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Cooperscross, OSV-0003646, 27 July 2021

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

Issued by the Chief Inspector

Name of designated centre:	Cooperscross
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 July 2021
Centre ID:	OSV-0003646
Fieldwork ID:	MON-0030506

About the designated centre

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

Coopers Cross is a four bedrooomed detached dormer bungalow located near a village in Co Louth. Each resident has their own spacious bedroom, which are decorated to their individual style and preference. The centre has well maintained grounds with the provision of ample parking. Communal facilities include a well equipped kitchen cum dining room and a separate sitting room/TV room. It provides care and support to four female adult residents with disabilities on a 24/7 basis throughout the year. There is an identified management structure in place with an experienced person in charge leading a staff team that consists of a mixture of nursing staff, social care workers and residential programme assistants (RPAs). Systems are in place to ensure the health and social care needs of the residents are comprehensively provided for and as required access to GP services (and a range of other allied healthcare professionals) form part of the service provided to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 July 2021	11:00 amhrs to 5:30 pmhrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with four residents and spoke with one of them so as to get their feedback on the service provided. Written feedback on the quality of care from two family representatives and all four residents was also reviewed as part of this inspection process. The residents met with appeared happy and content in their home and, were observed to be relaxed and comfortable in the presence of staff. Staff were also observed to be person centred, warm and caring in their interactions with the residents.

The resident spoken with told the inspector that they loved living in the house and got on great with the staff team. They also said that they had no complaints about the service but if they had any issues, they would speak to any staff member. The resident invited the inspector to view their home and, it was observed to be homely, warm, spacious and welcoming on the day of this inspection. There was a large kitchen cum dining room with a TV area, a sun room and a separate large sitting room. The resident said they loved their home and the space provided in it.

The resident's bedroom was observed to be decorated to their individual style and preference and, they showed the inspector some of their pictures and ornaments. For example, they had completed a college course and were proud to show the inspector their certificate of achievement. Additionally, they had recently entered a talent contest and won a trophy, which they had on display in their room.

The house had a large, well maintained back garden area for residents to enjoy and relax in, when the weather was good. For example, there was ample garden furniture provided and, games such as archery and badminton were available to the residents. There was also a green house where residents could grow their own fruit and vegetables, and a barbecue area. The inspector saw pictures of residents having a meal in their back garden and, they appeared to very much enjoy such occasions.

Residents made their own decisions and choices about what social activities to engage in and, staff were observed to be respectful and supportive of those decisions. For example, the resident spoken with, informed the inspector that they (along with their house mates) had made plans for a day out, on the day of this unannounced inspection. They were going to visit a friend in Wicklow, go to a garden centre, then go for a trip to Glendalough and finally, have dinner out in the way home.

When the inspector arrived at the centre all residents and staff were busy preparing for their day out however, this resident took the time to meet and speak with the inspector so as to discuss what it was like to live in the house. As above, all feedback from the resident was positive and complimentary about the service provided.

Written feedback on the service from both family members and residents was

equally as positive. For example, residents reported that they were happy in their home and happy with their bedrooms. They also reported that they were satisfied with the level of choice and control they had over their own lives and with the amount of social activities provided. All four residents reported that they were satisfied with the care and support provided in the service and, enjoy the company of the staff team.

Family members reported that they were very satisfied with the service, it met their expectations and that staff were helpful and courteous. They also reported they were satisfied with the quality of care and choice of activities on offer to the residents. They were complimentary of the way in which the staff team had supported the residents over the COVID-19 pandemic and, there were no complaints on file about the quality or safety of care in 2021. In their feedback, one family member said the service was excellent.

While minor issues was found with the premises, records and risk management, residents reported that they loved their home and, staff were observed to be professional, kind and caring in their interactions with the residents.

The following two sections of this report discuss the above in more detail and, outlines how the providers capacity and capability to operate a responsive service, has impacted positively on the quality and safety of care provided to the residents.

Capacity and capability

Residents informed the inspector that they were very happy in their home and, the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced and qualified nursing professionals. Both provided leadership and support to their team and ensured that resources were managed and channelled appropriately, which that the individual and assessed needs of the residents were being provided for.

The person in charge was not available on the day of this inspection however, the house manager (a clinical nurse manager I) managed the inspection process in a competent manner. They ensured all information requested, was made available to the inspector and, were aware of the assessed needs of the residents. It was observed however, that some documentation pertaining to staff records was not kept up-to-date in line with the organisations own policy and procedures.

The house manager was found to be responsive to the inspection process and

aware of the centre's legal remit to 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). For example, they were aware that the centre had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, basic life skills, positive behavioural support, manual handling and infection control.

It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and, of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents. Dates had also been confirmed for staff to attend the refresher training as required.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly auditing reports, the last which was completed in February 2021. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the auditing process for 2020-2021 identified that some fire equipment required servicing and, that the role of advocacy was to be discussed with the residents at one of their weekly meetings. These issues were actioned and addressed by the person in charge and house manager in a timely manner and, by the time of this inspection.

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue to the current COVID-19 pandemic. However, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents

Judgment: Compliant

Regulation 21: Records

Some documentation pertaining to staff records was not kept up-to-date in line with the organisations own policy and procedures.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced and qualified nursing professionals. Both provided leadership and support to their team and ensured that resources were managed and channelled appropriately, which that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The CNM I was aware of the legal responsibility to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. Some issues were identified with the premises and risk management which are discussed later in this report.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families. Transport was also available to the residents so that they could go for scenic drives, social outings and walks on the beach.

On the day of this inspection, residents were preparing for a day out in Wicklow, which included visiting a friend (in an open air environment), visiting a garden centre, going for a walk in Glendalough and dinner out on the way home. One resident spoke to the inspector about their work, saying they went two times per week and loved it. Residents also enjoyed activities such as eating out, gardening, baking, art and crafts and barbecues.

Residents were supported with their healthcare needs and access to a range of allied healthcare professionals, to include GP services formed part of the service provided. From a small sample of files viewed, residents were provided with an annual check-up with their GP, and had as required access to a speech and language therapy, physiotherapy, chiropody and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues open at the time of this inspection. One residents informed the inspector that if they had

any issues, they would speak with a staff member. Staff had also discussed the concept of advocacy and residents rights with the residents. From a small sample of files viewed, staff also had training in safeguarding of vulnerable persons and Children's First and information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, in order to ensure one residents safety at meal times, they were provided with 1:1 staff support. This support was not adequately stated in the risk assessment viewed by the inspector.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

While the premises were observed to be clean, warm and welcoming on the day of this unannounced inspection, some furnishings to include a chair and sofa, required fixing or replacing. Notwithstanding, one resident told the inspector that they loved their home as it was.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. Information in an easy to read format was also available to the residents on rights.

Regulation 17: Premises

While the premises were observed to be clean, warm and welcoming on the day of this unannounced inspection, some furnishings to include a chair and sofa, required fixing or replacing.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, in order to ensure one residents safety at meal times, they were provided with 1:1 staff support. This support was not adequately stated in the risk assessment viewed by the inspector.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The house manager ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided throughout service to include fire extinguishers, fire detectors and emergency lighting and was also serviced as required. Fire drills were being facilitated on a quarterly basis and, each resident had a personal emergency evacuation plan in place. These plans were updated on completion of each fire drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services

formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to support residents with behavioural and/or mental health issues. Residents had access to a clinical nurse specialist in behaviour and as required access to psychiatry support. Where required, behavioural support plans were also in place. From a small sample of files viewed, staff had training in positive behavioural support. There were also some restrictive practices in use in the house, so as to keep residents safe. However, they were reviewed accordingly and in line with best practice.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were directly involved in the running of their home and staff were seen to be supportive of their individual autonomy and choices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cooperscross OSV-0003646

Inspection ID: MON-0030506

Date of inspection: 27/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Two staff have now completed the required documentation on the 3rd August 2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The chair for one resident was sourced on the 28th July 2021 The Sofa was taken away for repair on the 11th August 2021 and will return in two weeks	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: New risk assessment added for one resident on the 15th August 2021	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2021
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/10/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the	Substantially Compliant	Yellow	30/08/2021

	following: the measures and actions in place to control the risks identified.			
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