

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

Issued by the Chief Inspector

Name of designated centre:	Coolcotts
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	30 May 2024
Centre ID:	OSV-0005239
Fieldwork ID:	MON-0034773

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 30 May 2024	08:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection completed both to inform a decision on the renewal of registration for this centre and to assess the provider's regulatory compliance. Overall the inspector found high levels of compliance with the Regulations, and effective governance and oversight systems which were identifying and acting upon issues in response to the needs of residents.

In this centre the inspector found that while minor improvements were required in the clear documentation of resident goals and in the identification of some restrictive practices in use in the centre these did not have significant impact on the good quality of care and support provided to residents. From what residents told the inspector and from what the inspector observed, residents were well-supported and cared for. They were making choices and decisions about how and where to spend their time and had opportunities to engage in the community, go to day services or take part in activities they enjoyed on a regular basis.

The inspector also had the opportunity to speak with four family members on the day of inspection. They all stated that they were very happy with the service and the support their family member received. The inspector was told that 'communication systems between family and the provider were excellent' and 'they felt welcome if they called to visit their loved one'. One family member stated that they found the service 'inclusive' and that they felt 'happy about their loved ones' future in this their home'. Another family member stated that they 'can sleep well at night knowing the team was in the centre and supporting their family member'.

This centre comprises two houses situated next to one another and is registered for a maximum of 12 residents. The centre is currently home to 12 individuals with six residents living in each house. The inspector had the opportunity to meet and spend time with all 12 over the course of the day. The two houses are large purpose built premises with an identical layout to one another and located on the same site. The houses presented as well maintained, clean and homely. Each resident had their own bedroom and there were a number of communal spaces available to them also. Residents showed the inspector their bedrooms. Their bedrooms were personalised to suit their tastes and they had their favourite possessions, such as sporting medals or a karaoke machine and pictures or photographs on display. Artwork, pictures and soft furnishings contributed to how homely the houses appeared.

In one house the residents told the inspector their plans for that day, they were observed in the kitchen chatting about the activities in their day service and they showed the inspector the notice board in their kitchen. The residents explained this showed them what was for dinner, where they had planned to go and gave them information about other events taking place. The residents showed the inspector their lunch that was ready for them to take with them and they spoke of sporting events they had watched on television and teams they supported. One resident was observed teaching staff members dance moves they wanted to practice before their

dance class.

In the other house the residents spoke of their love for the garden and one resident was going to a gardening festival in Dublin the following day. They spoke of the plans in place for this outing and arrangements they had made for an early night. Others talked about how they liked to participate in activities in their home and residents were observed putting dishes in the dishwasher and one spoke of how they used the laundry room. One resident was supported to stay in their home for the day as they had not been feeling well and the inspector observed kind and personalised care and support offered with staff spending time to sit and chat with the resident or to engage in requested activities.

Residents told the inspector they liked their home, that they were happy and that they liked the staff team that supported them. They told the inspector they felt safe in their home and really liked their friends. Two residents spoke about who they would talk to if they had any worries, concerns or complaints. Resident meetings were occurring on a regular basis. There was information available in the houses in an easy-to-read format in relation to rights,

Throughout the inspection residents appeared very comfortable in the presence of staff. They sat chatting with staff and were observed to seek them out when they needed support. Staff were observed to be very familiar with residents' communication preferences. Staff spoke about residents' strengths and talents and some of the goals they were in the process of achieving. They also spoke about courses they had taken and how they used that information to better support residents. Staff spoke of upcoming events that residents were planning such as a trip to a rugby match, going to a concert, shopping or going to the gardening festival.

Twelve residents completed, or were assisted to complete questionnaires on "what it is like to live in your home" in advance of the inspection. These were given to the inspector during the inspection. In these questionnaires all residents indicated they were happy with their home, what they do every day, the staff that support them, the people they live with and their opportunities to have their say. Examples of comments in their questionnaires included, "happy with my home", "looking forward to visiting my sister at the weekend", "I like going on outings with friends", "we are all kind here", "when my family visit I like them to see my room", "I like all the food here", "it's nice living here and staff keep me safe" and "I like having my own room - I used to have to share before".

