



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

Name of designated centre:	Cois Saile Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	08 October 2018
Centre ID:	OSV-0004995
Fieldwork ID:	MON-0021990

About the designated centre

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

Cois Sáile Services provides a residential care service to up to thirteen male and female with intellectual disabilities. The service is provided to residents from 18 years of age to end of life. The service can be provided to residents who present with complex needs such as physical, medical, mental health, mobility and or sensory needs and who may require support with communication. The centre is comprised of three self-contained apartments, and two houses in a housing development on the outskirts of a city. The centre was purpose-built and had been designed to meet the needs of residents using the service. The physical design of the building renders it suitable for individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes nursing staff, a team leader, social care worker, instructors and care assistants. Staff are based in the centre when residents are present and there are both sleep over and waking night staff present in the centre to support residents at night.

The following information outlines some additional data on this centre.

Current registration end date:	10/04/2019
Number of residents on the date of inspection:	11

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 October 2018	10:30hrs to 17:30hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with nine of the eleven residents who were living in the service at the time of inspection; several of these residents spoke at length with the inspector. These residents said that they were very happy with all aspects of living there and that they felt safe in the centre. They said that they had active lives and that staff always supported them to do the things that they liked to do. They also confirmed that they were encouraged to keep in touch and meet with family and friends which they enjoyed.

While some residents talked about living in the centre, others did not have the capacity to discuss this with the inspector. However, the inspector observed that all residents were relaxed and comfortable in the centre and in the presence of staff and other residents. It was evident that staff prioritised the welfare of residents, and ensured that they were supported to take part in activities that they enjoyed based on each person's individual abilities and preferences. Throughout the day, the inspector saw residents coming and going to and from the centre with staff. Things that residents did during the inspection included attending medical appointments, going for walks, shopping, going out for lunch or to the barbers and some residents went to the cinema. The inspector also received feedback questionnaires from some residents who lived in this centre, these expressed a high level of satisfaction with the service and with the care received from staff.

Capacity and capability

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure and there were systems in place such as audits, staff supervision and management meetings - to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance with any issues identified having been addressed to improve the service. Staff carried out regular audits, including audits of residents' finances and medication management.

The provider had further measures in place to ensure that the service was well run

and effective. There was a suitable person in charge to manage the service and to support and supervise staff. There were a range of up-to-date policies available to guide staff. The service was appropriately insured to protect residents and their property and records required by the regulations were being kept. Since the last inspection, the provider and management team had introduced measures to continue to improve the quality of service to residents. Some of these measures included the development of personal goals in a format accessible to residents, improvement to emergency evacuation arrangements and improvement to an aspect of medication recording to increase the safety of residents.

Throughout this registration cycle, this centre was found to be well-managed and appropriately staffed and no concerns about the governance of the centre have arisen.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable of each resident's care and support needs.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which met the requirements of the regulations, and included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were securely stored. The management team had made improvements to medication administration records to improve the level of safety to residents, and

to reduce the risk of medication errors.

Judgment: Compliant

Regulation 22: Insurance

At the time of inspection there was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that a good quality and safe service was provided for residents living at the centre. There was an effective management structure and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the statement were readily available in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were suitable written agreements for the provision of service in place in the centre. These agreements included the required information and had been agreed with residents or their representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices. The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. Residents' quality of life was prioritised by the systems in the centre, and their choices were supported. The centre was staffed throughout the day. Therefore, residents had the choice of a home based activity programme or attending day services. The inspector could see that residents were out and about in the community and they confirmed that they enjoyed this.

The centre suited the needs of residents. All residents had their own bedrooms. The rooms were decorated to residents' liking and there was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents to store their clothing and belongings. All residents had access to keys to their bedrooms and could lock their doors if they chose to. The centre was clean, comfortable, well decorated and furnished, and suitably equipped. The centre was comprised of three self-contained apartments, and two houses within one complex. The centre was purpose-built and had been designed to meet the needs of residents using the service. The dwellings in the centre were well maintained, spacious, comfortably furnished and suitably equipped. Since the last inspection, a chair lift had been installed to provide a safe evacuation option for residents with decreasing mobility.

Annual meetings between residents, their families and staff took place, at which

residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged in the local community. Plans of care were developed for residents' which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered. As the provider employed nursing staff in this centre, residents' clinical needs were well managed and residents could be accommodated in the centre until end of life.

Since the last inspection of the centre the provider had introduced measures to improve the evacuation procedures in the centre and, therefore, increase the safety of residents.

There was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient rooms in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with family and friends in the community, and to visit family at their homes.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre, at day services and in the community. Residents were taking part in social events, community involvement and training courses.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose, and met residents' individual and collective needs in a comfortable environment. The centre was clean, comfortably furnished, well decorated and maintained, and suitably equipped to meet residents' needs.

Judgment: Compliant

Regulation 20: Information for residents

There was an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had measures in place to protect residents from the risk of fire and to ensure that fire evacuation processes were effective. Procedures had been introduced to ensure that all staff would complete fire evacuation drills from the centre, in line with residents' individualised emergency evacuation plans, at least annually. A battery-operated stair lift had also been installed to increase evacuation options for residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs and preferences. Annual personal planning meetings, which included the resident or their representatives, staff, and multidisciplinary supports as required, were being held. Residents' personal goals for the coming year were agreed at these meetings and these were made available to residents in a

user-friendly format. The achievement of these goals was supported by staff in the designated centre. Residents' personal goal records included time frames for achievement, progress updates and identified support.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that residents' healthcare needs were met to a high standard. The healthcare needs of residents were assessed and they had good access to a range of healthcare services, including general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs and these were being implemented.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	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 4: Written policies and procedures	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant