



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:	Unannounced
Date of inspection:	29 September 2022
Centre ID:	OSV-0004844
Fieldwork ID:	MON-0037969

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, 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 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. 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:	17
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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 29 September 2022	09:30hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations and was facilitated by the team leader and the area manager.

During the inspection the inspector met with nine residents, staff members, team leader and with the area manager for the service. There were seventeen adults residing in this centre, who presented with high support needs and required specific support with regards to their mobility, healthcare and social care needs. Each resident had an assessed level of staff support during the day and night, some required assistance from two staff members for hoist and transfer procedures. They also required regular input from relevant healthcare professionals and multi-disciplinary teams, to ensure appropriate care and support arrangements were in place for them.

On arrival at the centre the inspector was greeted by the team leader who ensured the inspector completed hand hygiene, temperature check and they ensured the inspector was wearing a face covering. There were four buildings within the designated centre and in this particular one six residents were currently residing. One resident had gone out to day service already but the inspector had the opportunity to meet with the remaining five residents. Some of the residents were being supported with personal care and some were having breakfast or relaxing. The inspector was introduced to the residents however some residents had limited verbal capacity so the inspector was observant for cues to indicate satisfaction with their home. The residents seemed comfortable in the presence of staff and were interacting with them in a pleasant friendly manner. The staff with whom the inspector spoke were very familiar with the needs of the residents and could articulate what each one liked in terms of meals and outings and their healthcare needs. They were able to outline the medical needs of the residents in terms of who required support with eating and drinking and protocols around catheterisation. Although, pleasant interactions between staff and residents were observed during this inspection, the inspector found that significant improvements were required to the centre's staffing arrangements to ensure that the service was meeting the assessed needs of residents. This will be discussed in the subsequent sections of this report.

Each resident had their own bedroom all of which had double doors out of them for safe evacuation in the event of a fire. There were mobile hoists and tracking system in place to support individuals along with other support aids such as shower chairs and high-low beds are also provided. There was a generator installed for backup power in the event of an emergency. There was a large communal kitchen/ dining room and separate sitting room for the residents to relax in. The residents were noted to go out during the afternoon but only for a walk around the town, it was evident that there were inadequate staff numbers to facilitate outings as the residents had high support needs.

The inspector visited two other houses that form part of the centre and found evidence of good care from staff however there was only one staff member in the second house with four residents with very high needs. These residents were all in the house even though it was a beautiful afternoon as it would not have been possible for that one staff member to take them out due to their high support needs.

The houses within the centre were warm, clean and comfortable and personalised with pictures and photographs.

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

This inspection was carried out to monitor compliance with the regulations. The provider had not ensured that the designated centre was staffed to ensure the effective delivery of care and support in accordance with the statement of purpose. While there was a clearly defined management structure that identified the lines of authority and accountability, the remit of the person in charge was too broad to ensure the effective governance, management and oversight of the centre.

The management systems in place in the designated centre did not fully ensure that the service delivered was consistently safe and effectively monitored. On the day of inspection there was adequate staff numbers although one staff member was on induction which meant they were limited in their role and could not provide adequate support to the full time staff. There was a pattern noted in the staff rotas over a four week period where there was inadequate staff numbers to support the residents. There was also evidence that residents had missed out on activities such as swimming as a result of the service being short staffed. Also the remit of the person in charge was too broad to ensure effective oversight and monitoring of the centre. Of the regulations inspected against as part of this inspection, significant improvements were required to governance and management and to staffing.

As part of this inspection, the inspector reviewed residents' assessments of need, which identified that the provider was not providing staffing resources in line with the staffing requirements outlined within these assessments. For example, one resident was identified in their most up-to-date assessment of need, as requiring a two-to-one staffing arrangement for hoists and transfer.

Clear management structures were in place and the provider had completed and annual review of the care and support provided to the residents. This annual review

was completed in April 2022 and highlighted that a team leader was required to be recruited for one of the houses. This issue had been addressed on the day of inspection.

On the day of inspection the inspector reviewed incidents and notifications. It was noted that a resident had left the house unsupported and without the knowledge of staff and was found 10/15 minutes later returning to the house having been to the shop. On the day in question the staff on duty were unaware that the resident had left the building. This incident had not been notified to HIQA.

At the time of this inspection, the provider was in the process of recruiting additional staff and some had been successful and at interview and were being offered contracts.

Regulation 14: Persons in charge

While the person in charge was qualified and experienced their remit was too broad, they had responsibility for oversight and monitoring of Coole Services but they were also responsible for another designated centre. The inspector was not assured that the person in charge could ensure the effective governance, operational management and administration of the designated centre concerned.

Judgment: Not compliant

Regulation 15: Staffing

The inspector reviewed the staff rotas and found that there was a pattern of inadequate staff numbers over the previous 4 both during the day and at night. This was of concern as some residents required two staff for hoisting and transfer and also two staff were required at night time to ensure safe egress of residents in the event of a fire. There was also evidence of the residents having missed activities due to staff shortages.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management systems in place in the designated centre did not fully ensure that the service delivered was consistently safe and effectively

monitored

Judgment: Not compliant

Regulation 31: Notification of incidents

On review of incidents the inspector noted an unexplained absence of a resident from the designated centre. The person in charge had not given the chief inspector notice in writing of this unexplained absence.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the residents in the designated centre and found it required improvement particularly in the area of risk management. Overall, the inspector found that residents who met with the inspector indicated satisfaction with the service.

Overall, the inspectors found that although the provider was not consistently providing staffing in-line with residents' assessed needs which had the potential to negatively impact on the safety and safeguarding of one resident; however, residents who met with the inspectors indicated a high level of satisfaction with the service.

There was a safeguarding plan in place for one resident and staff present had a good knowledge of this plan. The provision of adequate staffing in line with the assessed needs of residents underpinned the principle of this safeguarding plan.

A recent incident had occurred with another resident and a multidisciplinary team review had been held and staff were made aware of the incident and of the measures that were implemented to protect the resident. However the provider had not ensured that the resident was supported to develop the knowledge and self-awareness needed for self-care and protection. This was brought to the attention of management on the day of inspection.

Residents had personal plans in place and their assessments of need were updated on an annual basis, which identified residents' individual needs and the level of staff support that they required. The provider had assigned key workers to each resident and meetings were held regularly, where residents choose the goals and activities that they would like to achieve. For example, one resident had chosen meaningful

goals for them, such as swimming however the provider failed to demonstrate that they were supported to achieve this goal as set out in the personal plan.

Risk management systems within one house in the designated centre had not identified a significant risk of a resident leaving the house unsupported nor had they completed a risk assessment or support plan to put control measures in place to mitigate against the risk of the resident being at risk.

Healthcare within the centre was nurse led and was to a high standard with support plans for all procedures and good healthcare management in terms of fluid and food intake and monitoring. Residents had good personal plans in place to ensure good healthcare and there were support plans in place for all health related procedures.

The inspector reviewed a number of fire drill records in the centre. These records identified that staff could safely support residents to evacuate the centre in a timely manner and of the records reviewed, no issues or concerns were raised as a result of the most recent fire drills completed although the provider had carried out these fire drills with 2 staff at night.

Regulation 26: Risk management procedures

While there was a risk management system in place, there was one risk which had not been identified, such as the risk of the unexplained absence of a resident. The risk of one resident who left the building unsupported had still not been risk assessed several weeks after the incident. There had been a communication to all staff regarding new support strategies around this resident however there was no formal support plan or risk assessment completed. The team leader and person in charge carried out this assessment on the day of inspection.

Judgment: Not compliant

Regulation 6: Health care

There was evidence of good healthcare in terms of regular hospital and consultant appointments and good support plans and guidance in place to support residents needs such as catheterisation. Staff were observed on the day supporting a resident with healthcare needs and it was carried out in a very dignified and respectful manner. There were detailed support 'Feeding Eating Drinking and Swallowing' assessments and plans in place for residents who required supervision while eating. There was also appropriate plans in place for guidance around incontinence and the staff were also very knowledgeable regarding the care and support one resident received around a cancer diagnosis.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector noted that there were fire doors, emergency lighting and a fire panel; all were serviced regularly. There was a competent fire engineer report completed and it indicated that two staff was adequate for the safe evacuation of residents at night. Some fire drill records which were reviewed by the inspector identified that staff could effectively support residents to evacuate. However, the provider failed to demonstrate that all residents could be evacuated across all shift patterns in a prompt manner.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had not ensured that a resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While the provider had a personal plan in place for one resident they failed to demonstrate that they provided the supports required to achieve the resident's goals as set out in the personal plan.

Judgment: Substantially 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	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 6: Health care	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Coole Services OSV-0004844

Inspection ID: MON-0037969

Date of inspection: 29/09/2022

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A Person in Charge is currently been advertised, the Person in Charge will take responsibility for two of the houses within Coole Services, The provider will complete an Application to vary for Coole Services once the person is appointed, The Current Person in Charge will remain over two houses in the Designated Centre along with another Designated Centre. This will reduce the Person in Charges role.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider & Person in Charge will ensure that staffing in the Designated Centre is consistent with the Statement of purpose and the residents assessed needs. A staffing meeting is scheduled with the Provider Nominee and Sector Manager for the 7/11/2022 to discuss the staffing issues and make a plan, a further meeting with HR is scheduled for the 8/11/2022 to discuss the recruitment process.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The provider will ensure that the Designated Centre is resourced to ensure the effective delivery of care and support in accordance with the Statement & Purpose. As outlined above the Designated Centre will be reduced in size and a second Person in Charge will be recruited to manage two of the houses.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The Person In Charge will ensure that the notification of incidents are reported within the specified timeframe.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Person in Charge along with the Team Leader will ensure that risk assessments are completed in a timely manner following any further incidents that may occur in the Designated Centre in line with the Brothers of Charity Services Ireland Risk Management Policy & Procedure.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The Person In Charge & Team Leader organised a competent fire engineer to carry out a further night time fire drill on the 6/10/2022, the fire drill was supervised by the fire engineer and the drill was satisfactory. The provider will ensure that there is two staff on night duty at all time to safely carry out a fire drill if required or in the event of an emergency.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The provider will ensure that all residents in the Designated Centre are assisted and supported to develop the knowledge, self-awareness, understanding & skills needed for self-care and protection in line with the residents wishes. The Person in Charge along with the Team Leaders will ensure that residents are safe in line with the Brothers of Charity Services Ireland Risk Management Policy & Procedure & the Brothers of Charity Services Ireland National Policy for the Safeguarding of Vulnerable Adults at risk of abuse.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A full review is underway of the identified personal plan and the residents hopes and dreams are been set out in the plan. The review will take in to account the supports the person requires to fulfill ones hopes & dreams.</p>	

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	28/02/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/02/2023
Regulation	The registered	Not Compliant	Orange	28/02/2023

23(1)(a)	provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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.	Not Compliant	Orange	28/02/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	28/02/2023
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	Substantially Compliant	Yellow	28/02/2023

	risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	28/02/2023
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	28/02/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	28/02/2023
Regulation 08(1)	The registered provider shall ensure that each resident is assisted	Substantially Compliant	Yellow	28/02/2023

	and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.			
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