



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

Issued by the Chief Inspector

Name of designated centre:	Sky Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	29 August 2023
Centre ID:	OSV-0005035
Fieldwork ID:	MON-0032040

About the designated centre

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

Sky Service provides full-time residential care and supports 10 individuals of mixed gender who are over 18 years of age, and who have an intellectual disability. These individuals may also have complex needs such as physical, medical, mental health, mobility and or sensory needs and may require assistance with communication. The centre is comprised of two houses, one in a town, and the other nearby in a rural area. The houses meet the needs of residents with suitable assistive equipment, single bedrooms, gardens and comfortably furnished rooms. Residents in the centre are supported by a staff team that includes team leaders in each house, nurses, social care workers and care assistants. Staff sleep in one house, and there is a staff member on waking duty in the other house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Tuesday 29 August 2023	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out following an application to the Chief Inspector of Social Services to renew registration of the centre and to monitor compliance with the regulations.

The inspector met with the person in charge, team leader, staff on duty and residents living in the centre. Some residents were unable to tell the inspector their views of the service but appeared happy, content and comfortable in their environment and in the company of staff. From conversations with some residents and staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed both in the community and in the centre.

Sky services comprises of two houses. One house is located in a residential area of a large rural town and the other house is located nearby in a rural area. Each house accommodates five residents in single bedrooms. The bedrooms in one house had en-suite toilet and shower facilities. There was also a separate large assisted bathroom with specialised bath. There was an adequate number of shared bathroom facilities in the other house and there were plans in place to renovate and upgrade an existing shower room. The houses were comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents' use. Both houses were found to be well-maintained and visibly clean. Residents had easy access to well maintained garden areas with a variety of colourful potted flowers. Suitable outdoor furniture was provided for residents' use. Both houses were accessible with suitable ramps and handrails provided at the entrance areas. Staff spoke of residents regularly enjoying spending time outside. The inspector observed a resident cycling their tricycle around the grounds and also reviewed several photographs of residents enjoying time outside.

Residents had their own bedrooms which were spacious, comfortably decorated, suitably furnished and personalised. All bedrooms had televisions and adequate storage for personal belongings. Bedrooms were personalised with items of significance to each resident, including family photographs, sporting awards and sensory lights. Following consultation, some residents had recently moved bedrooms in order to better meet their evacuation needs in the event of an emergency, residents indicated that they were happy with their new bedrooms.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. Each resident had their preferred daily activity schedule documented in picture format. The inspector visited one house during the morning of inspection. One resident had already left to attend their day service while others were getting ready to go to their local day care service. Another resident remained resting in bed as they were feeling tired. During the afternoon, the inspector visited

the second house. The residents in this house were provided with a day service from the house. One of the residents told the inspector they had been to the local mart to see the animals earlier in the day, another had been to the local shop to buy their preferred treats, drinks and magazines. Another resident was having a massage while two residents relaxed and rested at home as they recovered and continued to improve following recent medical issues. Residents could choose to attend activities of their choice in the local day care service and some regularly attended art classes, live music events and adult literacy classes. Some residents regularly enjoyed partaking in sporting activities including bowling, soccer and golf. One of the residents had a custom made bicycle and regularly cycled. Residents regularly participated in a variety of activities of their choice including swimming, hydrotherapy, rebound therapy, reflexology, music therapy and religious services. The person in charge outlined how many of the residents enjoyed interacting with a range of activities on the recently acquired sensory interactive table. Residents and staff spoken with told the inspector how they had attended many recent music concerts, an Irish music festival, continued to enjoy attending monthly discos, and other activities including visits to the museum of country life, the aquarium, circus, car vintage show and the Bloom garden festival. Residents continued to be involved in the local community, attended local fund raising events such as bake sales and coffee mornings, had a craft stall at a local Christmas market, and some had recently enjoyed hosting a summer party for their families and neighbours. Residents continued to enjoy eating out and visiting the local restaurants, coffee shops and hotels. The inspector saw photographs of residents clearly enjoying many of these activities and events. The centre had three vehicles which could be used by residents to attend outings and activities. Residents also enjoyed spending time relaxing in the house, watching television, listening to music, doing arts and crafts and going about their own routines.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information on infection prevention and control protocols, the human rights charter, staffing information, the complaints process and contact details for the designated officer were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Residents had access to assistive and computer technology. Some residents used hand-held computer tablets to listen to music, watch You Tube videos and view photographs.

There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. There was a warm and friendly atmosphere in the houses visited. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support.

Residents were actively supported and encouraged to maintain connections with

their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home. Other residents were supported to remain in contact with family members by writing letters and sending cards on special occasions.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.
- to follow up on issues raised at the last inspection.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. The service was well managed and effectively overseen and improvements required following the last inspection had been addressed. The management team continued to monitor the service and where improvements had been identified, they had been addressed or were in the process of being addressed.

The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. They regularly visited the centre and were in daily contact with staff. They were knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. The person in charge was supported in their role by a team leader in each house, the service coordinator and area manager. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

There were sufficient, suitably trained staff on duty to support residents' assessed needs on the day of inspection, however, the statement of purpose required updating to accurately reflect the staffing levels and skill-mix in the centre. There was a regular staff pattern and a consistent team of staff to ensure continuity of

care and support. Staffing levels and skill-mix of staff had been reviewed since the last inspection. Two nursing staff had been recruited and an additional staff member had been rostered during the day, evening and at weekends in one of the houses to meet the increasing support needs of residents. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

Training was provided to staff on an on-going basis and there was a training plan in place for 2023. Records indicated that all staff had completed mandatory training and further training was scheduled. Regular team meetings were taking place at which identified areas for improvement and staff training updates were discussed and learning could be shared.

The provider had systems in place to monitor and review the quality and safety of care in the centre including an annual review and six-monthly unannounced audits. The annual review for December 2021 to December 2022 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2023 were clearly set out and there was evidence that they had been acted upon. Unannounced six-monthly provider led audits continued to take place. Actions as a result of these reviews had either been addressed or were in the process of being addressed. For example, activities such as swimming and rebound therapy had been introduced and a summer party had been held to improve interactions with families and neighbours. The person in charge and team leader carried out regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, health-care needs, medicines management, complaints, fire safety, residents finances and personal plans. They reviewed information to identify any emerging trends and learning was shared with staff at regular team meetings.

Records as required by the regulations were maintained and made readily available to the inspector. Records were maintained in clear, orderly condition and were easily accessible. A new computerised documentation system had been recently introduced and staff were in the process of transferring residents files to this system.

The inspector was satisfied that complaints if received would be managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy-to-read format. The inspector was advised that there had been no complaints received and there were no open complaints. There were systems in place for recording, investigating and review of complaints.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. They worked full-time, regularly visited the centre and were in daily contact with staff. They were knowledgeable regarding the assessed needs of residents. They had systems in place to ensure oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing levels and skill-mix of staff had been reviewed and acted upon in response to the identified increase in residents needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection control, feeding, eating and drinking guidelines, medication and epilepsy management had also been provided to staff. There was a training plan in place for the coming year and further training was scheduled.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were made readily available to the inspector. Records were found to be well maintained in an organised and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who availed of the service in this centre. There was a full-time person in charge and adequate staff on duty to meet the assessed needs of residents. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required some updating to ensure that it accurately reflected condition 3 of registration, the number of residents living in the centre, the staffing levels in the centre and to provide further clarity around the role of the person in charge. The person in charge updated the statement of purpose and resubmitted it following the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received

during 2022 and the person in charge advised that no complaints had been received to date during 2023.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies. Staff had signed policies as having read and understood them. The inspector noted that policies were discussed at team meetings and were being implemented by staff.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well supported. Residents that met the inspector appeared to enjoy living at the centre, appeared to be comfortable in their environment and with staff supporting them.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Staff spoken with were familiar with and knowledgeable regarding residents up to date health-care needs. Care plans were found to be place for all identified issues, were individualised and person centered. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences and support needs. Residents' weights and medical conditions continued to be closely monitored. Residents' files were in the process of being transferred to a computerised documentation system which had been recently introduced. Most staff had received training on the use of the new system. However, from a review of the computerised records, it was difficult to get a comprehensive overview of residents' up-to-date needs, some documentation was not in date order. Staff advised that recommendations regarding improvements to the system were still being identified and being implemented.

Personal plans had been developed in consultation with residents, family members and staff. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Review meetings took place annually at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. Each residents' personal outcomes for the

year were documented in an easy-to-read picture format. It was clear that all residents were supported to progress and achieve their chosen goals. There were regular progress notes recorded and a large number of photographs demonstrating achievement of goals. Some residents spoken with had to postpone some of their chosen goals due to health related issues but told the inspector how they were now looking forward to full filling those goals later in the year.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Safeguarding of residents continued to be promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection.

There were measures in place to ensure that residents' general welfare was supported. Residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The centre was close to a range of amenities and facilities in the local area. It was close to the local railway station and some residents used the train services to go on day trips and to attend events of their choice. The centre also had its own dedicated vehicles, which could be used for residents' outings or activities. Some residents normally attended day services during the week days while others choose to attend selected activities of interest to them.

The layout and design of the houses suited the needs of residents. The centre was well-maintained internally, comfortable, furnished and decorated in a homely style. Required maintenance works identified at the last inspection had been addressed. The provider had continued to review and assess the changing needs of residents to ensure that the premises suited and met their needs. Recent works had been completed to providing a large fully equipped assisted bathroom with specialised bath in one house. Further works were planned to upgrade and increase the size of another assisted shower room in the other house. New double doors opening directly to the outside had recently been provided to two bedrooms in order to better meet the evacuation needs of some residents in the event of an emergency. Further works were in progress to provide additional double doors opening directly to the outside to ensure that changing needs of residents could be safely met.

There were systems in place for the management and ongoing review of risks in the centre. There was a recently updated health and safety statement available which had been discussed with staff at a recent team meeting. The risk register had been recently reviewed and updated. There were recently updated individual personal emergency evacuation plans for each resident.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed involving staff and all residents. Fire drill records reviewed showed that staff and the management team had strived to reduce evacuation times. Learning as an outcome of fire drills had been acted upon. For example, larger wheels had been provided to some beds to ensure easier and faster evacuation times and new double doors opening directly to the outside had been provided to facilitate bed evacuation in some bedrooms further reducing evacuation times. Structural works were in progress and further works were scheduled in order to provide additional fire compartments within the houses and enhance the overall management of fire safety.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms which were spacious, comfortably decorated, suitably furnished and personalised. All bedrooms had adequate storage for personal belongings and possessions. Bedrooms were personalised with items of significance to each resident, including family photographs, sporting awards and sensory lights. Residents were supported to manage their own laundry and arrangements were in place to ensure that residents clothing and linen were regularly laundered and returned to the resident.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs. The centre was close to a range of amenities and facilities in

the local area.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the layout and design of the centre continued to meet the needs of residents. The houses were comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents' use. Both houses were found to be well maintained and visibly clean. Residents had easy access to well maintained garden areas. Both houses were accessible with suitable ramps and handrails provided at the entrance areas. Suitable aids and equipment were provided to support and promote the full capabilities and independence of residents. Equipment was maintained in good working order and regularly serviced.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, emergency plan, infection prevention and control policies and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out. The fire equipment and fire alarm had been serviced. Staff spoken with were knowledgeable regarding the workings of the fire alarm system. Regular fire drills continued to take place. Learning as a result of fire drills had been used to further reduce evacuation times. Fire exits were observed to be free of obstructions. All staff had completed fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives where appropriate and regular reviews took place to track progress of identified goals. Files and photographs reviewed showed that residents had been supported to achieve their chosen goals during 2022 and to date during 2023.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the psychologist, neurologist, physiotherapist, occupational therapist (OT), speech and language therapist (SALT), dentist, chiropodist and optician. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. Staff continued to promote a restraint free environment. Restrictions in place were regularly reviewed and some restrictions previously in use had been removed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

Regulation 8: Protection

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. The inspector was satisfied that safeguarding incidents in the past reported to the Chief Inspector had been managed in line with the safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents were supported to communicate in accordance with their needs, including the use of visual schedules, objects of reference and Lámh (a manual sign language). The speech and language department were in the process of producing a video on the use of Lámh signs and one of the residents had participated in the making of the video.

Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. Residents had access to assistive and computer technology. Some residents used hand-held computer tablets to listen to music, watch You Tube videos and view photographs. Another resident used a blue tooth speaker to listen to music while cycling.

Residents were supported to attend religious services of their choice. Some residents attended services during the weekdays while attending the day services and others attended Mass at the local church at weekends. Some residents were supported to go on day trips and visit religious shrines.

Residents were supported to avail of advocacy services and one of the residents had been elected as a representative on a local advocacy council which met regularly.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 9: Residents' rights	Compliant