



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

Issued by the Chief Inspector

Name of designated centre:	Coolnevaun
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0002879
Fieldwork ID:	MON-0036114

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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 17 July 2024	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Coolnevaun. The inspection was carried out in response to the provider's application to renew the registration of the designated centre.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations of the residents care and support, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found that this centre was meeting the requirements of the regulations in all areas looked at.

The centre consisted of a designated centre that is located within a larger building situated on a small congregated campus setting in Co. Wicklow. The designated centre provides a pleasant, comfortable and homely environment for residents. The provider has endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. However, there is a somewhat institutional aesthetic to the overall building, location and centre due to the congregated setting arrangement and layout.

There was a welcome folder at the entrance to the centre which contained accessible easy read information about the designated centre including information on advocacy, the complaints procedure and the centre's most recent annual review.

The person in charge accompanied the inspector on an observational walk around of the premises; they were knowledgeable and familiar with the assessed needs of residents. The centre was observed to be a clean and tidy, warm and comfortable environment.

The premises were seen to be well maintained and nicely decorated. There was adequate private and communal accommodation for the residents, including a sitting room, conservatory, sensory room and a kitchen/dining area. The sitting room was bright and well laid out and was in use by all the residents throughout the day for activities. Activities residents had access to included music, lunch out, reflexology, spa days and trips to the nearby town.

The inspector observed a music session as one such activity and met a residents family member who was in attendance. They spoke fondly of the service and about how happy they were with the quality of care their relative received. Furthermore, they told the inspector that they were always made feel welcome when they visited, which was quite often.

Each resident had their own bedroom which was decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

During the inspection the inspector had the opportunity to meet with some residents and staff on duty. Residents did not use verbal communication as their main form of communication and this meant the inspector was unable to receive verbal feedback from them about their lives or the care and support they received. However, the inspector reviewed the most recent annual review which contained feedback from residents and their representatives on the quality and safety of care provided. Residents' views were obtained by staff through key-working and personal plans to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and were happy with the amount of choice and control in their lives.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre.

Two residents completed the questionnaires, one with the support of a family member and the other with staff support. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident expressed that he liked having visitors and going out for cake. The resident conveyed his likes and dislikes by using signs and gestures which staff understood and interpreted. The other resident's family member said that the staff were exceptionally kind to their sister.

The inspector saw that there was information available to the residents to support their communication including visual rosters, a visual activity board and social stories. One staff member explained how residents are supported to communicate with family members and friends who visit. There was a photo memory wall at the entrance to the premises beside the conservatory, that was updated weekly so that visitors would know what recent events/activities the residents had participated in and could therefore use as a conversation starter.

Residents were observed to be supported by staff who knew them and their individual needs well. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed needs. Some of the residents attended an activity in a day room adjacent to the property and met with their friends from day services and the wider community.

The person in charge and staff members on duty spoke about the high standard of care all residents receive and had no concerns in relation to the well being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

In summary, the inspector found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a good standard.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. The inspector found that the provider had ensured that the number, qualifications and skill-mix of staff was suitable to meet the assessed needs of the residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date including an accurate and current directory of residents, residents guide and complaints log all of which were made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The provider had suitable arrangements in place for the management of complaints.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector reviewed both the planned and actual rosters from May, June and July 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two of the staff teams records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed mandatory training including fire safety, safeguarding, infection prevention control (IPC), manual handling and positive behaviour support.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for the residents.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre. As a result staff were able to support and advocate on residents behalf.

Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care.

Staff were in receipt of regular support and supervision through monthly staff meetings and quarterly supervisions with the person in charge. Records of these meetings were maintained.

Judgment: Compliant

Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

The inspector reviewed a selection of records across Schedules 2, 3 and 4.

The registered provider had ensured the records of information and documents

pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their insurance along with their application to renew the centre's certificate of registration.

The inspector saw that the provider had in place a contract of insurance against injury to residents and damage to the premises of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured that the safety and quality of the service was consistently monitored.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was also a clearly defined reporting structure in place which identified lines of authority and accountability. The provider had nominated a person in charge who was suitably qualified and experienced. They were available on the day of inspection and informed the inspector of the arrangements in place to support them in having oversight of the designated centre.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

There were a series of audits in place which identified presenting risks. Actions plans were derived from these audits. The inspector saw that actions were progressed in a

<p>timely manner.</p> <p>Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.</p> <p>The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.</p> <p>A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>The registered provider had provided an effective complaints policy and procedure. The procedure was in accessible format for residents to understand. Residents were supported to make complaints and had access to independent advocacy services.</p> <p>There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all.</p> <p>The inspector reviewed the log and found that complaints were being responded to and managed locally. Furthermore compliments were also recorded.</p>
Judgment: Compliant
Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

The provider and the person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a comfortable and homely place to live.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. The inspector saw that residents had access to health care in line with their assessed needs.

Staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

The provider had implemented measures to identify and assess risks throughout the centre.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service, delivered by a stable team

of suitably qualified staff.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Residents had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

All staff spoken with during the course of the inspection demonstrated comprehensive knowledge of residents' needs, personal preferences, communication needs and how they expressed choice and preference.

The inspector asked how residents indicate choice and preference and was told that staff are very familiar with all the residents' communication styles and cues including gestures, facial expressions, body language and vocalisations.

The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

Residents were observed smiling, making eye contact, gestures and verbal interactions with staff during the course of the day to express their choices and personal preferences.

The inspector saw that visual supports required by residents were readily available in the designated centre.

Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspector during the course of the inspection.

Judgment: Compliant

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

There was a visitors policy displayed on the wall in the hall and visiting

arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Families played an important part in the residents' lives and the person in charge and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis.

Furthermore, families were consulted for feedback in the provider's most recent annual review and they reported they were satisfied with the quality of care and support provided in the centre saying 'the staff are wonderful' and the centre has a 'lovely set-up' and the staff are 'friendly, informative and helpful'.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Minor wear and tear was observed by the inspector on the walk around, mainly in the communal areas where there would be an increased footfall. This had been identified by the person in charge and reported to maintenance.

The provider had a plan in place to upgrade the bathrooms, which were functional and still in use. It had been identified that the upgrade would support and benefit the changing needs of the residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities

available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks.

The provider had an effective risk management policy which met the requirements of the regulations.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, infection prevention and control (IPC), and personalised emergency evacuation plans.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

There were adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting arrangements. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when the fire alarm activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night. All residents had individual emergency evacuation plans in place and

fire drills were being completed by staff and residents regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, health care, nutrition and feeding, mobility and safeguarding, as per residents' assessed needs.

Staff spoken with were informed regarding these care plans and residents' assessed needs.

A high staff to resident ratio was maintained in the centre, which ensured resident's specific person-centred support needs were met in line with their assessed needs.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant