



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

Issued by the Chief Inspector

Name of designated centre:	Coole Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0032447

About the designated centre

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

Coole services consists of three detached houses and a unit of two apartments, all located within a short distance from a rural town in County Galway. The service provides a combination of residential and day supports to 19 men and women with a mild, moderate or severe intellectual disability and or autism with an age range of 18 years to end of life. Residents are supported by a staff team that includes team leaders, nursing staff, social care workers and support workers. Waking night staff is provided in one of the houses with sleepover staff providing cover in each of the other two houses and the unit of apartments. Transport is available for residents to access their community, if they so wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Wednesday 12 May 2021	12:00hrs to 19:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector visited one location of Coole services only and reviewed the care and support delivered to residents in this location during this inspection. Residents who the inspector met with appeared to be relaxed and comfortable in their home and with staff supporting them. The house appeared warm and homely, and residents were observed to be spending time relaxing in their own bedrooms which were equipped with televisions and personal items, or spending time in the communal areas with other residents and staff.

This inspection was carried out to follow up on risks that were detailed in information received through the monitoring notifications to the Chief Inspector of Social Services.

There were six residents living in the house that the inspector visited. The inspector got the opportunity to meet briefly with all residents towards the latter part of the inspection, while adhering to the public health measures of social distancing and the wearing of a face mask. Residents who the inspector met with appeared comfortable in their home and with staff supporting them. One resident greeted the inspector from the door of the office where the inspector was located and spoke about activities that they liked to engage in, such as cooking and making soup, and also mentioned their home place and asked about people that they once knew. When asked, the resident said that they liked living in the centre and liked the people that they lived with. The staff supporting them appeared to know the resident well and was observed to be supporting them in a respectful manner. The inspector was invited to meet with another resident who was in their bedroom watching television and having a beverage. The resident showed the inspector a piece of art that they had completed, and they told the inspector that they were retired now. They spoke about plans that they had for getting a door installed to lead from their bedroom to the back garden patio area, and which would give them clearer access to their shed. When asked, the resident said that they were happy in the centre and felt safe. Another resident invited the inspector into their bedroom where they had set up a chair for the inspector to sit, where social distancing could be adhered to. The resident spoke about things that they were involved in during the COVID-19 pandemic such as studying for exams and learning new skills to increase their independence in preparation for an impending move to a new home. The resident appeared happy about the move to a new home, and also spoke about looking forward to getting back swimming soon. In addition, they spoke about COVID-19 and how this had impacted on their social life, as they were missing out on community based activities that they previously enjoyed. They spoke about how things were changing, and said that they recently enjoyed a hotel break and that they had plans on visiting a church service in the near future, and spoke about how they would be getting a taxi there themselves, which they were looking forward to.

The inspector also briefly met with two residents who were in the sitting-room together watching television. One resident was playing with a bingo game and

asked staff to join them. Residents appeared relaxed in each other's company and they spoke briefly with the inspector about various topics of interest to them, such as cars and attending a family wedding. The inspector was also invited to meet one other resident who was resting in their bed watching a sports game on television. The resident was reported to have recently experienced some health issues and staff explained that they were prescribed bed rest for postural care and support. The resident spoke briefly with the inspector about football and the county that they like to support, and while they appeared tired, their form appeared good as it was noted that they engaged in some banter with staff.

In addition, the inspector met and spoke with all staff working on the day and also met with the acting team leader, person in charge and person participating in management throughout the day. Staff spoken with throughout the day, all talked about how residents' needs had changed in recent months and how residents required a lot more supports with medical care and health related needs. While staff were provided with training to support with the care required, staff members felt that a skill-mix to include more nursing staff was required now and into the future to support residents with their changing health needs. This will be discussed further in the report.

Residents were reported to be getting on well at this time overall, and were reported to have adapted well to the COVID-19 restrictions. However, some residents were reported to be missing visiting family and social and community activities that they previously enjoyed. It was reported that residents used phones to video call family members, and some residents were observed to have their own mobile phones with them. Residents were reported to have spent time on the day of inspection doing artwork, gardening and two residents were reported to have attended appointments also. The inspector was informed that most residents went for prescribed bed rest also in the afternoon.

The inspector also spent time reviewing documentation such as care plans, the annual review of the service, questionnaires completed by residents and team meeting notes. A review of documentation indicated that residents were happy living at the centre and some of the things that they reported that made them feel happy included; playing cards with staff, passing exams, writing, having a pint of Guinness, listening to music and watching football matches.

However, it was also noted through documentation review that residents' needs had changed recently and that multidisciplinary supports, such as physiotherapists, occupational therapists and continence care professionals were now required more frequently. A review of documentation and discussions with the management team demonstrated that the service had responded to these changing needs with an interim plan in place for additional supports at night; however a more comprehensive plan to address residents' changing needs and the staffing requirements was required to ensure that care provided to residents fully met all their needs, and that the service was safe and suitable for the assessed needs of all residents at all times.

Overall, staff were observed to be responsive to residents and providing supports in

a respectful and compassionate manner. Residents spoken with appeared to be happy in their environment and with the staff supporting them. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how the governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall residents were provided with a person centred service, where rights and individuality were respected. Some residents' needs had changed since the last inspection, with some residents requiring additional support with medical needs. The inspector found that improvements were needed in the management and oversight of the centre to ensure that all risks associated with the changing needs of residents were more robustly assessed, and to ensure that staff were appropriately supervised in order to effectively deliver the care and support that residents required.

Coole services consisted of three houses and two apartments, accommodating up to nineteen residents. The inspector spent time in one house only at this time and found that the oversight and monitoring of this house required improvements to ensure that it was resourced in line with residents' needs and that the staff supporting residents were appropriately supervised to deliver effective care at all times.

The person in charge worked full-time and was responsible for two designated centres. The person in charge had returned from a period of leave in recent months and she demonstrated up-to-date knowledge about all residents' needs and it was evident that residents were familiar with her. She was supported in her role by team leaders who were delegated some operational and administrative tasks, such as supervising front line staff and completing risk assessments and care plans. In addition, there was a team of social care workers and support workers working on the front line with residents. Some changes in management had occurred in the past six months, as the person in charge had been on a period of planned leave and the previous team leader was on planned leave for the past few months. The persons participating in management (PPIM) remained the same and one PPIM covered the planned absence for the person in charge which allowed for continuity of care. The current team leader, who was also a qualified nurse, was in this post in an acting capacity, and the inspector was informed that there were plans to make this post permanent with a recent recruitment drive having taken place.

The inspector found that the staffing resource in this location required review to ensure that the skill mix and numbers of staff met the residents' changing and assessed needs. For example; all staff with whom the inspector spoke said that they felt that a skill-mix to include more nursing staff was now required due to the ongoing medical needs of some residents. As a temporary measure a sleepover staff

had been put in place to support the waking night staff with the care of residents during the night. The inspector was informed that the sleepover staff were required to get up at a set time for approximately an hour during the night to support with residents' transfers and the continence care of up to five residents. However, this arrangement did not take into account the possibility of residents requiring care outside of this set time. The inspector was informed that on occasion, sleepover staff had to get up at night several times to support with residents' care needs. The person in charge informed the inspector that this was currently under review and some plans for addressing the night staffing issue had already been discussed, and that a meeting had been convened for the following week to discuss the future staffing plan with the management team and members of the multidisciplinary team who were involved with residents' care.

In addition, the inspector found that the management of risk required strengthening, as the risks identified regarding the changing needs of residents and the associated staffing resource requirement had not been assessed in line with the organisation's risk management procedures. While temporary control measures were in place to mitigate against some risks, such as a second staff at night, the risks were not assessed and documented appropriately in line with the procedure. The person in charge stated that this would be done at the meeting that was being held the following week.

The inspector reviewed training records and found that staff were trained in a range of training programmes to support them in their role. This included training in the management of behaviours, safeguarding, fire safety, manual handling, hand hygiene and safe donning and doffing of personal protective equipment (PPE). In addition, staff were provided with additional training and information sessions as the need arose and where this was required to support residents' with care needs. Staff meeting notes were reviewed, which demonstrated staff participation and consultation about issues relating to the running of the service and residents' care and support.

However, the inspector found that the supervision of staff required improvements to ensure that all staff were appropriately supervised to deliver effective care to residents. The inspector was informed that the organisation's procedure stated that staff are to receive formal supervision three times per year. A sample of records reviewed demonstrated that some staff had not received supervision within the past year. This required improvements, as the inspector found that an internal investigation into an adverse event that resulted in a serious injury to a resident, found that staff were not aware of what was contained in a resident's care plan. The supervision of front-line staff had been delegated to the team leader, and while the acting team leader had received training in delivering supervision recently and they said that they plan to roll out supervision sessions with all staff in the coming weeks, the inspector found that the person in charge did not ensure that staff had received appropriate supervision in line with the organisation's procedures over the past year.

The person in charge ensured regular auditing of incident/accident reviews and there was evidence that adverse events and any concerns that were brought to their attention were followed up. The provider ensured that six monthly unannounced

audits and an annual review of the quality and safety of care and support in the centre occurred as required by regulation. Where areas for improvement were identified, action plans had been developed. However, the inspector found that the oversight of actions identified through audits and internal investigations required strengthening to ensure that they were appropriately completed within a reasonable time frame and by an assigned person. For example; an internal report identified that risk assessments were required for all residents in the area of manual handling. While the risk assessment documents were in place for residents, the inspector found that these had not been completed in a comprehensive manner, as there were gaps in the documentation and they did not clearly outline the risks that had been identified through incidents, and were not clear on the control measures to be implemented.

In summary, while the management team responded to adverse events when it came to their attention, the ongoing oversight and monitoring by management required strengthening to ensure that effective care based on the assessed needs of residents was delivered, and that staff supporting residents were supported to have the skills and knowledge to deliver this care.

Regulation 15: Staffing

There was a planned and actual rota in place which was reviewed and demonstrated that a consistent team of front line staff was in place to ensure continuity of care. The inspector was informed that the staff roster was currently under review and temporary arrangements were in place to provide additional supports at night. However, the skill mix and numbers of staff required further review to ensure that it was appropriate to the number and assessed needs of residents. Staff files were not reviewed at this time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with training opportunities for continuous professional development and to support them in their role. However, the person in charge did not ensure that staff were appropriately supervised to ensure that effective care and support was delivered to residents at all times, and in line with the organisation's requirements for three supervision meetings during the year.

Judgment: Substantially compliant

Regulation 23: Governance and management

The ongoing oversight and monitoring of the centre required strengthening to ensure that the service provided is safe, appropriate to residents' needs and effectively resourced with a staff team who have the skills and knowledge to support residents with their assessed needs.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents and adverse events that occurred in the centre demonstrated that the person in charge submitted all notifications to the Chief Inspector as required in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that overall the service provided was person-centred and that residents' rights were upheld. However, as previously noted, the management of risks associated with the changing needs of residents required improvements to ensure that the service provided care and support in line with residents' assessed needs, now and into the future.

The inspector found that in general residents' health, personal and social care needs were assessed and responded to. Residents were supported to achieve the best possible healthcare by being facilitated to attend a range of allied healthcare appointments such as chiropodists, dietitians, dentists and general practitioners, where this need was identified and required. Residents were also supported and facilitated to receive vaccinations in line with their wishes. In addition, residents had access to multidisciplinary supports including physiotherapy, occupational therapy and psychology services.

Residents who required supports with behaviours of concern had comprehensive plans in place, which outlined the proactive and reactive strategies to be used to support with behaviours of concern. In addition, the plans in place sought to identify the potential causes of these behaviours and described how the resident could be best supported. Staff with whom the inspector spoke appeared knowledgeable about residents' support plans and this was observed in practice also.

The inspector found that safeguarding of residents was promoted in the centre through staff training, adherence to the safeguarding procedures where concerns were raised and through regular reviews of incidents that occurred. For example; during a recent review of incidents that occurred, it was noted that the person in charge followed up with the designated officer for safeguarding to discuss an incident of behaviours of concern directed at staff, which could possibly have impacted on another resident. In addition, it was noted that where residents and staff raised concerns, these were taken seriously by the management team and followed up in line with the organisation's procedures.

During discussions with residents and through a review of documentation, the inspector noted that residents were kept informed about the running of the centre, about current affairs and were supported to make decisions in their daily lives, including practicing and accessing their preferred religious faith. In addition, one resident spoke about their involvement with an advocacy group, and spoke how they had recently met with a local councillor to discuss issues around safe access on public footpaths for wheelchair users.

The provider ensured that there were systems in place for the infection prevention and control; including measures to prevent an outbreak of COVID-19. This included; resident, staff and visitor temperature checks, availability of PPE and hand gels, staff training, contingency planning in the event of an outbreak of COVID-19 and policy and procedures for the management of infection. Staff were observed to be wearing PPE appropriately and in line with national guidance.

There were systems in place for the identification, assessment and management of risk. However, the inspector found that not all risks had been appropriately assessed in line with the organisation's procedures such as the risks associated with the changing needs of residents. Furthermore, residents' individual manual handling risks as recommended to be completed through an internal report as a result of an adverse event had not been comprehensively assessed, as there were gaps in the documentation and they did not include all the risks that had been identified through incidents that occurred.

In summary, residents were provided with a person-centred service and had a comfortable and homely environment. Residents appeared comfortable with staff supporting them and with each other. However, the risks associated with the changing needs of residents required a more robust plan in order to ensure that the skill-mix, staffing resource and supervision of staff was effectively ensuring that all residents' needs were met at all times.

Regulation 26: Risk management procedures

There was risk management policy and procedure in place. Some risks had not been assessed in line with the organisation's procedure and individual risk assessments, as recommended in an internal report, required review to ensure that they were

completed in full and were reflective of the actual risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that measures were in place for infection prevention and control including; staff training, resident and staff symptom checks during COVID-19, availability of PPE and hand gels.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health at this time, by being facilitated to attend a range of allied healthcare professional appointments, where these were required and recommended.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had comprehensive support plans in place that were up-to-date and had a multidisciplinary input. Staff appeared knowledgeable on how best to support residents with behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding, and staff spoken with were aware of what to do in the event of a concern of abuse. Where concerns arose, the safeguarding procedure was followed where concerns were investigated. In addition, incidents that occurred were under regular review by the person in charge to assess if concerns of a safeguarding nature arose.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices in their day-to-day lives and were supported to be as independent as possible in line with their needs and wishes.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coole Services OSV-0004844

Inspection ID: MON-0032447

Date of inspection: 12/05/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A planned multi-disciplinary meeting with management was held on the 19/05/2021 to discuss and implement a staffing plan going forward to meet the changing needs of the residents, An action from the meeting is that a second waking night staff will be placed on the roster to meet the current needs of the residents. The staffing arrangements will be reviewed accordingly.	
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 will ensure that the team leader carries out Support & Supervision with the staff team as per policy & procedure, and ensure a plan is in place for support & supervision to occur if the team leader is absent from the service.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

The recruitment is ongoing for a nurse in light of the changing medical needs in the house. There is also recruitment ongoing for a team leader, and a plan in place to review the status of the house within the Designated Centre in light of the changing needs.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The Person in Charge and Team Leader will review the risk assessments in the house and ensure that they are reflective of the needs of the residents to guide staff.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2021
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	Substantially Compliant	Yellow	31/08/2021

	and effectively monitored.			
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	31/08/2021