



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

Issued by the Chief Inspector

Name of designated centre:	Cottage Gardens
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	11 May 2022
Centre ID:	OSV-0001921
Fieldwork ID:	MON-0031293

About the designated centre

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

Cottage gardens is a designated centre for persons with disabilities which is located on a shared campus setting in a rural area of West County Dublin. It provides residential services to up to 15 persons with intellectual disabilities and increased care support needs, particularly in advanced age and dementia. The centre is comprised of three individual but adjoining units locally known as rose, bluebell and lavender cottages. The units provide modern and spacious living and recreational spaces for residents including individual bedrooms and a fully accessible and adapted environment. There are open plan kitchen, dining and living spaces to allow for participation of residents in a broad range of activities including baking, cooking and the preparation of meals. The staff team was made up of a person in charge, a clinical nurse manager, staff nurses, health care assistants, an activity coordinator, and household staff members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 (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 11 May 2022	11:00hrs to 13:45hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

This inspection was completed in this centre following a period of time where it was unoccupied and underwent significant refurbishment and upgrade. Previously, the centre was subject to escalatory activity and was issued with a notice of proposed decision to cancel its registration following which a comprehensive representation was submitted to the Chief Inspector outlining a programme of structural, refurbishment and upgrade works which were to be completed. In response, the registration of the centre was renewed and an additional restrictive condition was attached to its registration which required the registered provider to complete the works as outlined in the representation by 31 May 2022. In recent weeks, the registered provider notified the Chief Inspector that the work was on course to be completed. In addition, the registered provider had applied to vary condition one of their registration to reflect changes in the floor plan of the centre and had applied to remove the additional restrictive condition which required the completion of the works to the centre.

There were no residents living in the centre at the time of the inspection as works had not fully been completed. The registered provider stated that they expected residents to be readmitted to the centre on the week commencing 30 May 2022. Some of the residents who had previously lived in the centre were now living in another designated centre on the same site which was temporarily registered to facilitate the programme of construction works. While the inspector was unable to meet with these residents during the course of the inspection, resident questionnaires were made available to the group in the days preceding the inspection and the inspector received nine completed responses.

The responses received by the inspector all shared common themes which included residents being happy with the services they were in receipt of and wishing or looking forward to returning to the renovated Cottage Gardens centre to live. One resident stated: "I am happy at the minute and I like everybody, they are all very good", while another resident stated: "I am happy with the choice and control that I have". When asked about their living environment one resident replied: "I like the big window in my room and I can see the nice view outside but I prefer to live on the ground floor and in the new building". Another resident stated: "I like having lots of space in my wardrobe" and added that they were looking forward to "going back to my home".

The inspector met with the person in charge, person participating in management and members of the senior management team during the course of this inspection. Some members of this team accompanied the inspector in a full walk through of the renovated buildings. The inspector found that the standard of building works and finishes were of a high standard and resulted in a very warm, homely, well ventilated and bright living environment for residents. The centre, as a result of the investment and works completed, now provided for a living environment which was not institutionalised or clinical in nature and instead provided opportunity for person-

centred approaches for the provision of services.

Overall, the inspector found that the registered provider had brought about significant improvements to ensure that services to be provided in this centre would be delivered in a modern, accessible, safe, comfortable and homely environment. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in proposed for the centre, and how these arrangements would impact on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements proposed for the centre were appropriate to ensure effective oversight of the care and support that would be delivered. There was a full-time person in charge appointed along with a clinical nurse manager both of whom would be situated within the staff team of the centre and had no responsibilities for the management of any other areas or services. The centre was found to be appropriately resourced to meet the needs of the resident group who would be living there and there were good management systems in place or due to be implemented prior to the reopening of the centre.

The findings of the inspection were very positive and reflected a significant improvements in the standards of care and support being provided by the registered provider. It was clear to the inspector that there was enhanced oversight arrangements in place which allowed the registered provider to self-identify areas that required improvements and to address these in a timely manner. The management structures were clearly defined and identified lines of authority and accountability.

A review of the proposed staffing arrangements for the centre found that the number, qualifications and skill mix of the staff team would be appropriate to meet the needs of the resident group. Sample staff duty rosters reviewed contained all required information and clearly identified shift leaders in the absence of the person in charge. There were no vacancies in the proposed staff team and it was clear to the inspector that both the registered provider and person in charge understood the importance of continuity of care and support for the resident group.

Registration Regulation 8 (1)

The registered provider was found to have appropriately applied to vary and to remove conditions of registration as per the requirements of the regulations and provided all associated information in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre who was found to be suitably skilled, qualified and experienced to manage the centre. The inspector found that the person in charge was appropriately engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was found to be highly motivated and committed to ensuring that the services delivered in the centre would be of high-quality and person-centred and that a fair, transparent and open culture would be created and sustained.

Judgment: Compliant

Regulation 15: Staffing

The inspector was assured that the staff team that would be employed in the centre had the necessary competencies and skills to support residents and to build and maintain therapeutic and supportive relationships.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a strong leadership in place and the person in charge, person participating in management and clinical nurse manager demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose (dated 11 May 2022) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the

regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures required by Schedule 5 of the regulations were found to be in place in the centre and had been reviewed and updated within the previous three years as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the systems in place in the centre would result in an enhanced quality of life for residents who would be living there. It was clear that residents had been consulted with about the decoration, furniture and finishes of the renovated centre. Some residents had picked colours for painting of their bedrooms and others had been involved in choosing the external paint colours.

Each resident would have their own bedrooms, some of which included en-suite facilities, which would result in greater privacy and dignity particularly during the provision of intimate care supports. Other improvements which brought about an enhancement of the person-centred and human rights based approaches included the discontinuation of meals being prepared in centralised campus based kitchens. In the renovated centre, the registered provider ensured that there were appropriate kitchens in place locally within each of the three units to facilitate staff members preparing meals for residents as part of the routine delivery of care and support.

The inspector was assured that the registered provider and person in charge would ensure that residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the local practices and the implementation of organisational policies. All staff members who were due to commence working in the renovated centre had completed safeguarding training. Those met with on the day of the inspection had a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring.

Regulation 17: Premises

The premises of the centre were very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation, which provided for a comfortable living environment for residents. The centre was fully accessible to those who were availing of its services and it met their needs.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre (dated 11 May 2022) which was available to residents and their representatives. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant