Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Coolamber House
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	12 March 2024
Centre ID:	OSV-0001836
Fieldwork ID:	MON-0039866

About the designated centre

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

The statement of purpose for the centre outlines that this seven day full-time residential community house provides a home for three adults, male and female with moderate intellectual disability, behaviours that challenge and dementia. There is one-to-one staff support provided and two staff available at night-time. Nursing oversight is available within the organisation. The premises is a two-storey detached house, on its own grounds, and comprises a communal kitchen, living room and laundry room. There is one self-contained apartment located in the centre consisting of a large bedroom, en-suite facilities and living room. The second resident's bedroom consists of a large bedroom and en-suite facilities. The third resident's bedroom and separate bathroom are located in the main part of the centre. There is one staff bedroom and one separate office space. The centre is located in large town within easy access to all services and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 (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
Tuesday 12 March 2024	11:00hrs to 19:15hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, the inspection findings were positive. The residents were in receipt of adequate care and supports which was in line with their assessed needs. The inspector observed that improvements were required with regard to training and staff development and governance and management. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet with all three of the residents that lived in this centre. Two residents made separate plans with their dedicated staff members and went out for part of the day. One visited the library and went out for lunch. The other resident attended a session in a salt cave and later played a game of bocce.

The inspector had a chat in private with one resident about their views of the centre and staff. They communicated that they were happy living in the centre, that they felt safe and that the staff that worked in the centre were nice. They said that they pick what activities they do and what food they eat. They said staff are supportive if they change their mind regarding their choices. The inspector was informed by the resident and some members of staff that the resident was representing the province for Special Olympics Ireland. The staff members sounded very proud of the resident when they were informing the inspector of this.

The second resident greeted the inspector warmly and spoke about topics that interested them. They received a visit from their family member in the evening and appeared to really enjoy that. Staff members were observed at different times to hear the same speech from the resident on topics that interested them. Each time they appeared to listen intently and they did not rush them. The resident appeared to greatly enjoy the company of the staff members that were on duty.

The third resident had been on holidays within Ireland with their family for a few days. They returned later in the evening and planned to relax as they were tired after their drive home. They spoke to the inspector independently and said that staff were nice. They spoke highly of a specific staff member in particular. They communicated that for the most part they are getting on better with their housemates. They explained that they know what to do now if they are feeling frustrated or uncomfortable within a situation, that they give themselves time and space away. Staff also commented that certain incompatibilities within the centre appear to have settled more over the last number of months. They went on to say that residents appear to have better coping strategies and respond more to staff suggestions and guidance prior to situations escalating, which could help avoid potential conflicts.

Residents appeared comfortable in the presence of staff members and staff were observed to support them with their daily choices in a relaxed and not rushed

manner.

The provider had arranged for the majority of staff to have training in human rights. The inspector spoke with one staff member and they were asked how they were putting that training into everyday practice to promote the rights of the residents. They said that the training helped them to realise that even when routines and schedules are in place that the resident should still be given choices and the right to change their mind. They said that staff give residents time to process information given to them to help them make informed choices whether they wish to continue with their schedule or change their mind.

The inspector carried out a walk-through of the designated centre and it was observed to be tidy, clean and warm. The provider had completed work to the front and back garden since the last inspection. For example, around the house had been repaved to provide an even surface. There was now more room for parking at the front of the property. The back garden was now opened up more as the fencing was removed that surrounded the grass separating it from the paved area. While the back garden was always large, parts of the garden were now cleared of some overgrown plants and an unused part of the shed. This gave the garden a sense of being a lot bigger than it looked previously. The person in charge communicated that there were plans to involve the residents in how the garden should look and be decorated coming into the summer.

Each resident had their own bedroom, two of which had an en-suite and another had their own private bathroom facility next to their bedroom. Bedrooms and private living areas were observed to be decorated in line with residents' preferences. For example, one resident had their bedroom painted in the colours of their favourite soccer team.

The inspector had the opportunity to speak with family representatives of two different residents that happened to have attended the centre on the day of the inspection. The family representatives communicated that they were happy with the service. It was commented that there was less turnover of staffing since the summer of 2023. They stated that they had no concerns. The person in charge was described as down to earth and staff were described as respectful and nice. Another went on to say that staff were brilliant and that they happily chat with the resident on their favourite topics. They said their family member was so content.

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

Capacity and capability

This inspection was unannounced and undertaken as part of ongoing monitoring of the centre's compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Overall, the inspector found that the service was well run with, for the most part, adequate oversight and systems in place.

The inspector reviewed the provider's governance and management arrangements and found that there were measures in place to provide effective oversight and monitoring of the centre. For example, there was a full-time person in charge managing the centre. There were arrangements for an annual review and six-monthly provider led visits to be completed by the provider as per the regulations.

However, some improvement was required to the thoroughness of the annual review and to ensure identified actions in audits were completed within time frames.

From a review of a sample of staff rosters, the inspector found that the provider had maintained safe staffing levels as deemed necessary for the assessed needs of the residents.

The provider facilitated staff members to have access to a wide range of training courses in order for them to support the residents, for example adult safeguarding.

However, improvements were required to ensure the oversight document was well maintained, that all staff received training in a timely manner and some staff members were due training or refresher training in many areas. For example, some staff required training related to infection prevention and control (IPC), such as IPC competencies or refresher training in hand hygiene.

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be responsive to the inspection process and appeared to know the residents well and their support needs. They were responsible for two designated centres. They attended this centre several times a week to provide oversight and also to work front line with the residents.

Judgment: Compliant

Regulation 15: Staffing

There was a full staffing complement in place. There was a planned and actual roster in place that was maintained by the person in charge.

The inspector reviewed the current staff roster and a sample of some of the previous rosters. It was found that the provider had ensured that safe staffing levels were maintained.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector observed that the staff team had access to a suite of training and refresher training in order to support the residents. Training provided included, adult safeguarding, fire safety, medication management and epilepsy awareness and rescue medication administration. The provider had arranged for staff to receive training in human rights. Further details on this have been included in section one of this report, *'What resident told us and what inspectors observed'.*

However, from a review of the training oversight document and a sample of staff certification, the inspector found not all training was up to date. They related to:

- five staff required hand hygiene refresher training
- three staff required personal protective equipment (PPE) refresher training
- four staff required IPC competencies
- one staff member's epilepsy training expired in November 2023
- the majority of staff required Autism training
- a number of staff required first aid and since the start of March 2024 staff were now lone working at night
- three staff required training in positive behaviour support training which was required in order to support the residents to manage their behaviour positively. It was also recorded as a control measure in a risk assessment. A senior manager communicated to the inspector that the provider had recently arranged for three other staff members in the organisation to be trained to provide in-house positive behaviour support training for going forward.
- dementia training was recommended by a clinical psychologist. The person in charge communicated that the plan was to source the training for staff members. However, at the time of this inspection there was no arrangement for this training in place.

In addition, it was not clear if some staff had certain training due to the fact that the oversight document was left blank in some sections and or colour-coded red. This did not assure the inspector that records were always reliably maintained. This would make it difficult to provide effective oversight of the staff training needs in the absence of up-to-date information. For example, it appeared that three staff required fire safety training as were left blank on the training grid. It was not evident if the majority of staff had training in eating drinking and swallowing in other to support a particular resident and it was not evident if two staff had manual

handling training.

Furthermore, while all staff members had received their medication management training by the time of this inspection, the inspector observed that two staff members had only received their training after it had expired. One staff member's training expired five months prior to them receiving their refresher training. This meant that staff members did not always have access to refresher training in a timely manner in order for them to safely support the residents.

The inspector was not able to access staff supervision files as they were locked away with no access to the key on the day of the inspection. The person in charge communicated to the inspector that all staff supervision meetings were up to date and verbally stated the dates on which they occurred.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place led by the person in charge.

There was periodic audits that were scheduled to be completed. For example, in the areas of health and safety, IPC and fire safety. The provider had carried out an annual review of the quality and safety of the service provided. There were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis which included resident and family consultation.

However, from a review of the annual review of 2023, the inspector observed that the annual review appeared to have many duplicate sections in the commentary and some actions as to the 2022 annual review. Therefore, the inspector was not assured as to the robustness of the review itself. This was discussed with the person in charge in more detail on the day of the inspection.

In addition, from the review of the annual review, six-monthly visits and the annual health and safety audit, the inspector found that it was not always evident if actions were being progressed or if completed. The inspector observed with some of the identified actions the corresponding action plan section was left blank. The person in charge confirmed some of the actions left blank had been completed and others had not been.

Additionally, there was a delay in the person in charge receiving the last two quarterly incident reviews completed in 2023. Therefore, the person in charge would not have the most up-to-date information for the purpose of trending incidents.

Furthermore, there were some actions identified in the last inspection that were not completed by the time of this inspection. They related to the inspector having observed the same residue around the window frame of a resident's bedroom that

had not been cleaned. Notwithstanding that, the residue was cleaned on the day of this inspection. The inspector observed that a risk assessment for a resident's potential to refuse to evacuate in the event of a fire was not completed. The person in charge communicated that not completing the risk assessment had been an oversight. They informed the inspector that the risk of refusal to leave the centre in the event of a fire had not been deemed an issue since the last inspection.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents received care and support that was safe and of good quality.

The provider had ensured that the health needs of the residents were known and appropriate healthcare was provided for them. For example, residents had access to a general practitioner (GP).

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk, for example a behaviour support therapist. While there were some restrictive practices in place, they were kept under review and were in place for residents' safety. For example, when required medication was administered to residents when they were experiencing some behaviours of distress.

The provider had systems in place to respond to safeguarding concerns. For example, there was an identified designated officer, and it was found that any safeguarding concerns were reviewed, reported to relevant agencies and a safeguarding plan put in place to help mitigate future risks.

The centre was being operated in a manner that promoted and respected the rights of residents. For example, through staff communication with residents. As previously stated, residents spoken with felt that they had choices about their day and that they had the right to change their mind if they wanted to.

Communication was facilitated for residents in accordance with their needs and preferences.

Staff supported activities based on each resident's choice and based off known preferences. Dedicated staff were assigned to each resident during the day Monday to Friday to facilitate an individualised service for each resident.

The premises had different areas for recreation and leisure. For the most part, it was observed to be clean, tidy and in a good state of repair.

The centre had appropriate risk management procedures in place. There were also

policies and procedures for the management, review and evaluation of adverse events and incidents.

There were suitable fire safety management and containment systems in place. For example, doors in the centre were found to be fire containment doors with self-closing devices fitted.

Regulation 10: Communication

There were communication support plans in place for each resident. A clinical psychologist provided communication guidelines for staff to support one resident with a particular diagnosis.

In addition, the provider had arranged for staff members to receive training in communicating with people with an intellectual disability.

Additionally, the residents had access to televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

There were assigned staff to work with each resident Monday to Friday until 4pm to provide an individual day service from the centre.

Examples of activities the residents engaged in were, trips to the library, going for walks, going out for coffee, visiting friends, going to the cinema, and participating in mindfulness sessions. There was documentary evidence of these being facilitated.

The inspector was informed that two residents had completed courses related to media within the last year as per their choice.

In addition, residents were encouraged and facilitated to keep in regular contact with their family through phone calls, their family visiting the centre or the resident visiting their family member's home. The inspector observed that one resident was supported to learn the route to their family home on public transport in order to promote their independence.

Judgment: Compliant

Regulation 17: Premises

The residents and the staff team ensured that the house was presented for the most part in a clean and tidy manner and found to be suitably decorated. The premises was most part kept in a good state of repair externally and internally.

There were suitable facilities and space for residents to have different areas for privacy.

The inspector did observe some minor areas that required improvement with regard to cleaning and the ability to clean some surfaces. For example, the surface of the radiator in the staff room was peeling in areas and rusty and some slight mildew was observed in some corner areas of a shower surround in one en-suite.

The person in charge arranged for the organisation's maintenance person to rectify some of the issues identified on the day of the inspection. The inspector was assured that the remainder would be completed by the week following the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage fire safety and infection control risks. The risks were recorded on a recently reviewed risk register in order to maintain oversight of the risks in the centre. Risks specific to individuals, such as risks related to epilepsy, had also been assessed to inform care practices.

The inspector observed that the centre’s vehicle was serviced, insured and had an up-to-date national car test (NCT). The inspector also observed that the boiler had been serviced in October 2023.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and firefighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals.

There were emergency evacuation plans in place for each of the residents, and

these were developed to reflect the support needs of residents. Regular practice fire evacuation drills were completed to ensure both staff and residents knew what to do in the event of a fire in the centre. This included a drill completed during the hours of darkness. Staff had received appropriate training in fire safety.

Judgment: Compliant

Regulation 6: Health care

From a sample of records reviewed, residents' health needs were known and were kept under review. Staff supported residents to attend healthcare appointments. A staff member spoken with was knowledgeable with regard to residents' healthcare needs. Residents had access to a range of allied healthcare professionals.

For example:

- GP
- psychiatrist
- behaviour therapist
- chiropodist
- occupational therapist (OT)
- physiotherapist
- dietitian
- speech and language therapist.

Additionally, it was observed that an eligible resident was supported to avail of the national health screening programme.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was promoting a restraint free environment. Restrictive practices were logged and regularly reviewed by the person in charge. It was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. For example, one particular press that used to be kept locked in the kitchen was no longer locked.

Where required, residents had access to different multi-disciplinary professionals to support them to manage behaviour positively. For example, they had access to psychiatry, psychology and a behaviour therapist.

Judgment: Compliant

Regulation 8: Protection

There were appropriate systems in place for identification, reporting and response to safeguarding concerns. For example, any safeguarding concerns were appropriately reported, reviewed and safeguarding measures put in place to help prevent similar incidents reoccurring.

The inspector also observed that residents had intimate care plans in place to help guide staff as to what areas they required support.

From speaking with a staff member they were aware of the steps they would take if they were made aware of or if they witnessed a safeguarding concern.

In addition, residents' finances were checked periodically by staff members. There was an annual review completed by an accountant in order to assure the provider that there is adequate oversight over residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the centre was operated in a manner which was respectful of residents' rights and choices. For example, residents attended periodic house meetings where they discussed human rights, activities and menu choices.

Staff were observed to use respectful communication when speaking with residents and were observed to encourage the residents to make choices about their day.

Some staff had received training in the area of assisted decision-making to help promote a better understanding of the law and how to support residents in this area.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coolamber House OSV-0001836

Inspection ID: MON-0039866

Date of inspection: 12/03/2024

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A full and comprehensive review of all training records to be completed in the centre. (completed 15/04/2023) and discussed at team meeting on 18/4/2024
The following training will be completed by 30/5/2023
5 staff to complete hand hygiene refresher training.
3 staff to complete protective equipment (PPE) refresher training
4 staff to complete IPC competencies

All staff have now completed epilepsy training and certs are on the training file. 18/4/24

The training schedule has been reviewed for First Aid by the Operations Manager and any outstanding training is scheduled for 4/5/2024.
Upon review of the training schedule, all outstanding Positive Behaviour Support Training will be completed on 23/05/24.

The service provider will source the following training
• Autism
• Dementia

All staff will be provided this training by 30/07/24.

Upon review of the training matrix the annual training planner has been reviewed and additional trainings added to prevent expiry of any training certificates. 16/4/2024.

A spare key for any locked documents has been provided to the PPIM for the centre to ensure that all documents are accessible for inspection in future. 16/4/2024.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Annual reviews for 2022 and 2023 have been reviewed by the nominated person 16/4/24 and duplication on one duly noted, going forward the more up to date version of the Annual review template will be used and the compliance Manager will review all annual reviews before distribution in order to ensure their robustness. 26/6/24

All actions pertaining to Six Monthly reviews will be reviewed and signed off by the Person in Charge and staff. All staff will be reminded at team meetings to ensure that all actions are closed off and properly documented as closed off on the six-monthly review template. 17/4/24

The PIC will meet with the Safety Manager to discuss schedules and delivery of incident reports in a timely manner 19/4/24

The Cleaning Rota was updated to reflect regular checking and cleaning of any residue build up around windows in the centre. 13/3/24

The risk assessment for resident's potential to refuse to evacuate in the event of a fire was reviewed, updated and completed. 13/3/24

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.	Not Compliant	Orange	30/07/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	19/04/2024
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Substantially Compliant	Yellow	26/06/2024

	support in the designated centre and that such care and support is in accordance with standards.			