



Office of the Chief Inspector

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

Name of designated centre:	Coole Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	02 April 2019
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0021914

About the designated centre

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

There are three houses and a unit of two apartments in Coole Services. The dwellings are located in a rural town. The service is provided to 19 men and women with a mild to moderate intellectual disability and or autism. Residents are supported by a staff team that includes team leaders, social care staff and nursing staff.

The following information outlines some additional data on this centre.

Current registration end date:	25/06/2020
Number of residents on the date of inspection:	18

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
02 April 2019	09:45hrs to 19:00hrs	Jackie Warren	Lead

Views of people who use the service

Inspectors met and spoke at length with 16 residents who lived at the centre. All residents told inspectors that they enjoyed living there, that they felt well cared for and safe, that they trusted the staff, and that they enjoyed good access to activities of their choice. Residents told inspectors about projects and activities that they enjoyed which included drama, employment, development of independent living skills, outings and shopping. While a small number of residents mentioned areas where they would like to see change, they acknowledged that these areas were being taken seriously and were being addressed by the provider.

Capacity and capability

The registered provider had demonstrated the capacity and capability to deliver safe and quality services to residents living in the designated centre. Residents told inspectors that they felt supported and listened to, and that the management team and staff were responsive to their needs. Each premises within the designated centre had a team leader employed who looked after its day-to-day management and was supported by the person in charge. Regular meetings occurred between team leaders and the person in charge which ensured continuity of care for the residents. The person in charge worked full-time and was found to be very knowledgeable about the needs of the residents, which ensured that care was provided in a person-centred manner.

On the day of inspection, inspectors found that the number of staff present supported residents to live a good quality life. A review of the rota indicated that residents received good continuity of care from staff who were familiar to them. There was an out-of-hours on-call system in place to further provide staff with management support as and when required. Staff received regular training as part of their continuous professional development which ensured residents were supported by staff who were knowledgeable about their support needs. The person in charge had recently undertaken training in 'supported decision making' and work was ongoing with residents at the time of inspection in relation to this. One resident told inspectors about their plans for increasing their independence in particular areas and the activities they were looking forward to doing.

On the day of inspection, inspectors found good governance and management systems in place. The provider had ensured that six-monthly unannounced audits had taken place in the centre and quality improvement action plans had been

devised as a result of these audits. This demonstrated a commitment to driving quality improvement and to enhance the lived experiences for residents. Annual reviews of the quality and safety of care and support in the service had been completed. These included the views of residents and their families and they identified actions to drive quality improvement. These reports were available to residents in an accessible format. Monthly audits of medication and finance were completed in each house which ensured that residents were safeguarded. Regular team meetings occurred in the centre and these gave staff the opportunity to raise any issues of concern and ensured that the quality and safety of care provided to the residents was of a high standard.

The provider had ensured that all residents had written agreements in place, which detailed the services to be provided and the fees to be charged. These were available in a user friendly and accessible format. New admissions to the centre had an opportunity to visit the centre and robust transition plans were developed to support these residents with the move.

There was good systems in place for the management of complaints and the complaints log showed good follow up of complaints in a timely manner. Residents were aware of how to make complaints and told inspectors that staff supported them in raising any concerns. However, some improvement to the complaints procedure was required to ensure that it was sufficient to guide staff practice at the centre.

Regulation 14: Persons in charge

The person in charge was full-time and suitably qualified and experienced. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there were suitable staffing levels and skill mixes in place at the centre to met the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who worked in the centre had received regular mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Furthermore, the provider ensured that staff had further access to other training relevant to their roles as and when required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place at the centre which ensured 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 and staff meetings to ensure that the service was provided in accordance with residents' needs and wishes and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had received written agreements about fees charged and the provision of services at the centre. In addition, prospective new residents to the centre had the opportunity to visit the centre prior to their admission.

Judgment: Compliant

Regulation 30: Volunteers

Although there were no volunteers currently involved with the centre, there were suitable arrangements in place for the management and supervision of volunteers

should this be required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were suitable systems for the management of complaints, with complaints being maintained by the person in charge and evidence that complaints received had been addressed in-line with the provider's policy. However, some improvements were required to the associated guidance documentation as some aspects had not been reviewed and updated in accordance with organisation's own recommendations.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at the centre received person centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

Residents confirmed and inspectors observed that residents were out and about in the community and were very involved in a wide range of local activities such as community events, training courses and classes, employment, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities and confirmed that they enjoyed them.

Residents had good access to information including media, general information relating to the service and information relating to their safety and rights such as safeguarding, fire safety and advocacy. This information was supplied to residents in appropriate formats that they could understand. However, some improvement to the residents' guide was required to ensure it met regulatory requirements.

The centre suited the needs of residents. In addition, while the houses were clean, comfortable, well decorated and suitably furnished, the provider had identified further improvements which were being carried out to improve the levels of comfort and accessibility for residents. All residents had their own bedrooms and could lock their doors if they chose to. The rooms were decorated to residents' liking.

The provider had measures in place to safeguard residents from any form of harm. These included, fire safety management arrangements, safeguarding training and access to a designated safeguarding officer. Fire safety arrangements included up-to-date servicing of fire safety equipment, internal fire safety checks by staff,

provision of fire doors, fire safety training for all staff and the completion of fire evacuation drills. However, some improvement to the recording of fire drill outcomes and personal evacuation plans was required.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents' social, health and developmental needs were identified and suitable supports were in place to meet them.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services accessed by residents included speech and language therapy, physiotherapy, psychology and behaviour support which were supplied directly by the provider. Other services such as chiropody, dental and optical services were accessed in the local community by residents. Plans of care were developed for residents which identified their specific healthcare needs, ensuring that appropriate guidance was in place to ensure that required care and support was appropriately delivered by staff. Safe medication management practices were also evident in the centre.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care.

Regulation 11: Visits

Residents could receive visitors in the centre in accordance with their own wishes. Residents were also supported to meet with family and friends elsewhere, such as in family homes and in the community.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents to pursue their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in a range of social and developmental activities at the centre, at day programmes and in the community. Staff and the management team were particularly focused on working with residents to develop independent living skills and increased community involvement.

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. The centre is comprised of four houses, which were clean, comfortably furnished and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose their own food and took part in grocery shopping if they chose to. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in all houses in the centre. This included information in a user friendly format about staff on duty each day, residents' rights, how to make a complaint, and meal plans. There was also a residents' guide which was available to residents in a suitable, easy-to-read format. However, the residents' guide required review as it did not include all information required by the

regulations.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were suitable admission arrangements in place to support new residents with their transition to the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. However, improvement to fire drills and individualised emergency evacuation plans were required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that there were safe medication management practices in place at the centre. Practices ensured that residents' medication was securely stored and arrangements were in place to assess residents' ability to self-administer their own prescribed medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on comprehensive assessments of each person's needs, including multidisciplinary

supports. Annual personal planning meetings, which were attended by the resident and or their representatives, were being held with residents' personal goals being agreed at these meetings.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to general practitioners and a range of healthcare services. Healthcare plans had been developed for each resident based on their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had robust safeguarding arrangements in place such as staff training which protected residents from harm.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Coole Services OSV-0004844

Inspection ID: MON-0021914

Date of inspection: 02/04/2019

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Complaints procedure will be updated in line with Regulation 34.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The information for residents will be updated in line with Regulation 20.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review of the fire drills and fire evacuation plans is taking place in the Designated Centre, and will be updated in line with regulation 28.	

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 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	30/06/2019
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2019
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2019