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

Name of designated centre:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	25 April 2018
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0021673

About the designated centre

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

The centre provides community residential care and support to adults. There is capacity for six people to be accommodated in the house and at the time of inspection it was home to two gentlemen and three ladies over 18 years of age. The house is a two storey house and consists of 6 individual bedrooms for residents. The centre is located within walking distance to several local amenities including park, shopping centre, restaurants, bowling, cinema and is well serviced by public transport.

The following information outlines some additional data on this centre.

Current registration end date:	19/10/2019
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
25 April 2018	09:45hrs to 18:30hrs	Conan O'Hara	Lead

Views of people who use the service

On the day of inspection, the inspector met and spoke with five residents who availed of the service. Residents spoken with reported that they were happy in their home and noted that they felt safe in the centre.

In relation to concerns or issues, residents stated they would approach staff with any issues or concerns. The inspector observed that residents were comfortable in their home and that interactions with staff were kind and respectful.

Furthermore, views of the residents were relayed through observations of the inspection, from residents' weekly meeting minutes and the designated centre's annual review.

Capacity and capability

There were government and management systems in place to ensure the safe delivery of services. However, some improvements to the governance arrangements were identified to ensure compliance with the regulations.

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated February 2018. The centre supported the active participation of people living in the service through residents meetings. These meetings discussed plans for social activities and menu planning for the week.

There was, at the time of inspection, a clearly defined management structure with distinct lines of authority and accountability. The centre was managed by a suitably qualified and experienced person in charge. The person in charge was not in the centre on the day of the unannounced inspection. There were several audits in place reviewing health and safety, medication and an annual provider review which included consultation with residents, six monthly unannounced visits and a quality improvement plan for the upcoming year. However, the management systems in place did not adequately ensure the services provided were safe and effectively monitored, for example, areas of high risk identified in internal audits were not addressed in a timely manner.

On review of documentation, the inspector found that some records required for the effective running of the residential service were not accurate. For example, risk assessments included the supports in place for residents no longer living in the centre, the fire evacuation plan did not accurately reflect current practice, not all

personal emergency evacuation plans accurately reflected the supports required and progress against personal goals for some residents was not adequately documented.

The inspector reviewed a sample of the planned and actual roster and found that there was enough staff available to meet the needs of residents. However, the centre currently held 2.5 vacancies (whole time equivalents) and there was a reliance on agency staff. This was identified in the centre's risk register as a medium risk. The service manager informed the inspector that the organisation was undertaking an organisation-wide review of staffing, the centre was actively recruiting to fill the vacancies and that where possible, the same relief staff were used who were familiar with the residents and their needs. On the day of inspection, two agency staff were on duty and the inspector observed that residents were familiar with the agency staff and warm and respectful interactions between staff and residents. However, the dependency on agency staff did not always ensure the consistency of care to the residents.

The inspector reviewed staff training records and found that not all staff had up-to-date mandatory training including fire safety and safeguarding. These gaps in training had been identified and the centre was in the process of scheduling refresher training to ensure all staff were up to date in mandatory training in order to ensure that the residents' needs were appropriately and continuously met.

There was a complaints policy in place dated February 2018 and the inspector observed details of advocacy and complaints procedure on display in the centre. Residents spoken with informed the inspector that they would approach staff with any issues or concerns. At the time of inspection, one complaint had been made in the past year and was in the process of being dealt with by the complaints officer and the regional manager.

Regulation 15: Staffing

There was an appropriate number of staff to support the residents' needs and wishes. However, there was a reliance on agency staff which did not always ensure that residents receive continuity of care and support.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff had up-to-date training in mandatory training. These gaps in training had been identified and the centre was in the process of scheduling refresher

training to ensure all staff were up-to-date in mandatory training.
Judgment: Substantially compliant
Regulation 23: Governance and management
There were clear lines of accountability and systems in place in the centre. The centre was managed by a suitably qualified and experienced person in charge. There were regular audit systems in place. However, the management systems in place did not address high risk issues highlighted through internal audits in a timely manner and improvements were required in reviewing documentation required for the effective running of the residential service to ensure they were accurate.
Judgment: Not compliant
Regulation 3: Statement of purpose
The statement of purpose dated February 2018 contained the information as required by Schedule 1 of the Regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a complaints policy in place in the centre. At the time of inspection, the one complaint made in the last year was being processed and responded to by the complaints officer and regional manager.
Judgment: Compliant
Quality and safety
Overall, the inspector observed that the quality and safety of the service received

by residents was good. However, improvements were required in relation to premises, the containment of fire, medication systems and health care plans.

