

# eDeposit Ireland

**Cooperscross, OSV-0003646, 07 December 2022**

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Cooperscross, OSV-0003646, 07 December 2022', [report], Health Information and Quality Authority, 2023-03-08, Disability, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 21:16:31
Link to Item	<a href="https://hdl.handle.net/20.500.14765/110037">https://hdl.handle.net/20.500.14765/110037</a>



# 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 CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0003646
Fieldwork ID:	MON-0035839

## 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
--	---

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
Wednesday 7 December 2022	11:30hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control (IPC). The inspection was completed over one day.

The inspector met two of the residents and spoke with one staff nurse and the person in charge over the course of the inspection. Written feedback on the quality and safety of care from all four residents and four family representatives was also reviewed as part of this inspection process.

On arrival to the house, a staff nurse met with the inspector. The inspector observed that there was COVID-19 related signage on display in the hallway and adequate hand sanitising gels were available. Staff were also observed to be wearing appropriate PPE throughout the course of the inspection process.

The house was observed to be spacious, relatively clean and free from clutter. Each resident had their own bedroom (some were ensuite) and a communal bathroom was also available for use.

The person in charge explained that two residents were attending day services where they engaged in activities of their choosing such as shopping, relaxation therapies, drama, social outings and dance classes. One resident spoken with said they were very happy in their home and that the staff team were brilliant. As part of their person centred plans they had gone to the United States of America earlier in the year and informed the inspector that they had a brilliant time there. They said that they went sightseeing and shopping on their holiday and, were looking forward to planning a trip to Manchester in 2023.

One resident told the inspector about their day service saying that they liked meeting their friends there and enjoyed the pottery classes. They were also involved in a choir and had plans to sing Christmas carols in a local event organised by the organisation and said they were looking forward to that. At all times over the course of this inspection, the resident appeared very much at home and happy in the house and, were comfortable in the presence of both management and staff.

Another resident met with had been out earlier in the morning to have their hair done. They appeared in very good form, smiled at the inspector and staff were observed to be kind and caring in their interactions with the resident.

Written feedback on the quality and safety of care from all four residents and four family representatives was viewed by the inspector. All residents reported that they were happy in their home, happy with their bedroom, satisfied with the menu options available, happy with the level of social activities provided, satisfied that their rights were promoted and happy with the staff team.

All family representatives also reported that they were very satisfied with the quality of care and support provided in the centre, staff were helpful, courteous, respectful, residents were supported to achieve their goals, their personal possessions were well looked after and, were satisfied with the hygiene of the house. They also reported that the service was excellent and met their expectations with one family member saying it was exceptional and person centred.

Overall, while residents appeared happy and content in their home and the house appeared reasonably clean and clutter free on the day of this inspection, a number of issues were identified with the premises which are discussed in the following two sections of this report

## Capacity and capability

The provider had put in place a range of policies, procedures and guidelines supported by a suite of learning and education for staff so as to ensure they had the knowledge and competencies to promote good IPC standards. The provider also ensured that the IPC measures in place in this centre were subject to audit, review and updating. It was observed however, that some the paperwork presented to the inspector for review on the day of this inspection required review and/or updating.

The person in charge was responsible on a day-to-day basis for the overall implementation of the providers policies and procedures for IPC. However, in order to support the person in charge, the provider put in place a number of mechanisms for the overall governance and oversight of their services. For example, the centre had access to a Clinical Nurse Specialist (CNS) in Health Promotion for advice and support on any IPC matter.

The inspector reviewed a number of documents the provider had in place to support the effective delivery of the service. These included policies and procedures relating to IPC, training records, risk assessments and contingency planning documents. The inspector found that for the most part, these documents were up-to-date and subject to regular review.

It was observed that the COVID-19 Self Assessment document reviewed by the inspector required review and/or updating. However, when this was brought to the attention of the person in charge, they were able to show the inspector prior to the end of the inspection, the most up-to-date COVID-19 Self Assessment.

From reviewing a sample of the minutes of staff meetings, the inspector saw that any changes or updates regarding COVID-19 related policies and guidelines were explained and discussed with the staff team. Easy to read information on COVID-19 was also available to the residents.

On the day of this inspection, there were sufficient staff on duty to support residents to meet their needs. These staff had been supported to access a range of training in

infection prevention and control to include the National Standards for infection prevention and control, donning and doffing of person protective equipment (PPE), IPC and hand hygiene.

The inspector reviewed the last 6 monthly unannounced visit of this centre in August 2022 and the services quality enhancement plan which identified that there were some issues regarding the premises. For example, one counter top needed repair, a wooden floor needed attention, the weighing chair needed review and an armchair and sofa needed replacing. Some of these issues had been addressed by the time of this inspection. For example, a new armchair and sofa had been sourced for the centre. However, some of the issues with the premises remained ongoing at the time of this inspection and are discussed in greater detail in section 2 of this report.

## Quality and safety

The person in charge and staff team were ensuring the rights of the residents were being promoted and supported throughout the course of the COVID-19 pandemic. For example, (and where safe to do so) residents' choices were being supported and respected with regard to accessing local community based amenities and shops. However, they were supported to stay safe through ongoing support about COVID-19 and easy to read information on the importance of social distancing and good hand hygiene practices.

From a small sample of files viewed, the inspector also saw that residents had both a communication and hospital passport in place which contained important information on how the residents communicated and on their healthcare-related needs. If or where required, this information was sent with residents to hospital so as to ensure all allied healthcare professionals were aware of the communication needs of the residents, and their assessed healthcare needs.

The staff nurse on duty and the person in charge were able to talk the inspector through the steps taken where or if a resident had a suspected or confirmed case of COVID-19. The person in charge said, while most residents could isolate in their own rooms, one resident may leave their bedroom and, there were a number of steps taken to support this resident and minimise the risk to other residents. For example, the staff nurse explained if the resident in question had suspected and/or confirmed COVID-19, they would be on 1:1 staff support so as to ensure there was adequate social distancing at all times. Staff would also wear appropriate PPE and, there were enhanced cleaning schedules in place so as to ensure high touch such as door knobs and hand rails were clean. It was observed however, that some of these control measures were not explicitly stated in the residents individual risk assessment.

The centre had a specific COVID-19 Response Plan in place and this document included detailed information to effectively guide staff on how to respond in a number of different scenarios and phases of an outbreak in the centre. For example,

information and guidance was available on how to deal with a suspected and/or confirmed case of COVID-19 and contact details of relevant supports.

Over the course of the inspection, the inspector also observed staff were adhering to the provider's general IPC related policies and procedures, through the practices that were in place in the centre. For example, staff were wearing PPE, were observed to engage in regular hand hygiene practices and in the cleaning of the centre.

A staff nurse spoken with also informed the inspector that each resident were supported to wash their clothes on separate days and where or if required, washed were completed on a 60% cycle. The house also had a color coding system for equipment such as mops and buckets and cloths. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections, and the staff nurse was able to clearly identify this system to the inspector and discuss which item would be used in which area of the centre. It was observed that the storage area for mops required attention however, when this was brought to the attention of the person in charge, the issue was addressed immediately.

While a number of audits had been undertaken on the premises and a number of actions arising from those audits had been addressed, some remained outstanding at the time of this inspection which could pose a possible IPC related risk. For example, works were required on a sitting room floor as it was scratched, a kitchen counter top required replacing, a weighing chair required attention, a sink in the downstairs bathroom needed minor repairs and some piping in an upstairs bathroom required covering.

Notwithstanding, the inspector reviewed a number of IPC related checklists and audits which informed that a suite of comprehensive cleaning activities were being undertaken on a regular basis by staff working in the centre. These covered routine cleaning tasks such as, regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

## Regulation 27: Protection against infection

The provider had in place a range of policies, procedures and guidelines supported by a suite of learning and education for staff so as to ensure they had the knowledge and competencies to promote good infection prevention and control (IPC) standards. However, while a number of audits had been undertaken on the premises and a number of actions arising from those audits had been addressed, some remained outstanding at the time of this inspection which could pose a possible IPC related risk.

For example

- works were required on a sitting room floor as it was scratched
- a kitchen counter top required replacing
- a weighing chair required attention
- a sink in the downstairs bathroom needed minor repairs
- some piping in an upstairs bathroom required covering.

Additionally, one residents COVID-19 related risk assessment required review so as to ensure it captured all the control measures in place to support this resident if they had a suspected and/or confirmed case of COVID-19.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Cooperscross OSV-0003646

Inspection ID: MON-0035839

Date of inspection: 07/12/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"><li>• A new weighing chair (Ordered on 09.01.2023)</li></ul> <p>- Risk assesment reviewed for one resident on 09/01/2023 and additional control measures added into exisitng control measures</p> <p>Meeting with SJOG housing association on 09/01/2023 via phone</p> <p>Works list agreed with an expected completion date of April, November 2023 respectively</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2023