In summary, residents were busy attending day services or taking part in activities in their home or local community. The staff team were motivated to ensure they were happy, safe and engaged in areas that interested them. The provider was identifying areas of good practice and areas where improvements may be required.

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

Capacity and capability

There were clearly defined management structures and staff roles and responsibilities were clearly defined. The provider was identifying areas of good practice and areas where improvements were required. The provider had a number of systems to monitor the quality and safety of service provided for residents. These included audits, unannounced provider audits every six months, and an annual review. The provider had developed policies, procedures and guidelines to guide staff practice.

The staff and members of the management team who spoke with the inspector were motivated to ensure the residents were happy, safe and regularly engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision with their managers, training and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of this centre in advance of the inspection to the Chief Inspector of Social Services. All documentation as required by the Regulation was submitted in line with the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

There had been a recent change to the individual holding the role of person in charge in this centre. The provider had appointed a person in charge who held the appropriate qualifications, skills and experience to oversee the centre and meet its stated purpose.

The person in charge facilitated the inspection and demonstrated appropriate knowledge of relevant best practice and guidance. In addition the person in charge supported a culture in the centre where the views of all involved in the service are sought and taken into consideration.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there were sufficient numbers of staff in this centre to meet the assessed needs of the residents and in line with the centre statement of purpose.

There were no staffing vacancies at the time of the inspection. There were a small number of regular relief staff covering a number of shifts to cover planned and unplanned leave. This was found to be ensuring continuity of care and support for residents. Staffing resources were being reviewed and changed in line with residents' changing needs. For example, due to the changing needs of some residents, the shift pattern had been changed to ensure they were currently supported over a 24 hour period.

The inspector reviewed a sample of planned and actual rosters across the two houses. These were found to be well-maintained.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the records of staff training on a training matrix, the inspector found that each staff had access to, and had completed training listed as mandatory in the provider's policy. In addition, staff had bespoke training in line with residents' changing needs. For example, in one house all staff had completed specialist diabetes management training and in another house the staff had attended training on the management of eating, drinking and swallowing difficulties.

All staff had completed training on applying a human rights based approach in health and social care. The inspector spoke with staff about this training. They spoke about how it had sharpened their focus on ensuring residents choices and decisions were supported and respected. They also spoke about how important it was to them to support residents and to ensure their rights were respected, particularly at times when they were experiencing difficulties and challenges in their lives.

The inspector reviewed a sample of supervision records for five staff. Detailed records were maintained and there were actions plans in place. These records detailed staff's strengths, areas for development and highlighted their roles and responsibilities in relation to residents' care and support.

Each staff who spoke with the inspector stated they were well supported and aware

of who to raise any concerns they may have. Staff meetings for January to April 2024 were reviewed and agenda items were focused on residents' care and support and the day-to-day running of the houses. Agenda items included areas such as, residents' appointments and activities, health and safety, adverse events, risk, training, management meeting updates, policies and procedures, and the maintenance and upkeep of residents' homes.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which was detailed in the provider's statement of purpose. As already stated there had been a recent change to the person in charge role and they were supported by social care leaders in the two houses, they were also supported by a person participating in management for the centre. Staff who spoke with the inspector were aware of the reporting structures, and of their roles and responsibilities. The provider had systems for oversight and monitoring including a number of audits, six-monthly reviews and an annual review.

The inspector reviewed the latest annual review which was detailed and identifying areas for improvement; the action plan at the end of this report reflected the findings or actions detailed in the main body of the report. There was a quality improvement plan in the centre which was detailed in nature and captured the actions from audits, the six-monthly reviews and some of those listed in the annual review. The inspector found that there was limited detail in the residents and their representatives section of the latest annual review.

The designated centre was fully resourced at the time of the inspection and this related to areas such as the availability of vehicles, or staffing resources.

