

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Coole Services
Centre ID:	OSV-0003549
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Jackie Warren
Support inspector(s):	Michelle McDonnell
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 August 2016 09:30	08 August 2016 18:30
09 August 2016 09:00	09 August 2016 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspectors met with residents and staff members, examined the premises, observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. Staff files were examined on a separate day. The inspectors met and

interacted with 15 residents during the inspection, in addition to eight staff and two members of the management team. The inspectors also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) during the inspection. Feedback from residents and relatives indicated a high level of satisfaction with staffing, social care and the living accommodation. Residents also told inspectors that they liked living in the centre, felt safe there and had plenty of interesting things to do during the day.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was being provided as it was described in that document. There were three houses and a unit of two apartments in this centre. The dwellings were located in a rural town. The service was available to 19 adult men and women with a mild to moderate intellectual disability and or autism

Overall judgment of findings:

During the inspection, the inspector found a good level of compliance with the regulations, with 12 of the outcomes reviewed being assessed as compliant and four as substantially compliant. Two outcomes were judged as moderately non compliant.

However, improvement was required to some systems to ensure that all the regulations were being consistently met. This impacted on the quality of life of residents in some cases, the details of which are described in the report. The inspector found that:

- internet access was not available to all residents (outcome 2)
- the layout of some parts of the premises impacted on quality of life for some residents (outcome 6)
- health care needs were well met, but improvement was required to a plan of care (outcome 11)
- some medication practices increased the risk of medication error (outcome 12)
- the statement of purpose did not fully reflect all information required by the regulations (outcome 13)
- staffing levels were not consistently organised to meet the needs of residents (outcome 17).

Good practice was identified in areas such as:

- residents' rights, dignity and consultation were supported (outcome 1)
- positive relationships with family and friends was promoted (outcome 3)
- residents had suitable service contracts (outcome 4)
- residents' social care needs were being met (outcome 5)
- health and safety (outcome 7)
- there were systems in place to safeguard residents from abuse (outcome 8)
- required notifications were being submitted to HIQA (outcome 9)
- general welfare and development (outcome 10)
- there were effective governance and management systems in place (outcome 14)
- absence of the person in charge (outcome 15)
- suitable resources were available to support residents' needs (outcome 16)
- suitable records were being retained (outcome 18).

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

Inspectors found that residents were involved in how the centre was planned and run.

Residents told inspectors that there were weekly residents' meetings at which residents could make plans and discuss issues of importance to them, including their weekly menu plans and shopping lists. Residents or staff recorded minutes of the meetings. Minutes of recent meetings showed that residents had discussed personal events, such as planning activities and outings. Staff also used these meetings as an opportunity to discuss issues of importance and fire safety and the alarm system had been discussed at a recent meeting.

Residents told inspectors that they were very happy living in the centre, had the opportunities to do the things they wanted to do and had good social lives and community involvement. Residents carried out household activities such as shopping, laundry, food preparation and outdoor planting.

There was an advocacy service available to residents and details of how to access this service were displayed. A resident from this centre told inspectors that they were very involved in a national advocacy group and was committed to supporting other residents' rights and advocating the views.

Details of the complaints process were displayed in each house. The complaints procedure was written in a legible format, including pictures and photographs, and was designed to be clear and accessible to both residents and their families. Residents

understood the complaints process and told inspectors that they would talk to staff if they had any complaints or worries and they felt confident that they would be addressed.

There was also a complaints policy which provided guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. There were no active complaints under investigation at the time of inspection, although there was a suitable system for recording complaints if required. There had been no recent complaints about the service, but any earlier complaints had been suitably managed and recorded.

Inspectors observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had their own bedrooms and a resident told inspectors that they had decorated their bedroom to their liking and had chosen the colour schemes.

Residents had their dwellings decorated with photographs, pictures and personal belongings. Although residents were generally independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts were given by staff as required.

Some residents retained full control of their own money and valuables, while others required support from staff. An inspector viewed the arrangements for the management of money of a resident who required support and found that it was managed in a clear and transparent manner. Transactions were clearly recorded and signed and receipts were maintained for all purchases.

Residents' civil and religious rights were respected. All residents were registered to vote and staff accompanied residents to vote if they needed support. Residents were supported to practice their religion in their preferred way. The organisation had a charter of rights which was displayed in each house.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

There were suitable communication systems in place to support residents, although improvement to internet access for residents was required.

Although all residents in the centre could articulate their views verbally, suitable signage was displayed to share information with residents.

There was information for residents displayed in accessible format in the centre, including information on the complaints and advocacy procedures, a weekly meal planner with colour pictures of chosen meals and pictures showing the staff on duty each day and night.

All residents had access to televisions, radio, newspapers, postal service and reading material. However, internet access was only supplied to the staff computer and was not available to residents at all times. The person in charge had already identified this deficit. She stated that measures to address this were taking place and that it would be resolved in the near future.

Judgment:

Substantially Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

Residents who lived in the centre were supported to maintain relationships with their families, and were encouraged and supported to interact in the local community.

Residents' family and friends could visit at any time. Some residents also visited and regularly stayed with family members.

Families were invited to attend and participate in residents' annual planning meetings and reviews of residents' personal plans. Records indicated that families were kept informed and updated of relevant issues. Some residents visited a day service each weekday where they had the opportunity to meet and socialise with friends. Some

residents had jobs in the local area and residents told inspectors that they had many friends who they socialised with.

Residents said that they were supported to go on outings, attend sporting and entertainment events and dine out in local restaurants. Residents frequently visited the shops and facilities in the town.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission.

Contracts for the provision of services had been agreed with all residents. An inspector reviewed some contracts and found that they had been agreed with the resident or their representative, were informative and reflected the service provided.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that each resident's social wellbeing was maintained by a high standard of care and support. There was an individualized assessment undertaken for each resident and residents had opportunities to pursue activities appropriate to their individual preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the residents' background, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals.

There was an annual meeting for each resident attended by the resident, their family and support workers to discuss and plan around issues relevant to the resident's life and wellbeing. Throughout the year, progress on achieving goals was reviewed by staff. In a sample of files viewed, inspectors found that the goals identified for the previous year had been achieved and current goals were being progressed.

There were a range of activities taking place in day services and residents' involvement was supported by staff. Some residents were retired, and these residents attended activities held in the houses, in addition to community involvement and some activities in the resource centres. For example, on the day of inspection one of the residents was going to visit a garden where he did some work and meet friends there, another was going to the local town, while others were going out for lunch.

Staff also supported residents' access to the amenities in the local community such as shopping, eating out, meeting their families, attending sporting events and leisure outings. There were vehicles available to transport residents to day services or other activities they wished to participate in. Arrangements were also made for residents to take holidays, go on outings, and attend concerts and musicals. Residents told inspectors of attending concerts, parties, outings, a historical festival, race meetings and of participating in sports, which they said they enjoyed. Residents also showed inspectors photographs of these events and trophies that they had won. For example, one resident told of a trip by train to Dublin where he visited several interesting sights, while another told of going to Dublin for an international rugby match which had been one of his goals.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

The design and layout of the centre generally suited the needs of residents, although the person in charge and the management team had identified that improvement was required in three of the dwellings to improve comfort and safety for residents and these issues were being addressed. Renovations to one house were at an advanced stage of completion, while there were plans to renovate another and this work was due to start shortly.

There were three houses and two apartments in the centre. Inspectors visited each unit within the centre and found that all the accommodation was well maintained both internally and externally, was clean, suitably furnished and comfortable.

All residents had their own bedrooms. The bedrooms were bright, well furnished and decorated in colour schemes of residents' choices. Residents had adequate personal storage space and wardrobes. All bedroom doors were lockable and there were keys available for residents who wished to lock their doors. Some bedrooms had en suite toilet and shower facilities and there were sufficient additional bathrooms and showers.

However, two adjoining units required renovation to increase the comfort and space available to residents and to facilitate an improved evacuation procedure. Although these units were comfortable, suitably furnished and well maintained, residents and staff acknowledged that some rooms were not large enough and communal space required improvement. The provider had already developed plans to address this and work was scheduled to start in the coming weeks. In another house, an extension, to increase the size of communal and private rooms and to improve evacuation processes, was nearing completion.

Inspectors found the kitchens to be well equipped and clean. There were laundry facilities in each house, where residents could do their own laundry with support from staff if required. There was office and bedroom accommodation provided for staff.

There were suitable arrangements for the disposal of general waste. Residents segregated waste before removal to main bins which were stored externally. These were removed by contract with a private company. There was no clinical waste generated in

the centre.

There were well maintained gardens adjoining the units. Some residents had planted flowers and plants in raised displays. They showed an inspector the raised flower boxes which they had been involved in making and painting as a project.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

During the last inspection, inspectors found that improvement was required in relation to fire safety training and recording of fire evacuation drills and these had been addressed. Improvement to the evacuation process had also been required. To address this issue structural renovation was required. This work was in progress and scheduled for completion within two months of the inspection.

Inspectors found that there were good systems in place to protect the health and safety of residents, visitors and staff.

There was a health and safety statement, a risk management policy and risk register which identified measures in place to control identified risks. In addition to environmental risks, personal risks specific to each residents were identified and control measures documented in residents' personal plans. Systems were in place for the regular review of risk.

Inspectors reviewed fire safety procedures. There were up to date servicing records for all fire fighting equipment and the fire alarm system. All staff had received formal fire safety training. Staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. Quarterly fire evacuation drills took place involving residents and staff, one of which was during night-time hours each year. Detailed records of all fire drills were maintained. Residents who spoke with inspectors were clear on what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

Staff carried out weekly checks of fire alarms and escape routes and monthly checks of equipment such as emergency lights and automatic door releases and these checks were being recorded. There were emergency plans which provided clear guidance to

staff in the event of a number of different types of emergencies and included arrangements for alternative accommodation.

Records showed that the centre's vehicle was suitably serviced and maintained. The centre was maintained in a clean and hygienic condition and there were hand sanitising units in each house.

All staff had received up-to-date training in moving and handling.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

During the last inspection, inspectors found that improvement was required in relation to manual handling training and a behaviour management issue at the time of inspection and these had been addressed.

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy and there was a training schedule which ensured that staff attended the training in prevention of abuse every three years. Members of the management team, and staff, who spoke with inspectors, understood their responsibilities in this area. There had in the past been a notification of abuse made to HIQA. This had been suitably managed and resolved. Residents told inspectors that staff cared for them well and they always felt safe in the centre.

There was also a policy on responding to behaviours that challenge to guide staff and the support of a psychologist was available in the organisation. However, at the time of inspection none of the residents exhibited behaviours that challenged or required behaviour management plans.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

Residents were supported to participate in education and training to assist them to achieve their potential. Inspectors found that residents had opportunities for new experiences and to develop further skills.

Some residents attended resource services, while others received home based services. There were a range of development opportunities available to residents which took place during the day at the resource centre, in the centre and in the community. For

example, residents had participated in computer courses, cookery and life skills training and art in the resource services. Residents who received a home based service had opportunity to participate in a range of activities such as music sessions, art, cookery and knitting. A resident was knitting during the inspection and told an inspector that she had knitted many hats for premature babies. Another resident who was involved in art classes had designed a calendar of their work which had been printed. Other residents were involved in creative writing classes in the community; one had published a book and another had written a play.

Some residents also had full or part-time work in the local area. Some residents worked in a book and coffee shop which they told the inspectors that they enjoyed. Another resident was a full time actor and told an inspector about his achievements.

Many residents enjoyed participating in and attending sporting events. Some residents trained and competed in swimming and bocce. Others had attended rugby matches and race meetings.

Residents in all houses were involved in household chores, such as food preparation, laundry and grocery shopping. In one house residents had made scones for the tea on the day of inspection.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents' health care needs were well met and they had access to appropriate medical and healthcare services. There was, however, some improvement to documentation of care interventions required in a file viewed during the inspection.

All residents had access to general practitioner (GP) services and had annual medical checks. Residents also had access to a range of healthcare professionals, including chiropodists, speech and language therapists and dieticians, and referrals were made as required.

Each resident had a personal plan which outlined the services and supports to be provided to achieve a good quality of healthcare. Personal plans were in an accessible

format and each resident's healthcare plan was reviewed frequently and when there was a change in needs or circumstances. The plans viewed contained detailed information around residents' healthcare needs, assessments, medical history and healthcare support required from staff. For example, plans of care had been developed for a range of health and personal care needs such as diabetes care, management of hypertension, nutrition and personal care.

Inspectors found that residents' nutritional needs were well monitored and all residents were weighed monthly. Referrals to the dietician were made as required and their recommendations were included in residents' care plans. Suitable care plans were developed and implemented where weight management issues were identified. All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. One resident who spoke with an inspector had been following a healthy eating plan for weight reduction and was pleased to have achieved success with the plan.

However, while health care plans were generally completed to a high standard, some improvement was required to ensure that guidance was up-to-date and comprehensive. A nutrition care plan for a resident, while generally comprehensive and informative, contained some conflicting information.

There were no residents in the centre with wounds or pressure ulcers or requiring modified diets. End of life assessments had been undertaken for residents and it was the provider's aim to care for residents in the centre until end of life whenever possible.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors found that while some medication management practices were safe, some improvement was required to the administration, storage and discontinuation of medication.

An inspector reviewed medication management practices and found that some improvement was required.

It was not possible to verify if some residents' medication was being administered as prescribed, as some information relating to required dosage was unclear and in some instances, administration of medication was not signed by staff. While signatures of the staff members administering medication were generally being recorded, there were some unexplained gaps in the administration of prescribed medication. It was, therefore, not possible to establish if the required medication was being administered to residents as prescribed.

In one house separate storage for unused medication had not been supplied, although there was no such medication present at the time of inspection. In addition, the system for the disposal of unused and out-of-date medication was not sufficiently safe and traceable.

There was, however, good practice around medication management. There were colour photographs of each resident to verify identity if required and there was an up to date signature sheet available.

There was a process for the management of medication errors. On reviewing this documentation, an inspector found that medication errors were suitably recorded, were being reviewed and that measures had been introduced to reduce the risks of re-occurrence.

Individual medication management protocols had been developed for each resident.

Medication requiring strict controls was suitably managed and stored. Other medication was securely stored and there was monitored refrigerated storage for medication requiring temperature control.

The medication policy, which was up-to-date and available to guide staff, had been revised to include information of the management of medication requiring special controls. Staff who administered medication to residents had been trained in the safe administration of medication.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

Inspectors found that the statement of purpose was informative, described the services provided in the designated centre and generally met the requirements of the regulations. However, some required information, such as services supplied to residents by the provider and details of any specific therapeutic services delivered in the centre, was not clear.

The person in charge reviewed the statement of purpose annually.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, suitable supports were available to staff and there were systems in place to review and improve the quality of service.

The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. She worked closely with an area manager who was her line manager.

Both the person in charge, area manager and staff who met with inspectors in the centre knew the care needs of residents and demonstrated a clear commitment to improving the service offered to these residents.

The role of person in charge was full-time and the person who filled the post was suitably qualified and experienced. The person in charge had relevant health care and

health service management qualifications. There were arrangements in place to cover the absence of the person in charge and there was an on call out of hours rota system in place to support staff.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded on a computerised system and kept under review within the centre for the purpose of identifying trends. Members of a service management team carried out unannounced visits to the centre every six months to review the quality of service and compliance with legislation and the person in charge and health and safety officer carried out annual health and safety audits. The management team, on behalf of the provider, also carried out annual review of the quality of the service provided. Findings from all audits were communicated to the person in charge for attention and were also reported to the provider nominee.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, epilepsy awareness, safe administration of medication, dementia care, client protection and fire training.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

The management team were aware of the requirement to notify HIQA of the absence of the person in charge.

Suitable arrangements were in place to cover the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not examined during the previous inspection in March 2014.

Inspectors found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There were vehicles at the centre to transport residents when they wanted to go out.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that staff had been suitably recruited and had received training appropriate to their roles. However, staffing levels were not consistently allocated to best meet the needs of residents.

There were staff present in each house to support residents and there was one staff in each house on sleep over duty at night time. Staffing levels appeared sufficient to support residents while residents were in their houses. However, on reviewing records it became evident that some activities were based around staff availability rather than on residents' preferences. In addition, the time when staff members went to bed on

sleepover duty sometimes impacted on residents' bedtime. A resident told inspectors that if bed time support was required for residents, these residents had to go to bed in advance of staff to achieve this. This impacted on residents' ability to choose their own bedtime. Suitable staffing arrangements were made for residents to attend planned outings such as concerts and trips away.

Some residents in the centre received a partial home-based service and staff delivered a range of in-house activities and supports to them. Staff who spoke with inspectors were knowledgeable of residents care needs. Separate staff supported the residents who attended resource centres.

An inspector reviewed a sample of staff rosters and found that they reflected the planned and actual rosters as required by the regulations.

During the previous inspection inspectors found that some staff had not attended all mandatory training required by the regulation and on this inspection this had been addressed. During this inspection, inspectors viewed staff training records which indicated that staff had received up-to-date training in fire safety, manual handling and safeguarding. In addition, staff had received other relevant training, such as dementia care, epilepsy care, safe administration of medication and behaviour management.

Staff had been recruited, selected and vetted in accordance with the requirements of the regulations. An inspector reviewed a sample of staff files on a separate day following the inspection and found that they contained the required documents as outlined in Schedule 2 of the regulations such as suitable references, photographic identification and employment histories.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that records required by the regulations were maintained in the centre.

During the course of the inspection, a range of documents, such as medical records, staff training records, health and safety records and healthcare documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to inspectors. Records were orderly and suitably stored.

All policies required to be in place by Schedule 5 of the regulations were available to guide staff.

During the last inspection, inspectors found that residents' medical records were not being kept in the centre as required. During this inspection in August 2016, inspectors found that, while residents' confidential medical records were retained by the GP, records of GP appointments and their outcomes, referrals to other healthcare professionals and their findings, referrals to consultants and records of hospital appointments were being kept in the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Coole Services
Centre ID:	OSV-0003549
Date of Inspection:	08 August 2016
Date of response:	28 September 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Internet access was not available to residents at all times.

1. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

The organisation is in the process of installing WIFI connection in the homes within the designated centre to enable service users to have access to the internet for personal use.

Proposed Timescale: 30/11/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some dwellings in the centre did not meet the needs of some residents.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:

In one home a consultation process has commenced in relating to proposed moves that will facilitate a service user moving to a more appropriate and suitable residential placement.

In another centre the extension of this facility is near completion awaiting installation of 2 hoists. The project will be completed by mid November 2016

In one house the moves will have taken place by 28th/02 2017 The extension will be complete by 18th /11/2016

Proposed Timescale: 28/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A nutrition care plan for a resident, while generally comprehensive and informative, contained some conflicting information.

3. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:

The care plan that provided staff with conflicting information in relation to a diet plan for one service user is now resolved. The GP has amended his recommendations to coincide with the advice of the dietician.

Proposed Timescale: 23/09/2016

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

It was not possible to verify if some residents' medication was not being administered as prescribed, as some information relating to required dosage was unclear and in some instances administration of medication was not signed by staff.

4. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

Staff has received refresher training in the safe administration of medication concentrating specifically in the area of appropriate recording and management of medication errors. Going forward all errors will have an explanation recorded on the area of the administration sheet that allows for this information to be recorded. Following the completion of training the relevant staff member has repeated the competency assessments. This situation will be monitored closely and there will be ongoing supervision of the staff members in this regard.

Staff members will clarify with the GP in all instances that the correct dosage of medication is clearly stated at the time of prescription.

Proposed Timescale: 23/09/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were no arrangements for the segregated storage of unused and out-of-date medication in one part of the centre.

5. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:

All areas of the designated centre will now follow the agreed protocol with regard to the segregated storage of unused and out-of-date medication. All disused medication will be stored separately from other medications.

Proposed Timescale: 23/09/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system for the disposal of unused and out-of-date medication was not sufficiently safe and traceable.

6. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

Please state the actions you have taken or are planning to take:

Discussions has taken place with relevant staff and going forward the service protocol will be followed to ensure safe and traceable disposal of unused and out-of-date medication.

Proposed Timescale: 23/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not meet some of the requirements of Schedule 1 of the Regulations.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

Details of the Therapeutic Services available in the designated Centre is now included in the Statement of Purpose. All requirements of Schedule 1 of the Regulations are now included in the Statement of Purpose.

Proposed Timescale: 23/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staffing levels were not consistently allocated to best meet the needs of residents.

8. Action Required:

Under Regulation 15 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:

Discussions have commenced with regards to a proposed change of placement and appropriate staffing levels for the service user who required additional staff support. The outcome from this process will ensure that the staffing levels are consistency allocated to meeting the needs of service users

Proposed Timescale: 28/02/2017