporting the resident.

It was noted on a review of incidents occurring in the centre that peer-to-peer safeguarding incidents were a feature in this centre from time-to-time. There was a noticeable impact of COVID-19 restrictions on residents, in particular as their day service provisions had been impacted significantly. The person in charge supported some residents to recommence attending their day service for short periods during the day which was a positive initiative for them and worked towards managing and

mitigating safeguarding incidents from occurring.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

In addition, the inspector noted good quality social goals had been developed for each resident which were updated and reviewed between the resident and their keyworker on a regular basis. Residents spoken with knew their key worker and told the inspector that they helped them in creating and working towards their set goals.

The inspector reviewed actions from the previous in relation to the premises. It was noted a significant suite of premises upgrade works had been completed which had focused on improving the overall energy efficiency measures in the house and insulation throughout. For example, a large number of windows had been replaced, a number of walls in the property had been dry-lined and insulated and a new boiler system had been installed. There were further plans to re-paint the property in a number of rooms and the installation of a new modern kitchen. Residents were planning to go on a short holiday while these additional upgrades were happening in their home.

Residents were supported to achieve their best possible health. Healthcare support plans were in place and provided evidence of review and recommendations by allied health professionals involved in residents' care. Residents were also supported to avail of National health screening services based on their age and gender. Residents were also supported to attend cardiology appointments, physiotherapy and occupational therapy assessments, speech and language swallow assessments and phlebotomy appointments.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Positive behaviour support plans in place were detailed, comprehensive, developed by an appropriately qualified person and up-to-date. In some instances, residents required emotional support plans which outlined specific proactive and de-escalation supports for residents.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use, they were to manage a specific risk and had been referred to the provider's positive approaches monitoring group for approval and ongoing review.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. Centre-specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public

health guidance maintained in this folder.

PPE was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found, 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 supported residents to safely take positive risks. The inspector identified one risk being managed in the centre that was not identified on the risk register, this was addressed during the course of the inspection.

Regulation 17: Premises

The premises was maintained to a good standard with a high standard of cleanliness noted throughout.

The provider had undertaken a large refurbishment suite of works in the centre which included:

- Fitting new windows throughout to improve insulation measures.
- Dry-lining and insulation measures on a number of walls in the centre.
- A new boiler.
- There were plans to carry out repainting in a number of areas and the fitting of a new kitchen in the centre within a short time frame following the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There was evidence of the implementation of the provider's risk management policies and procedures in the centre to a good standard

There was a risk register in place, that evidenced a good understanding of the risks in the centre, with proportionate control measures in place.

Where risks were identified a corresponding risk assessment was in place which assessed the level of risk and documented control measures in place to mitigate and manage the risk.

Falls risk management was to a good standard and demonstrated evidence of regular review and recommendations by allied health professionals, where residents presented with this personal risk.

During the course of the inspection a personal risk managed in the centre was added to the risk register.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate PPE available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety systems and procedures were in place.

Fire doors were present in the centre and fitted with automatic door closers. Fire safety equipment had been serviced regularly with fire servicing checks and records maintained in the centre.

Residents had engaged in fire safety drills and personal evacuation plans were documented for each resident.

In addition, the provider had enhanced fire evacuation procedures in the centre by replacing a window in one of the bedrooms with a patio door to support residents to evacuate more effectively.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed and updated as required.

Residents' needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Residents were supported to identify and achieve personal goals within the context of COVID-19.

Residents spoken with were knowledgeable of their key workers and told the inspector that they worked with them to help them achieve their goals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

Healthcare plans were reviewed regularly and updated to reflect recommendations made by allied health professionals.

Residents were provided with nursing care and supports as required. Nursing staff worked in the designated centre.

Residents were supported to attend medical appointments, reviews by allied health professionals and avail of health checks.

Each resident had their own GP and had received an annual health check.

Residents' personal plans provided evidence of National health screening appointments and age-related health checks.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

Some residents required additional emotional support plans and these were in place and developed by allied professionals.

Overall, there were a low number of restrictive practices in place in the centre. Where such practices were implemented, they were to manage a specific personal risk and had been regularly reviewed by the provider's positive approaches management committee.

Judgment: Compliant

Regulation 8: Protection

Peer-to-peer safeguarding incidents were a feature in this designated centre.

However, they were generally of a low-risk nature and had been increased by the ongoing COVID-19 restrictions which had impacted residents' opportunities to engage in their day service and other activities outside of the centre, resulting in increased tensions among residents from time -to -time.

All staff had received up-to-date training in safeguarding vulnerable adults and staff spoken with were knowledgeable of safeguarding reporting procedures and resident safeguarding plans.

Some residents required additional safeguarding support plans and these were detailed, provided clear instruction and had been recently updated.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0027997

Date of inspection: 19/05/2021

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 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 Regulation16 (1)(a):</p> <p>The Person In Charge has reviewed all staff’s training needs in relation to infection control. The PIC in conjunction with the Training Department has scheduled protected time for completion of training.</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	31/07/2021