Judgment: Compliant

Regulation 31: Notification of incidents

Through a review of documentation in the centre, the inspector found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall residents were supported to enjoy a good quality of life. They were busy and engaging in a number of activities they found meaningful. They were supported by a staff team who they were familiar with, and who were familiar with their care and support needs. Residents appeared happy and content in the centre and the majority of residents who spoke to the inspector said they were happy and felt safe living in the centre.

Residents were supported to make decisions about how they wished to live their lives. They were making choices and were enabled and empowered to develop and maintain their independence. Their strengths and talents were celebrated and they were supported and encouraged to hold valued social roles in their local community.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visitor policy, the statement of purpose and the residents' guide. These documents were all available for review in the designated centre. They detailed how visits were facilitated, unless the visit posed a risk, or if a resident did not wish to receive visitors. Each of the two houses had rooms available for use if visitors were present.

Through a review of documentation and discussions with the residents and staff it was clear that they were being supported to visit and be visited by the important people in their life. One resident spoke of a milestone birthday that had been celebrated in the centre and how all their family and friends had visited for this. The resident spoke about how important this had been to them. The family members who spoke to the inspector spoke of how they were made to feel welcome when they called to their family member's home.

Judgment: Compliant

Regulation 17: Premises

As already outlined, this centre comprises two large purpose built houses that have the same internal layout and share one site. The houses are in a residential area on

the outskirts of a Wexford town. Each house is home to six residents. The inspector walked through each house with residents, the person in charge and a social care leader at different times over the course of the day.

All residents have their own bedroom and share a bathroom between two individuals. There is an additional large wet-room that contains a bath in each house. Each house has a large kitchen-dining room, living room and has a laundry room, and utility space. On the first floor is a staff sleepover bedroom and staff office with a resident craft room or small living room. Residents have access to a large garden site which was well planted, with private seating areas and areas for relaxation.

Internally the houses were well maintained and decorated and while the layout was the same each home had distinct decor that reflected the individuals living in them. There were comprehensive cleaning schedules in place and the homes were clean and equipment used by residents was maintained and cleaned in line with guidance.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was available and reviewed by the inspector. It contained the required information as set out in the Regulation. Residents, staff and visitors were protected by not only the risk management policies, but also the procedures and practices in the centre. The risk management systems were ensuring that risks were identified, assessed, managed and reviewed. There was a system for responding to emergencies.

Residents were also enabled to develop an understanding of risk and have opportunities to take informed risks. Staff were available to them to support them to reduce any potential of harm, where possible. The control measures in risk assessments were proving effective in reducing some of the presenting risks and the risk ratings were found to be reflective of the presenting risks.

The inspector reviewed a sample of risk assessments and incident reports for residents. There was evidence to demonstrate that each incident was reviewed and followed up on by the management team and that learning as a result of these reviews was leading to a review of the required documentation and shared with the team, as seen by the inspector in a sample of staff meeting records reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' assessments and personal plans and found them to be person-centred and detailed. The plans were found to be current and reflective of resident current needs.

Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. However the resident goals as stated were not clearly linked back to their plans. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

While it was apparent that the residents in this centre led busy and active lives and were being offered opportunities to develop and maintain relationships and to hold valued social roles, improvement was required in the documentation of goal setting and progress against these. Residents met with their key-worker on a fortnightly basis and a record and summary note maintained of these meetings. These records did have stated goals however, how these were determined was inconsistently recorded. In addition how these multiple goals linked back to the assessments of need and personal plans was not consistently clear. Daily and weekly schedules and options to support choice making were available for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had their healthcare needs assessed and had access to a number of health and social care professionals as required. Those who required access to specialists or consultants were supported to access these. Specific health action plans were developed and reviewed as required. These were detailed in nature and guiding staff practice. Residents were supported to access national screening programmes in line with their wishes and their age profile.

The provider and person in charge were working to support some residents with their presenting healthcare needs. These residents were being supported to access a number of health and social professionals and medical specialists. Bespoke training had been provided to staff and more was planned. The shift patterns of staff had been changed when indicated as seen on the day of inspection when staff were required to be present in the centre when one resident did not attend day services. The inspector spoke with a number of highly committed and motivated staff who described supports in place and their concerns about the decline in some residents' independence, and in their understanding and skills for self-care and protection. The

inspector found that the provider was responding to residents' presenting needs at the time of the inspection. These supports in place for residents were scheduled for review on an ongoing basis to ensure residents were in receipt of the care and support they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured residents had support to maintain best possible mental health. There were appropriate supports in place for residents in relation to positive behaviour support. Residents had access to psychiatry and psychology in addition to behaviour support specialists where required.

