



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

Issued by the Chief Inspector

Name of designated centre:	Coole Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	28 January 2020
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0023016

About the designated centre

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

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

The following information outlines some additional data on this centre.

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
Tuesday 28 January 2020	09:30hrs to 17:45hrs	Angela McCormack	Lead
Tuesday 28 January 2020	09:30hrs to 17:45hrs	Catherine Glynn	Support

What residents told us and what inspectors observed

Throughout the day of inspection, inspectors met with 14 residents who lived at the centre. In addition, inspectors reviewed nine questionnaires that had been completed by residents as part of the inspection process. Residents spoken with said they liked living at the centre and talked about the activities that they enjoyed. These included being part of advocacy groups, swimming, art, cooking, going on holidays and visiting family members. Some residents spoke about future plans for having a more accessible and individualised living arrangement, and said that they were looking forward to this. Residents were observed to be supported in a respectful and dignified manner by staff. Staff who inspectors spoke with appeared knowledgeable about residents needs and were observed to be supporting residents in line with their needs. Questionnaires reviewed demonstrated that overall residents were satisfied with the service and staff supporting them. Where areas for improvement were noted, for example regarding the temperature in bedrooms, the provider gave a commitment to follow up on any issues raised by residents.

Capacity and capability

Inspectors found that overall there were good governance and management arrangements in place in the centre which ensured that residents received a quality and safe service. However, some improvements were required in the management and oversight arrangements in relation to areas such as; safeguarding procedures, risk management and notifications of incidents to the Chief Inspector of Social Services.

The person in charge worked full-time and was supported by a team leader in each of the four locations that formed the designated centre. The person in charge and team leaders carried out regular internal audits in the centre in areas such as medicines management, finances and accident and incident audits. Inspectors found that the staffing arrangements were adequate to meet the needs of residents on the day of inspection. Staff received regular training as part of their continuous professional development and a review of training records demonstrated that staff were provided with mandatory and refresher training. The person in charge maintained a training matrix and a schedule of supervision meetings with staff was available in the centre. Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the management team if needed.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by

regulation. These audits contained good detail and quality improvement action plans had been devised as a result of these audits. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents and their families. However, issues relating to safeguarding concerns raised by residents and notifications that were required to be submitted to the Chief Inspector had not been identified through the most recent provider audit. For example, concerns that were raised in one location of the centre by two residents about being afraid of a peer was dealt with through the complaints procedure, but had not been identified as safeguarding concerns and therefore had not been notified to the Chief Inspector as required by regulation.

There was a good complaints management procedure in place. The person in charge maintained a complaints log, and there was evidence that complaints were taken seriously and responded to in a timely manner. There was an easy-to-read version of the complaints procedure, which was accessible in the centre and contained details of who the nominated complaints person was and details of the appeals process. Residents spoken with stated they would speak to staff if they were not happy with any aspect of the service and there was evidence that where complaints were raised by residents they were responded to and residents were kept informed on the progress of the complaints.

The statement of purpose and information guide for residents were reviewed as part of the inspection process and were found to comply with the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that all the documentation that was required to complete the application to renew the centre was submitted as required.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that the staffing numbers and skill mix were appropriate to meet the needs of residents on the day of inspection. There was a planned and actual rota in place which reflected what was happening in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with opportunities for training and refresher training as part of their professional development. There was a schedule in place for staff supervision and a sample of supervision records were reviewed which showed that staff received regular supervision.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that the centre had up to date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good governance and management structures in place in the centre. However, some improvements were required with regard to the effective monitoring of the service to ensure that all risks were identified, that the organisation's safeguarding procedure was adhered to at all times and that notifications regarding allegations and suspicions of emotional abuse between residents were submitted to the Chief Inspector as required by regulation.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider ensured that there was a statement of purpose in place, which was reviewed on an annual basis and contained all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors found that notifications regarding incidents of a safeguarding nature between residents were not notified to the Chief Inspector as required by regulation.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an up to date complaints policy and procedure in place in the centre, which contained details of the appeals process. There was an easy-to-read complaints process available to residents and residents were supported to raise complaints if they were unhappy with any aspect of the service. Where complaints were made, inspectors found that they were responded to in a timely manner and the complaints officer maintained communication with the complainants until the complaints were resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that the policies and procedures as set out in Schedule 5 of the regulations were in place in the centre.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents received a good quality, safe service and that there were suitable arrangements in place which ensured a person-centred service. Residents spoken with stated that they were happy in the centre and with the plans that had been discussed with them regarding future living arrangements. One resident who spoke about incidents that had occurred in the centre which made them feel afraid, stated that they were now happy in the centre and that the issue had resolved and staff had supported them.

Inspectors found that residents' general welfare and development was promoted and residents who the inspector spoke with told the inspector about the range of activities that they enjoyed, both in the centre and in the community. This included music sessions, advocacy groups, swimming, shopping, knitting, going on holidays and visiting family members. Some residents were facilitated to have a retirement programme and days off to have a rest if they wished and this was observed on the day of inspection. Residents were supported to have choice in their daily lives and were consulted about the running of the centre through house meetings

and residents' forums. There were suitable practices in place with regard to the protection of residents' personal possessions and each resident had their own bedroom and facilities to store their personal possessions. In addition, financial assessments had been completed to assess the supports residents required with managing their finances, and consent had been sought about supports given.

Residents had been assessed with regard to health, personal and social care needs, and support plans were put in place where required. Inspectors found that a resident who was recently admitted to the centre had transition plans in place which included consultation with the resident and their family. Residents were supported to identify goals as part of their personal plans, and these were reviewed regularly for their effectiveness. Inspectors found that residents were supported to achieve the best possible health through comprehensive assessments, and being facilitated to attend allied healthcare appointments where this was recommended and agreed by residents.

Inspectors found that that residents who required support with behaviours of concern had comprehensive plans in place which had a multidisciplinary input. The plans outlined supports required which included triggers to behaviours, proactive and reactive strategies to support residents. The provider ensured that restrictive practices were reviewed to be the least restrictive and for the shortest duration, and alternatives to some restrictive practices were currently being explored. Residents had been consulted with regard to restrictive practices and consent had been obtained.

The provider promoted residents' safety while staying in the centre. The centre had systems in place for the detection, containment and prevention of fire. Residents had personal emergency evacuation plans in place which were detailed and reviewed as required. A resident who the inspector spoke with talked about what they would do in the event of a fire. Staff received training in fire safety and regular fire drills were carried out. There were systems in place for the recording and review of incidents that occurred in the centre and a risk register was maintained and reviewed regularly. However, inspectors found that one risk in relation to incidents that had occurred in one location of the centre had not been identified and assessed as a risk in line with the organisation's risk management policy and procedure.

Staff were trained in safeguarding and staff who the inspector spoke with were aware of the policies and procedures. There was an easy-to-read document available for residents about keeping safe, which outlined the types of abuse that can occur. However, inspectors found that while measures were put in place to promote residents' safety while living in the centre, the safeguarding procedure had not been followed in relation to some incidents that were raised by two residents in one location of the centre with regard to peer-to-peer incidents which made them feel afraid. While these issues were dealt with through the complaints process and measures were put in place to support residents, the organisation's safeguarding procedure had not been followed with regard to notifying the designated officer and arranging for a preliminary screening to be carried out.

Regulation 10: Communication

Residents who required supports with communication had assessments completed and plans in place to support them with their communication preferences. Staff spoken with were familiar with residents' communication needs. Residents had access to televisions, radios, telephones and mobile phones.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms in which to store their personal belongings. Financial assessments were completed with residents and where support was required in managing their finances, this was given with the consent of residents.

Judgment: Compliant

Regulation 13: General welfare and development

Inspectors found that residents' general welfare and development were promoted in the centre. Residents engaged in a range of activities both in house and in the community in line with their preferences and needs. These included swimming, shopping, cinema, holidays, work experience, art, massage and music sessions.

Judgment: Compliant

Regulation 20: Information for residents

An easy-to-read residents guide had been prepared by the provider and contained all the information as required under the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an up to date risk management policy in place in the centre which

contained all the requirements contained in the regulations. The person in charge maintained a risk register for the centre, and there were also individual risk assessments in place for residents where required. There was a system in place for the recording and reviewing of incidents; however inspectors found that a risk that was noted through a review of incidents had not been identified and assessed in line with the organisation's procedure.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had systems in place for the detection, containment and extinguishing of fires. There were easy to read evacuation notices in place and in a prominent position in the centre. There was a comprehensive emergency evacuation plan in place to guide staff on what to do in the event of a fire. Residents had personal emergency evacuation plans which outlined supports required for safe evacuation. There was a schedule for fire drills and records showed that regular fire drills took place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that residents had assessments in place for health, personal and social care needs. Personal plans were completed with residents where personal goals were set out for the year. The goals identified what steps were needed to achieve the goals and reviews were occurring regularly to ensure that they were effective.

Judgment: Compliant

Regulation 6: Health care

Residents who required support with health care needs had assessments and support plans in place, which were under ongoing review. Where recommended and agreed, residents were supported and facilitated to access a range of allied healthcare professionals; including dietitians, general practitioners, physiotherapists, occupational therapists and chiropodists. Where required, residents had been supported to have end of life plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that staff were trained in managing behaviours of concern. Residents who required support with behaviours had comprehensive plans in place which included a multidisciplinary input. Restrictive practices were reviewed regularly to ensure that they were the least restrictive and for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding of residents. However, inspectors found that some peer-to-peer incidents that had been dealt with through the complaints procedure had not been identified as possible safeguarding concerns, and therefore the safeguarding procedure had not been followed with regard to contacting the designated officer and the arranging for the completion of a preliminary screening.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to participate in decisions about their lives, and had choice about their daily lives. In addition, residents were consulted with and participated in the running of the service through regular house meetings. Some residents spoken with talked about their involvement in advocacy groups and how they are going to exercise their right to vote in the upcoming elections.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Coole Services OSV-0004844

Inspection ID: MON-0023016

Date of inspection: 28/01/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person In Charge will ensure effective monitoring of risks identified, that the organisation safeguarding policy is adhered to and notifications regarding alleged and suspicions of emotional abuse are reported to the chief inspector.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in charge will notify the Chief Inspector of suspicions or alleged emotional abuse that occur in the designated centre.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will ensure that any risks identified will be recorded in line with the risk	

management policy.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC will ensure that the Designated Officer is contacted if any suspicions or allegations of emotional abuse arise and arrange for a preliminary screening as per safeguarding policy. Prior to any new admissions to the Designated Centre the PIC will ensure a thorough background assessment takes place prior to the resident moving in.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing	Not Compliant	Orange	31/03/2020

	within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/05/2020