



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

Issued by the Chief Inspector

Name of designated centre:	Cois Saile Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	09 November 2021
Centre ID:	OSV-0004995
Fieldwork ID:	MON-0026800

About the designated centre

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

Cois Sáile Services provides a residential care service for up to thirteen male and female with intellectual disabilities. The service is provided to residents from 18 years of age to end of life. The service can be provided to residents who present with complex needs such as physical, medical, mental health, mobility and or sensory needs and who may require support with communication. The centre is comprised of three self-contained apartments and two houses in a housing development on the outskirts of a city. The centre was purpose-built and had been designed to meet the needs of residents using the service. The physical design of the building renders it suitable for individuals with complex mobility needs or people who use wheelchairs. Residents are supported by a staff team that includes nursing staff, a team leader, social care worker, instructors and care assistants. Staff are based in the centre when residents are present and there are waking night staff present in the centre to support residents at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 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 9 November 2021	11:30 am to 6:00 pm	Ivan Cormican	Lead
Wednesday 10 November 2021	9:30 am to 2:30 pm	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents appeared happy and content and that staff who supported them were kind in their approach to care. There was evidence that person centred care was offered and that residents were treated with respect. Although, many aspects of care were maintained to a good standard, improvements were required in regards to community access. Further improvements were also required in regards to fire safety and medication management and these issues will be discussed in the subsequent sections of the report.

The inspector met with 12 residents over the two days of inspection. Some residents could verbally communicate and other residents used a combination of sounds and physical prompts to communicate. Residents were relaxed throughout the inspection and staff were observed to interact in a kind and caring manner. Three residents chatted freely with the inspector and they lived in two separate apartments which were located on the second floor of this purpose built centre. When the inspector initially met with them, two residents from the neighbouring apartments had met up to chat with each other and they also explained to the inspector that they were heading out for dinner that day. The three residents liked each others company and on the second day of inspection residents again visited each other to exchange and chat about some movie DVDs. The residents talked warmly about their trip out the previous day and how they had also met up with some family members who joined them for dinner.

Residents who lived in the ground floor aspect of the centre had significantly higher needs, with residents requiring assistance with their mobility and nutritional needs. The inspector observed a pleasant and relaxed atmosphere with residents freely accessing all communal areas of their home. Residents sat and enjoyed country music which was playing on television and others sat and enjoyed using sensory items. One resident, with an underlying health condition sat observing staff as they prepared a meal. The resident appeared to enjoy this interaction as they also searched through photographs of family members which were part of a reminiscence box. Staff who were supporting residents spoke in a warm manner when interacting with them and while maintaining social distancing they brought themselves to eye level with wheelchair users when chatting and informing them of what they would be doing such as going to day services or having a meal.

The residents who met and spoke with the inspector stated that they liked living in their home and that staff were very nice. A review of records showed that residents were well supported in achieving their personal goals of going on short breaks and also plans were in place to support a resident to go on a hotel break around Christmas time. As mentioned above, three residents went out for dinner and shopping on the first day of inspection, an activity which they really enjoyed. Records also showed that activities were planned with regards to interests which residents had such as going for a pint, to the cinema and shopping. When residents engaged in these activities they were meaningful and great effort were made to

ensure that residents got the most out of their trip. However, by talking to staff and reviewing records it was clear that most activities were planned in advance due to staffing resources and day-to-day activities such as going for coffee or visiting a friend did not regularly occur. A review of records showed that one resident had seven outings for October while another had nine. Records also showed that one resident went for a trip on the bus nearly every day, however, records failed to show if they enjoyed these trips or if they engaged in any meaningful activity. The inspector met with both residents who clearly voiced that they would like to get out more often to go shopping and to visit friends.

The premises was purpose built with wide doorways and overhead hoists in place to assist residents with reduced mobility. Each resident had their own bedroom with many rooms offering ensuite facilities. The inspector met with several residents who did not mind the inspector seeing their bedroom. Their bedrooms were warm, cosy and decorated with items of personal interest such as pictures of country and western music stars. Reception rooms were also warm and inviting and communal areas were decorated with pictures of residents enjoying themselves in the community and also with family and friends.

The inspector met with one resident who had an individualised apartment. They were resting in bed and they were happy to meet with the inspector. This resident had significant medical history and associated care planning reflected the resident's individual care wishes and also reflected the importance of their family. The resident chatted freely with the inspector and they appeared very comfortable and relaxed throughout the conversation. It was clear that their needs were well cared for and a staff member who facilitated the visit had a very good rapport with them as they spoke softly and with a good understanding of the resident's family. The resident pointed to all the people in various photographs which hung on the walls and they proudly discussed how they were assisted to return home for a trip by their brother and staff from the centre. They clearly spoke about how this was very important to them and how they hoped to make this trip again when they were feeling better. Their apartment was very spacious, but yet homely and cosy in nature and pictures of family and friends decorated many of the walls in their home.

Overall, the inspector found that residents did enjoy living in the centre which was found to be homely and had a real sense of home. However, improvements were required in regards to supporting residents to have free access to their community to engage in activities which they enjoyed.

Capacity and capability

The inspector found that the provider had arrangements in place to ensure that many aspects of care were maintained to a good standard of care; however, a number of issues were raised on this inspection which indicated that monitoring systems required adjustment.

The provider had completed all audits and reviews as required by the regulations. The centre's annual review gave a considered account of the service over the previous year and a number of areas for improvements had been highlighted. This review was also completed following consultation with residents and their representatives with an overall positive response. The centre's six monthly audits had also been completed with a significant aspect of the review dedicated to the centre's preparedness for COVID 19. Although all required audits were completed, these audits failed to identify issues which were found on this inspection in regards to fire safety, medication management and community access. The inspector did note that the person in charge and an area manager who facilitated the inspection were responsive to these issues and a number of actions were taken prior to the conclusion of the inspection to enhance fire safety and also to clarify the administration of rescue medication.

The provider had a staff rota which indicated that residents were supported by a familiar staff team. Regular team meetings and individual supervision was occurring which facilitated staff to raise any concerns they may have in relation to care. Staff were also up-to-date with their training needs and additional training in hand hygiene, infection prevention and control and personal protective equipment had been completed by all staff. A review of a sample Schedule 2 documents showed that all required information was in place for staff who were providing care. The provider was also in the process of updating vetting disclosures which assisted in safeguarding residents.

Overall, the centre appeared like a pleasant place in which to live and staff who were supporting residents were kind and considerate in their approach to care. However, the provider's internal review and auditing process failed to identify several areas as requiring improvement which were highlighted on this inspection.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and regular support and supervision was occurring which facilitated staff members to raise concerns and discuss care practices.

Judgment: Compliant

Regulation 23: Governance and management

The provider's internal review and auditing system required revision as it failed to highlight issues in regards to fire safety, medication management and community access.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required.

Judgment: Compliant

Quality and safety

The inspector found that many aspects of care were maintained to a good standard including personal planning, risk management the oversight of restrictive practices; however, significant improvements were required in regards to community access, fire safety and medication management.

Residents had comprehensive personal plans in place which were actively reviewed by the staff team to reflect changes in residents' care requirements. Personal planning included areas such as healthcare, rights, behavioural support and residents' likes, dislikes and their preferences in relation to care. Residents were also facilitated to identify and achieve personal goals. These goals were discussed at an annual review which the resident and their representative attended and a plan was put in place to support the resident to achieve these goals. Each resident also had these goals in display in a user friendly format and they were also regularly updated in relation to the progress of their goals. Although personal planning was maintained to a good standard, improvements were required in regards to community access. Some residents reported that they would like more access to the community and a review of their records indicated that some residents had limited access to the community. Staff also indicated that the community outings required advanced planning and as a result the inspector found that residents' ability to freely access their community was adversely impacted.

The person in charge maintained a risk register which outlined general risks in the centre such as fire and COVID 19. Individual risk assessments had also been completed for issues such as falls and the requirement for modified diets. A review of recorded incidents also showed that the provider was responsive to issues which had occurred. Individual risk assessments were also in place for the use of restrictive practices such as locked doors and kitchen presses. The inspector met with the resident who was assessed as requiring these restrictions and they were fully aware of these practices and told the inspector that they did mind that they were in place. They had also attended a meeting with the provider's oversight committee to discuss these restrictions. The provider had also introduced protocols to guide staff in their use which assisted in ensuring that the least restriction option was promoted.

The provider had taken fire precautions seriously and extensive fire equipment such as emergency lighting, fire alarm, fire fighting equipment and fire doors were in place. The provider also ensured that this equipment was serviced as required and staff were completing regular reviews of this equipment to ensure it was in good working order. However, on the day of inspection some fire doors were not functioning as they should and this was brought to the attention of the person in charge. A maintenance person then attended the centre to review and adjust these doors to ensure that they were in good working order. The inspector also noted that daily checks of emergency exits were not documented as occurring as scheduled. The provider had individual evacuation plans for residents and a centre specific plan was in place to guide the evacuation of the three areas which made up the centre. Although this centre plan had been recently reviewed, more specific detail was required to guide the safe evacuation of the centre. Also, a personal emergency evacuation plan for one resident did not fully detail all the arrangements which were required to evacuate them such as visual prompts and specific equipment. This was brought to the attention of the person in charge and these documents were reviewed prior to the conclusion of the inspection. The inspector found that management of the centre responded promptly to initial findings of this inspection and also that the staff team had a good understanding of the centre's fire precautions and of resident's individual evacuation needs. However, further improvements were required as the provider failed to demonstrate that residents in one area of this centre could evacuate the premises in a prompt manner should a fire occur.

The provider had appropriate medication storage facilities in place and a review of medication prescription and associated administration records indicated that residents received their regular medications as prescribed. Regularly prescribed medication prescriptions also contained all required information to allow for the safe administration of these medications. Although the majority of medication practices were maintained to a good standard, significant improvements were required to the administration of rescue medication for one resident. The inspector reviewed the administration protocol for this resident and found that it gave conflicting and unclear information in regards to the administration of this medication. Associated records for the administration of this medication also indicated that it was not administered in line with the recommended dosage on two occasions. Furthermore, from reviewing documentation it was not apparent that the administration of this

medication was actually required on one of these occasions. This issue was brought to the attention of the person in charge and a medical healthcare professional reviewed the above mentioned protocols prior to the conclusion of the inspection to ensure that detailed guidance was in place to guide the further administration of this medication.

Residents had good access to medical care and they were reviewed by their general practitioner on at least an annual basis and in times of illness. Specific healthcare plans were also in place to guide staff and ensure that a consistent approach was in place for health issues such as dementia and epilepsy. However, some improvements were required as tissue viability assessments had not been completed for residents with reduced mobility and may require additional support with pressure area care.

Regulation 13: General welfare and development

The provider failed to ensure that all residents had consistent opportunities to freely access their local community at a time of their own choosing.

Judgment: Not compliant

Regulation 17: Premises

The centre was warm and comfortably furnished. There were an ample number of reception rooms in which residents could relax and there was also a sufficient number of bathrooms and toilets to meet individual needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust risk management arrangements in place and the person in charge was completing scheduled audits of incidents for trends which may impact on the provision of care.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had arrangements in place to ensure that the centre was clean and that hygiene was promoted. Two full-time cleaners were employed to maintain a high standard. One of the cleaners met with the inspector and they had a good knowledge of the cleaning and hygiene arrangements which assisted in promoting residents' safety and wellbeing.

Judgment: Compliant

Regulation 28: Fire precautions

The provider failed to demonstrate that residents in one area of this centre could evacuate the premises in a prompt manner should a fire occur. The inspector also noted that daily checks of emergency exits were not documented as occurring as scheduled.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider failed to demonstrate that a rescue medication had been administered as prescribed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis and also to reflect changes in residents care requirements. Residents were also supported to identify and achieve personal goals.

Judgment: Compliant

Regulation 6: Health care

The provider failed to ensure that tissue viability scores had been completed for residents who may require assistance in maintaining their pressure areas.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Guidance to support residents with their behaviours was clear and concise and assisted in ensuring that a consistent approach to care would be provided. There were some restrictive practices in place but the provider ensured that these practices were kept under regular review.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place and the centre appeared like a pleasant place in which to live.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that staff members kept residents informed when assisting them with their care requirements. Residents had choice in relation to meals which they preferred and house meetings were occurring on a regular basis.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois Saile Services OSV-0004995

Inspection ID: MON-0026800

Date of inspection: 09/11/2021

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In accordance with Regulation 23(1)(c) The person in charge has reviewed and revised the internal auditing systems to ensure any issues in relation to fire safety, medication management and community access are highlighted and managed promptly.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>In accordance with Regulation 13(2)(c), The provider will ensure that all residents have consistent opportunities to freely access their local community at a time of their own choosing. Vacancies within the service have been filled to ensure extra support hours for activities/outings is in place throughout the week.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In accordance with Regulation 28(2)(b)(i) and 28(3)(d) The Person in Charge has reviewed and amended Evacuation plans for the designated center to ensure residents can evacuate in a prompt manner should a fire occur. Internal audits have been reviewed to highlight any issues in relation to fire checks/documentation.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In accordance with Regulation 29(4)(b).The Person in charge has reviewed the administration of rescue medication as per the providers policies and protocol has been updated to ensure guidelines are clear and concise.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In accordance with Regulation 06(1) The person in charge will ensure that Tissue viability scores are in place for all residents who may require assistance in maintaining their pressure areas.</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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/11/2021
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	30/11/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	11/11/2021

	means of escape, building fabric and building services.			
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.	Not Compliant	Orange	11/11/2021
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/11/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2021