Residents spoken with reported that they were happy living in the centre. The centre was decorated in a homely way and residents' bedrooms were decorated in line with their tastes. However, some parts of the residents' home needed to be maintained to a higher standard such as suitable storage and general upkeep of areas which required painting and rust on a radiator. These areas had been identified by the centre and plans were in place to address them. This was an area which was identified in the previous inspection as requiring improvement.

Residents spoken with on the day of inspection said they felt safe in the centre and the inspector observed residents appeared relaxed in their home and positive interactions with staff. The inspector reviewed a sample of incidents and found that they were appropriately reviewed and responded to. At the time of inspection, there were no safeguarding concerns identified in the centre.

There were systems in place for the management of fire, however the arrangements in place for the containment of fire required improvement. In May 2017, an internal audit identified the containment of fire between the house and the adjoining boiler house as a high risk. In addition, while fire doors were in place they were not self closing which meant in the event of a fire they would not automatically close and contain the fire. The centre submitted assurance post inspection that the fire containment concern regarding the boiler house and residential house was addressed in May 2018.

Overall, the centre had an established medication management system in place. There was evidence of review and learning from medication errors with improvement measures taken. However, improvements were required in PRN (as required) medication protocols as they did not appropriately guide staff in the administration of PRN (as required) medications and in the storage of prescribed medication as there was no lock on the medication fridge in line with best practice.

Each resident was supported to spend their day in a manner that was meaningful and purposeful for them. Four of the residents had access to a day service and one resident was being supported from the residential service. Residents availed of many community facilities and amenities. The inspector reviewed a sample of personal plans which outlined goals and social activities for each resident which included holidays, developing positive relationships, attending local clubs, going to events, meals out and shopping.

The inspector found that residents had access to allied health professionals including GP, physiotherapy, psychology, chiropody and speech and language. Healthcare needs were assessed through the individualised assessment and the inspector reviewed a sample of residents' plans. The inspector found that healthcare plans were in place appropriately guided staff. However, plans were not in place for some identified needs. For example, one resident's identified healthcare need did not have a care plan in place, and while there was evidence of access to allied health professionals, it did not ensure that the healthcare need was appropriately

managed and staff were guided in supporting the resident.

Regulation 17: Premises

The house was decorated in a homely way and residents' bedrooms were decorated in line with their tastes. However, some parts of the residents' home needed to be maintained to a higher standard such as suitable storage and general upkeep of areas which required painting and rust on a radiator.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management policy in place and the centre maintained a risk register which outlined centre risks and individual risks. The inspector found that risks were managed appropriately in the centre. However, the system in place for the assessment, management and ongoing review of risk required review to ensure the information was accurate and up-to-date and appropriately guided staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the management of fire. There was suitable fire equipment in place in the centre including fire alarm, emergency lights and extinguishers and there was evidence which demonstrated that they were appropriately serviced. The centre completed regular fire drills and each resident had a Personal Emergency Evacuation Plan (PEEP) in place. Staff spoken with were clear on the evacuation procedure and supports required in the event of a fire. However, the arrangements in place for the containment of fire required improvement as outlined in the report.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a policy and systems in place for the management of medication. There was evidence of review and learning from medication errors with improvement measures taken. However, the PRN (as required) medication protocols and the storage of prescribed medication required improvement as outlined in the report.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a up-to-date assessment of need in place. However, the arrangements in place to monitor the progress against goals required improvement.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare needs were assessed through the individualised assessment and healthcare plans were in place. Residents had access to allied health professionals including GP, physiotherapy, psychology, dentist, chiropody and speech and language. However, not all identified health care needs had a plan of care in place to ensure the appropriate management and support for each resident.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There was a policy in place regarding the use of restrictive practices. There were some restrictive practices in place in the centre. The inspector found that all restrictive practices were identified and appropriately reviewed by the organisations Positive Approaches Monitoring Committee. Resident's emotional and therapeutic needs were identified and residents were supported to access psychology were required.

Judgment: Compliant

Regulation 8: Protection

There were safeguarding measures in place in the centre including a safeguarding policy in place and staff training in the prevention, detection and response to allegation of abuse. Residents spoken with told inspectors they felt safe in the centre. Staff were trained in safeguarding vulnerable adults and were clear on what constitutes abuse and how to respond to concerns or allegations of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0021673

Date of inspection: 25/04/2018

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Organisation has established a recruitment campaign to address the issue of filling vacancies for all grade of staff. Coolfin is a priority in the allocation of staff due to the vacancies of it's staff team. The Person In Charge, where possible, ensures that regular relief staff are recruited and inducted in the centre to ensure that they are familiar with the Residents' needs.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person In Charge has reviewed the Safeguarding training needs, 9 staff completed Safeguarding training in 2017, records contained in the Training Folder in the centre. Refresher safeguarding training for the remaining 3 staff is scheduled 08/06/2018 and 29/06/2018. Mandatory Training on Hand Hygiene and Food Safety is scheduled for all staff on 17/07/2018, Safeguarding SAM Refresher Training for 3 staff scheduled on 05/07/2018 and 12/07/2018. Mandatory First Aid training for 3 staff scheduled on 31/07/2018. Refresher Risk Assessments training is being scheduled by the training department and 2	

places will be allocated to the PIC and PPIM.

The Person In Charge will include training needs and continuous professional development issues as agenda items for Individual Supervision meetings with all staff.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Person In Charge and Person Participation in Management have reviewed Management Systems and have identified the need for Staff Supervision Meetings. The Person In Charge will schedule Staff Supervision Meetings which will be carried out on a quarterly basis, meetings commenced on the 08/05/2018, and the schedule and documentation of these meetings is available in the centre.

The Person In Charge will schedule to meet the Person Participation in Management on a 2 monthly basis. Date of meeting to commence on 12/06/2018. Documentation of meetings will be available in the centre.

The management systems in place are Quarterly Audits, Annual Report, Management Meetings, Cluster meetings, Keyworker System, Sixth Monthly Audits, Recording systems. Corrective Actions are documented in the centre.

Team meetings are arranged on a monthly basis. An agenda is in place which covers any concerns relating to the Health and Safety of the Unit and the Residents needs. Food Safety, Fire Safety, Continuous Professional Development, Medication Management is also discussed. The minutes of team meeting and agenda is available to view in the centre.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The Person In Charge met with the Technical Service Manager and Service Manager on the 18/04/2018, and discussed maintenance requirements for the centre.

Radiator cover in small bathroom will be removed and replaced.
Lock for medical fridge is to be put in place by 15/06/2018

General painting of the unit will be carried by 31/07/2018

The compartmentalization of the boiler room was completed on 27 April 2017.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person In Charge and the Person Participation in Management will review the Risk Management Procedures, and update all risk assessments and will ensure more relevant and detailed information in Risk Assessments. This review of all risks will be up to date by the 29/06/2018.</p> <p>The Person In Charge will review risks on a quarterly basis or when the need arises. Evidence will be available in the centre.</p> <p>The Person In Charge and the Person Participation in Management will attend Refresher Risk Assessment training.</p> <p>A full review of risk assessments was carried out and the centre risks have been updated to reflect current risks.</p> <p>Risk Management Procedures and Risk Assessments, will be discussed at Staff Supervision Meetings, and Staff Team Meetings by the Person In Charge.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Technical Services Department commenced work in the boiler room for the containment of fire between the house and the boiler room. Work has now been completed.</p> <p>The fire evacuation plan for one Resident has now been updated with detailed information on evacuation procedures in place.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge and Person Participation in Management, will review all PRN (as required) medications guidelines for Residents in the centre, with more detailed information for staff in the administration of PRN medications. All PRN medications will be reviewed on a quarterly basis or if changes occur by the Person In Charge. Evidence will be available in the centre.</p> <p>Locked storage for PRN medication has been completed on the 16/05/2018. Technical Services Department to install lock on medical fridge to be in line with best practice by 15/06/2018.</p>	

Review of PRN medication for 1 Resident in the centre has been updated and in place on 17/05/2018.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person In Charge will ensure that a review of Individual Assessment and Personal Plans for each Resident is carried out by the 30/06/2018 with the Key Workers. If Resident's needs change, a full review and update of assessments and support plans will be carried out. The focus of the reviews will be to consider the effectiveness of the plans in place.</p> <p>The Person In Charge will discuss Personal Plans and Resident's goals at Staff Supervision Meetings and Team Meetings to offer guidance and support in their implementation.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Resident's healthcare plan has now been reviewed updated and is in the Resident's Green folder.</p> <p>The Person in Charge will meet with keyworkers to review all Health Care Plan. The review will include a review of effectiveness of each Health Care Plan. The Person Participating in Management will review quarterly to ensure all healthcare need are recorded appropriately.</p> <p>The Person in Charge and Person Participating in Management, will carry out a quarterly audit for each resident to ensure all Health Care Plans needs are met. This review will be documented in each residents Green Folder. </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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2018
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.	Substantially Compliant	Yellow	31/07/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	31/07/2018

	kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	12/06/2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/06/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	1/05/2018
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Not Compliant	Yellow	15/06/2018

	storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Yellow	15/06/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2018
Regulation 06(1)	The registered provider shall provide appropriate health	Not Compliant	Orange	30/06/2018

	care for each resident, having regard to that resident's personal plan.			
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