



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:	02 February 2023
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0029861

About the designated centre

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

Coole services consists of two detached houses located within a short distance from a rural town in County Galway. The service provides a combination of residential and day supports to 10 men and women with a mild, moderate or severe intellectual disability and or autism with an age range of 18 years to end of life. Residents are supported by a staff team that includes team leaders, nursing staff, social care workers and support workers. Waking night and sleepover cover is provided in the houses. Transport is available for residents to access their community, if they so wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 2 February 2023	09:45hrs to 17:45hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out for the purpose of renewing the registration of the centre. The inspector found that the residents enjoyed a good quality of life in the centre, their rights were respected and they were happy in their home.

The centre comprised of two houses a short distance apart from one another and the inspector spent time in each house. The team leader and the person in charge supported the inspection process. The inspector met with all nine residents throughout the day and found them to be very relaxed in their home. On arrival at the first house some residents were finishing breakfast, one resident was getting ready to go out to the shop for the paper and one resident was relaxing in the sitting room doing art work.

The inspector interacted with the four residents in the first house and they all indicated in their own way that they were happy in their home. Some were able to articulate that they had good relationships with staff and that staff were very kind to them. During the morning the music therapist came to the house and the residents from the second house came over to enjoy the music session with them. The inspector could hear the residents laughing, singing and playing instruments and it sounded like they were really enjoying themselves.

The inspector was given a tour around the house and some residents invited the inspector to see their bedrooms. The bedrooms were all laid out to meet the residents individual needs and those with mobility needs also had accessible bathrooms. Each bedroom was decorated in the residents individual style and colour choice. There were personal photographs and belongings throughout the house. The centre was warm, clean and cosy and had a lovely atmosphere.

In the afternoon the inspector visited the second house in the centre. On arrival one residents' family member was visiting and took the opportunity to engage with the inspector. They spoke very positively about the care and support their family member received and stated that the staff were very dedicated. The resident was noted to enjoy a cup of tea and home made cake with their family member and had requested that staff joined them.

The other residents were relaxing watching television and one resident sang for the inspector and other residents. The resident was immensely proud of their singing ability and that they recalled the words of the songs. The second house was also very homely and residents were very comfortable. Their bedrooms were beautifully decorated and the residents had input into the soft furnishings and decoration of their bedroom.

Residents engaged in lots of enjoyable activities; they went to art classes, bingo in the house and there was a valentines ball arranged which the residents said they

were looking forward to. The residents had just signed up to start a programme of social farming and they were also regulars in the local shops, restaurants and community facilities. There was a sense in the centre that the residents very much had control over their day and were active decision makers.

The residents in the centre had meaningful activities in their day and positive relationships were maintained with family and friends. The support provided in the centre was very person centred and the staff were very respectful and warm toward the residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The management structure in this centre ensured a high standard of care and support was provided to the residents. The residents had a good quality of life, engaged in fulfilling activities and were generally very happy in this centre.

The inspector had carried out an inspection in this centre in the last six months and found significant non compliance. As part of the centres compliance plan the provider submitted a plan to restructure the centre from one to two centres with a person in charge and a team leader in each thus reducing the remit of the persons in charge. The reduced numbers and remit had the effect of increasing the oversight that the person in charge had and was very effective in improving the quality of care and support provided to the residents.

The person in charge had been team leader in the centre prior to being appointed person in charge and so was very familiar with the residents needs and systems in place in the centre. There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability, specified roles, and responsibilities for all areas of service provision.

The number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider had ensured that where nursing care was required it was provided.

The person in charge had ensured that staff were provided with appropriate training in line with the needs of the residents and that they were appropriately supervised.

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The person in charge and the provider had ensured the required auditing systems were in place in the centre and

the person in charge was proactive in ensuring the actions were completed. The person in charge had also revised the statement of purpose as required and submitted an updated copy to the Inspector.

The staff with whom the inspector spoke were very aware of their responsibilities in terms of the recording and reporting of adverse events that occur within the centre. The inspector reviewed incidents on the day of inspection and it was noted that all incidents had been notified as required. Quarterly notifications had been submitted to the inspector and were in line with guidance.

There were no active complaints currently. The visual complaints process was discussed with residents at weekly house meetings.

There was a full suite of policies available to the staff team and residents. The safeguarding policy was out of date since January 2023 but there was an email accompanying the policy stating that it was being reviewed nationally and would be in place in the coming weeks. Other policies reviewed were in date and had been reviewed by the provider within the required time frame.

Regulation 14: Persons in charge

The provider had appointed a person in charge who had the required 3 years management experience, qualifications and skills necessary to manage the designated centre. They were full time and maintained good oversight and monitoring of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual and planned rota and found there was continuity of care since the last inspection. The provider had actively recruited new staff, a new team leader had been assigned to the centre and the staffing numbers and skill mix were in line with the residents needs. The floor plan of the centre and the resident numbers had been reduced as part of a restructuring plan.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training record and found that the staff had

received all the required training in the time frame outlined in the providers policy. Staff with whom the inspector spoke had good knowledge of areas they had received training in such as fire precautions and safeguarding of vulnerable adults. The staff also outlined their awareness of cardiology and seizure care plans as they had received in house training in these areas as good practice.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were management systems in place in the centre to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge had completed an annual review of the quality and safety of care and support in the centre in December 2022 and found that the quality of care was provided to a high standard.

The residents were consulted through resident meetings, key working sessions and the annual individual questionnaire form. All of the residents said they liked where they are living and wouldn't change it. The families were also consulted via questionnaire and positive feedback was received.

Two unannounced visits to the centre had been carried out in May and November 2022 and a plan was put in place to address any concerns regarding the standard of care and support. Some areas for improvement which were highlighted were to restructure the centre into two centres to reduce the centre from four to two houses and to have a person in charge over each.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available which contained the information set out in Schedule 1 and had been reviewed and amended recently in line with changes in the structure of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were reviewed on this inspection and it was noted that all incidents had been submitted in line with guidance. Incidents were reviewed regularly at team

meetings and by the multi disciplinary team for the purpose of learning from adverse events.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy which was in visual format for the residents to aid their understanding of the complaints process. This was discussed at weekly resident meetings. There were no complaints open currently.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of the policies the provider made available to the staff team including the prevention, detection and response to abuse policy. This policy was out of date however there was an email from the provider indicating that it was being reviewed nationally and would be available in the coming weeks. The other policies reviewed were all in date and had comprehensive guidance for staff in a range of areas such as restrictive procedures.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided to the residents in this centre was to a very good standard. The residents engaged in meaningful activities and their assessed needs were met.

Residents communication needs were facilitated in this centre and they were encouraged to maintain good communication links with family and friends through the use of phone and video calls. There was accessible documentation available to the residents to support them communicate choices.

The residents general welfare and development was supported in the centre and residents could avail of activities of choice or were facilitated to gain employment. The residents articulated that they liked the activities that were offered in house such as music and were looking forward to starting a social farming programme in

the coming weeks.

Both houses were maintained to a good standard inside and out. The provider had recently completed work to a bedroom and to the kitchen in one house to make them more accessible. There was suitable equipment available to residents to enhance their independence and both houses were accessible. The premises were bright, airy and spacious with a homely feel. The residents informed the inspector that they had been involved in the decoration of their bedroom.

The inspector observed staff preparing residents meals and noted that they used fresh fruit and vegetables. Shopping was done twice weekly with residents and some residents assisted with preparing meals. The residents were offered choice at mealtimes and records of fluid and food intake were kept for those who required it for medical reasons.

The provider had ensured that the risk management policy was in date and reviewed regularly. There was good risk management system in place which supported positive risk taking for residents. Safety in the community was identified as a risk for several residents but good control measures ensured that the residents were facilitated to engage in community integration in a safe manner.

Infection prevention and control was maintained to a very good standard in this centre. Residents had been informed of good hand hygiene and social distancing and staff were observed supporting them with hand washing. There was adequate supplies of personal protective equipment available when supporting residents with personal intimate care. There was a laundry management protocol to remind staff of temperatures to wash clothing and mop heads. There was storage area for mops and buckets and a colour coded system indicated which mop was used for which area. There was a clinical waste management procedure in place.

The provider had ensured that effective fire safety management systems were in place. There was adequate precautions taken against the risk of fire in the centre and suitable fire fighting equipment were in place.

The person in charge had ensured that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. Medicines were stored securely in a locked cabinet and were labelled appropriately and a medication audit was completed regularly.

There was a comprehensive assessment of need completed for all residents. There was person centred approach to care in this centre and the personal plan reflected the resident's needs and outlined the supports required to maximise the resident's personal development.

The residents received good health care in this centre. They were facilitated to attend mental health clinics as needed and there were seizure care plans and cardiology care plans in place for some residents.

Comprehensive behaviour support plans had been developed for some residents in this centre. They were effective in guiding staff in how to manage challenging

situations. Staff spoken with were familiar with the approaches used and said the training and behaviour support plans gave them confidence in working with residents who may be challenging at times.

Safeguarding of vulnerable adults was regularly discussed at staff team meeting although there were no safeguarding plans in place currently. Staff were familiar with the process of recording and reporting incidents of abuse or neglect should they occur.

Rights featured in the residents weekly meetings and residents were consulted in relation to all decisions about their care. Residents were treated with respect in this centre and encouraged to be as independent as possible.

Regulation 10: Communication

Residents were assisted and supported at all times to communicate in this centre. There was communication supports available to them such as visuals, objects of references and electronic tablets. There was a communication passport in place for all residents which outlined their communication needs clearly. The residents had access to television, newspapers and mobile phones.

Judgment: Compliant

Regulation 13: General welfare and development

The residents had a good quality of life in this centre and access to facilities for occupation and recreation. Some residents went to day service and one resident was being supported to return to employment. There was evidence of residents being involved in their local community and music therapy and art classes in line with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the number and needs of the residents and both buildings were of sound construction. There was adequate space for residents to store their belongings and to receive visitors or have time alone. The provider had reviewed accessibility in relation to residents needs and had recently carried out alterations to the premises to make a more accessible bedroom and bathroom for one resident. The residents had suitable equipment available to them such as hoist

and specialist beds and these were regularly serviced. The premises were clean, warm and had been personalised with residents belongings. There was a also secure back garden which was well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate wholesome and nutritious food available to residents. The inspector observed residents going to do food shopping and the staff preparing meals in line with recommendations from speech and language therapists. Food was appropriately stored and labelled in the fridge.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place and a plan for responding to emergencies which had been reviewed in May 2022. The emergency plan provided guidance in the event of power loss, water outages, fire or illness. There was good risk management system in this centre; risks had been identified and assessed and appropriate control measures put in place. The control measures were proportionate and the risk ratings were accurate. There were risk assessments in place for peer to peer incidents, illness, restrictive practices and community safety. Risk assessments had been reviewed in the time frame set by the provider and amended as necessary. There were arrangements for learning from serious incidents or adverse events at team meetings and multi disciplinary reviews.

Judgment: Compliant

Regulation 27: Protection against infection

There was an infection prevention and control policy available to the staff which gave clear guidance in relation to the maintenance of good infection prevention and control. There was accessible documentation and signage in place for residents and staff to support them with good hand hygiene, cough etiquette and social distancing. The provider had a outbreak management plan available also to support staff which took account of staffing and continuity of care if an infection outbreak were to occur. The centre was clean and there was hand sanitising solution and face masks available. The staff were noted to sanitise their hands regularly and were all

wearing a face covering on the day of inspection. There was a cleaning checklist in place which staff fully adhered to and signed and there was more comprehensive frequently touched surfaces list available in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

There were functioning fire doors throughout both houses. The fire equipment had been serviced within the last twelve months including the extinguishers, alarm system and the emergency lighting. All staff were trained in fire precautions and the safe egress of residents in the event of a fire. There were personal egress plans in place for all residents and there was a policy available which was reviewed regularly. Fire drills had been carried out in the centre both day and night time simulated. These indicated that residents could all be evacuated safely in a safe time period. An issue was highlighted on the night time drill and this was addressed with extra signage being placed on doors, this indicated that the fire drills were an effective tool in maintaining a safe centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good medicines management in this centre. The medication records were clear and all required information was outlined on them including the residents photograph and any known allergies. There were protocols in place around ordering, collection and disposal of discontinued medication. There was a pharmacist available to the residents and there was appropriate and suitable practices relating to the prescribing of medicines. There was a detailed medication management policy in place and it had been reviewed within the required time frame.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had an assessment of need completed and a personal plan in place to meet their health, personal and social care needs. The person in charge had ensured that there were arrangements in place to meet these needs. There were specialist supports available to residents such as mobility plans, communication aids and person specific egress plans. The residents healthcare needs were also

accounted for in the personal plan with protocols developed for specialised diets and administration of emergency medication.

Judgment: Compliant

Regulation 6: Health care

The staff team were very diligent in supporting the residents to attend appointments as necessary and in following up on referrals and adhering to recommendations. There was evidence of appointments having been attended with the psychiatrist, psychologist and speech and language therapist. There were healthcare support plans developed as a result of these appointments. The residents also attended their general practitioner as required and there was regular multi disciplinary review.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that the staff were trained in the management of behaviour that challenges and that there was a comprehensive policy in place. The behaviour support specialist utilised the principles of multi element behaviour support in devising behaviour support plans for residents. They did an initial assessment and functional analysis and determined the function of the behaviours residents presented with. There was a positive behaviour support plan developed from this which gave the recommended approach and strategies the staff were to use when supporting residents. These strategies were observed in use on the day of inspection and were noted to be effective.

Judgment: Compliant

Regulation 8: Protection

There was a policy on safeguarding of vulnerable adults which was currently under review nationally. It contained adequate guidance for staff in relation to protection of residents. Staff spoken with informed the inspector they had received training in this area and that there were no active safeguarding plans currently. They did however outline details of safeguarding guidance that had been drawn up to support them in certain situations and had a clear understanding of their responsibilities in this area. Residents were supported to develop knowledge and awareness of self

protection at weekly house meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The residents had a house meeting every Thursday evening, regular key working sessions and the annual individual satisfaction questionnaire form, which was given to the residents in pictorial format to aid understanding. There was a record kept of these meetings. The residents discussed activities and appointments and choose meals at these meetings. The staff also used them as an opportunity to do some learning around advocacy, rights, safeguarding and health and safety with the residents. Residents rights were respected in the centre and decision making was encouraged.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant