

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

Issued by the Chief Inspector

Name of designated centre:	Coolnevaun
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0002879
Fieldwork ID:	MON-0035578

About the designated centre

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

This is a service providing residential and respite support to adults (both male and female) over the age of 18 years with an intellectual disability in Co. Wicklow. It is a specialized nurse led service, as many of the residents have other health related conditions such as middle to late stage Dementia, high medical needs and/or have palliative and end of life care needs. Coolnevaun is one part of a large residential building which also houses another separate designated centre and a separate day service. Coolnevaun provides residential care and also has one respite bed which is rotated between five respite service users. There is a kitchen area, a large dining room, a sitting room, a relaxation/therapeutic room and an activities room available to the residents. There are also very well maintained gardens for residents to avail of and a specialised herb garden that some residents use and look after with the support of staff. There are two service vehicles attached to Coolnevaun that residents can use to attend functions that are inaccessible by public transport and/or for residents who need support with transport.

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 (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 18 August 2022	10:30hrs to 15:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection, the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of some residents in the centre.

The inspector was shown around the house by a staff nurse and was introduced to some of the residents and other staff. The inspector observed that the premises were generally clean and tidy. They were also warm, bright, and provided a comfortable home for the residents to enjoy. The person in charge arrived to the centre shortly after the inspection commenced and facilitated a review of documents and other records as requested by the inspector.

The staff team comprised of nurses and social care workers. There was a full-time person in charge in place who had responsibility for three centres, and was supported in their role by a Clinical Nurse Manager (CNM) in Coolnevaun. The inspector found that this arrangement facilitated sound management and oversight arrangements in the centre.

At the time of inspection there were four residents residing in Coolnevaun. There was an additional person availing of short-term respite. The centre provides care and support to adults with disabilities and other healthcare needs. The inspector found that the premises was equipped with adequate facilities to provide high quality and person-centred care to all residents. Engagements between staff and residents were seen to be caring and respectful. It was evident that staff knew residents well and were knowledgeable of their needs and how they communicated. Staff spoke with residents about familiar topics and provided information and reassurance as they provided support.

The inspector met two of the residents who lived in the centre. One resident greeted the inspector and staff member by smiling and making cheerful vocalisations. The other resident, who was engaged in massage therapy at the time, did not acknowledge the inspector. They appeared to be comfortable and content in their activity. Both residents were well groomed and dressed for the day when the inspector arrived.

Residents who lived in the centre engaged in a range of activities in their home, and did not attend external day programmes. The inspector observed residents relaxing in a room that had a dining space and an area for quiet activities. There was relaxing music playing and accompanying visuals on the television. One resident was receiving a foot massage in this room when the inspector arrived. There was also a large living area that had a piano and record player. The living area contained equipment and materials for residents to enjoy various activities such as music therapy (which was facilitated by an external therapist), massage and reminiscence

therapy.

Residents each had their own bedroom which was decorated to their own personal taste. Resident bedrooms contained personal items such as family photographs and mementos. Each bedroom had a hand-wash sink and contained the residents' own laundry baskets which were made from a non-permeable material. There was a modest-sized kitchen with another small dining space, two large bathrooms and two small bathrooms with a toilet and hand wash basin, two staff offices, and a designated utility room. There was also a sensory room available to residents which contained a range of relaxing and stimulating equipment including a water bed.

The provider employed a staff member who had responsibility for housekeeping and general cleaning. While the premises was found to be clean and tidy for the most part, there were some areas that were not in regular use, such as spare bedrooms, that had a build up of clutter.

The inspector met and spoke with one family member of a resident, who had arrived to visit their relative. Visitors were encouraged to take reasonable precautions to reduce IPC risks in line with public health guidance, and at the time of inspection there were no restrictions in place with regard to visitors. The family member spoken with was complementary of the service received by their relative and told the inspector that they were confident their relative was receiving high quality and individualised care.

Overall, inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was generally clean, inspectors did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition. This is discussed later in this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Generally, the governance and management arrangements were ensuring that infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place and a clear organisational structure to ensure that measures were in place to provide care and support which was consistent with the National Standards. Some minor improvements were required in relation to premises in order to fully comply with the standards.

The centre had a full-time person in charge who had responsibility for three

designated centres. The person in charge was supported in their role by a CNM1 who was employed in a full-time capacity in the centre. There was a clear management structure and lines of accountability, with defined responsibilities for staff and management. There was an appointed IPC lead who had additional responsibilities in the oversight of infection prevention and control practices. Staff and the person in charge had access to specialist IPC advice and there was an effective on-call management system in place.

There were systems in place to ensure that the service provided was regularly audited and reviewed. An annual review of the care and support had been completed, and the provider ensured an unannounced visit occurred in the centre every six months. The person in charge had completed the self assessment questionnaire published by HIQA which reviewed the centres preparedness for an outbreak of COVID-19. The person in charge also supervised a schedule of audits that included the review of areas such as environmental hygiene, staff training, and updating of IPC information available to staff.

The staff team comprised of nursing staff and social care workers. There appeared to be an adequate number of staff in place to meet the needs of the residents and to safely provide care and support. In line with the assessed needs of residents, nursing support was provided at all times in the designated centre. This also ensured that clinical expertise regarding the management of infection prevention and control was available at all times.

IPC matters were found to be discussed and reviewed at team meetings and management meetings, with necessary items escalated to the accountable person or department. Audits were noted to drive improvement and affect positive change.

The person in charge closely monitored a programme of training for staff members, which ensured that all staff had the necessary training to carry out their roles. The provider had ensured that staff had access to a range of training and continuous development opportunities, including refresher training. The inspector reviewed training records relevant to IPC and found that training was provided in areas including general infection prevention and control, hand hygiene, and COVID-19; it was noted that all staff had received up-to-date training in these areas.

The provider had an outbreak contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of infection in the centre. Risk assessments had been completed in relation to individual residents, provision of PPE, visitors to the centre, staffing and plans for isolation if required.

There had been an outbreak of COVID-19 in the centre earlier this year and it was noted that the provider implemented the outbreak management plan with good effect. The person in charge had reviewed the implementation of the plan and updated the centre's plan to reflect any learning from the outbreak.

Quality and safety

Overall, the inspector observed that the staff team maintained good standards regarding infection prevention and control. It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared happy in their home and were supported by staff who were familiar with their needs and preferences. With regards to infection prevention and control, some improvements were required to ensure that the premises and facilities were maintained in optimal condition in line with the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection risks. Residents were supported to maintain good hand hygiene and had been supported to adhere to public health guidance in areas such as receiving visitors. Residents had been supported to avail of immunisation programmes in accordance with their will and preference.

Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs. Most of the residents who lived in the centre required full support to meet their intimate care needs. It was evident that IPC and COVID-19 were regularly discussed by the staff team and the inspector observed good adherence to standard precautions throughout the inspection.

There was clear guidance available with regard to environmental hygiene and the cleaning of equipment. The provider employed a staff member on part-time basis who had responsibility for housekeeping and general cleaning. The person in charge oversaw the completion of hygiene tasks and staff members also had specific responsibilities in relation to cleaning areas of the premises and equipment.

While the premises was visibly clean in most areas, improvements to some surfaces and the storage of items was required to ensure all areas were clean and tidy and that the facilities enabled effective cleaning and decontamination. Some spare rooms were used for the storage of items such as personal protective equipment (PPE) and seasonal items (such as decorations). These items were stored in containers or boxes directly on the floor and some rooms were observed to be cluttered with items.

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated. Each personal plan included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being a suspected or confirmed case of COVID-19.

There was adequate supplies of PPE stored in the centre for routine daily use. In the event of an outbreak, additional PPE was available. The provider had systems in place for the management of clinical waste and the staff were aware of the

procedures to follow regarding this.

The centre had a designated utility room that was used in the management of laundry. There were two washing machines available. Staff were knowledgeable when spoken with regarding temperatures for washing laundry and there were clear arrangements in place for the management of soiled linen. While there was a sink present in the utility room, it was obstructed due to the location of the second washing machine. This was of concern as it impeded staff in practicing effective hand hygiene. There was a dryer in the utility room, the top of which was found to be damaged with significant staining.

There were two large bathrooms available to residents which were equipped to meet residents' physical support needs. There were a number of support rails in the bathrooms that were brightly coloured as a visual aid for residents. In some cases, white support rails had been wrapped with a colored tape as an alternative, which posed an infection control risk as they could not be effectively cleaned.

Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider demonstrated a commitment to meeting the national standards and there were a range of effective oversight arrangements in place. Notwithstanding, some further attention was required to some of the facilities to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- The hand wash sink in the utility room was obstructed by a washing machine, and the surface of the dryer in the utility room was damaged and stained.
- There were a number of support rails in the bathrooms, some of which were brightly coloured as a visual aid. In some cases, white support rails were wrapped with a colored tape as an alternative, which posed an infection control risk as they could not be effectively cleaned.
- There was clutter in some spare rooms with various items stored on the floor.
- The fabric on a bed rail in one room was damaged, and could not be effectively cleaned.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Coolnevaun OSV-0002879

Inspection ID: MON-0035578

Date of inspection: 18/08/2022

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>In order to meet the regulations, the identified concerns were actioned as followed:</p> <p>New dryer has been ordered to replace the old stained one – this will be smaller in size therefore not obstructing access to the sink area in the laundry room</p> <p>New colored handrails are ordered, therefore no use of colored tape will be used</p> <p>Clutter in bedrooms has been reorganised.</p> <p>New bed bumper to replace torn one is also ordered.</p> <p>Area's of improvement in the DC for aesthetic works will be worked on over coming months to improve and extend the homey feeling for all residents</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	31/12/2022