Residents had their needs assessed and behaviour support plans were in place for those who required them. These were detailed in nature and clearly guiding staff practice. Residents had for example 'environmental management and positive handling plans' or specific activity plans such as 'transitioning between day service and home' available for review. These plans were found to contain details on potential restrictive practices in place that may be implemented.

Improvement was required however, in the identification and assessment of restrictive practices. There were a number of identified restrictive practices in place which were recorded on a centre register. The inspector found that the person in charge was reviewing the register on a quarterly basis. There were robust systems in place for all identified restrictive practices. In one house however, there was a camera and audio monitor on the corridor which was placed outside a residents bedroom and directed up the length of the corridor. The camera provided a live and not recorded feed to a monitor available to staff at night and also relayed auditory information. The stated purpose was for one resident to be able to call for support where staff would respond as required. However, this device was not detailed as a potential restriction in this residents plan rather in another residents environmental plan. In addition it was not clear why a lesser restriction that of an auditory monitor alone had not been considered that could be placed in a specific residents room and not impact on all. This required further discussion and review.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had a safeguarding policy and procedures which were available for

review in the centre. There was also an intimate care policy and a management of personal possessions policy.

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. Staff who spoke with the inspector were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

All allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. There was evidence of the person in charge having put in place robust investigations in relation to any allegation, incident or suspicion of abuse. Safeguarding plans were developed, reviewed and closed as required. Residents had assessments completed which guided the development of intimate and personal care plans. Areas where residents may be vulnerable had been considered and the associated risks assessed to guide the development of personal support plans.

Staff spoke to the inspector regarding the systems in place to safeguard residents' finances and personal possessions and these were clear and up-to-date. Audits and spot checks were taking place and staff were clear on what was expected and of their responsibilities.

Judgment: Compliant

Regulation 9: Residents' rights

Through a review of documentation, discussions with residents, staff and family members it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spend their time. Their uniqueness and talents were celebrated and they had developed a number of talents and interests as a result of the staff team supporting them to try different activities in their local community. Their opinions were sought on a daily basis and staff were listening to them and their views were defining the service.

From a review of resident meetings in 2024 it was evident that they were provided with information on their rights. They all had an account in a financial institution and were supported to manage their finances in line with their wishes and preferences. There was information available on a notice board in their home on how to access independent advocacy services and this was regularly discussed at resident meetings.

Staff were observed to treat the residents with dignity and respect through the inspection. Their privacy was maintained and they were observed to seek out staff support if and when they needed it. Throughout the inspection the inspector observed the residents chose what they wanted to do and when.

Residents had access to social stories and easy-to-read documentation that

supported them in further understanding their rights or plans that were in place for them personally. These included information on 'personal space' or 'using my electronic tablet'.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coolcotts OSV-0005239

Inspection ID: MON-0034773

Date of inspection: 30/05/2024

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> • A review is taking place in relation to resident’s goals and how these are linked and recorded in their person centered plan and care plans. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • A full review took place in June 2024 in relation to the use of a visual and auditory monitor at night time. Following this review, it was agreed that it was necessary to continue to use the visual and auditory monitor at night time to ensure the safety of all residents in the home. • This will be reported on the quarterly notifications • All residents will have a record of any restrictive practices in their plans and an Environmental Management and Positive Handling Plan will be devised for residents as required. Where restrictive practices are assessed as necessary, they will be implemented in consultation with the resident and with their informed consent. • All restrictive practices remain under review as per regulations. This environmental restriction will be reviewed on a regular basis. 	

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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	01/12/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/11/2024
Regulation	The person in	Substantially	Yellow	1/11/2024

07(5)(c)	charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Compliant		
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