



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

Issued by the Chief Inspector

Name of designated centre:	Colman (House) Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	25 May 2021
Centre ID:	OSV-0005776
Fieldwork ID:	MON-0032823

About the designated centre

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

Colman (House) Services is a centre operated by Brothers of Charity Services Ireland CLG. The centre can provide residential care for up to two male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one house located on the outskirts of a town in Co. Galway, where residents have their own bedroom, some en-suite facilities, shared bathroom, kitchen and dining area, sitting room and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 25 May 2021	09:35hrs to 13:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that very much ensured residents were provided with the care and support that they required. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their interests and assessed needs. Overall, this was a centre that prioritised the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of one house located on the outskirts of a town in Co. Galway. Residents had their own bedroom, some en-suite facilities, shared bathroom, dining and kitchen area, sitting room and garden area. Furnishings were in a good state of repair and the general decoration and personal touches of the house gave it a warm and homely feel. Overall, the centre was very comfortable, tastefully decorated, clean and very well-maintained.

The inspector didn't get to meet with residents as both were availing of their day service in the community for the duration of the inspection. The person in charge and team leader, who facilitated the inspection, spoke at length with the inspector about the care and support that both residents received. Prior to the introduction of public health safety guidelines, the person in charge spoke of the active lifestyles that both residents led. Since then, both residents had adapted well to these guidelines and along with their day services, they had many interests, including, gardening, hurling and watching television in the evenings. Some residents held part-time employment and some were involved in drama groups where they acted in various productions. Both residents previously enjoyed regular visits home to their families and the person in charge told the inspector that she was currently in the process of reviewing arrangements for residents to recommence these visits in the near future.

Much effort was made by the person in charge and staff to ensure residents were as involved as possible in the planning of their care and running of their home. This was primarily done through effective daily engagement between residents and the staff members supporting them. Due to the suitability of this centre's staffing arrangement, residents at all times had access to the level of staff support that they required, which had a very positive impact on their social care needs.

In summary, the inspector found that residents' rights were very much promoted and respected. Residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre.

Capacity and capability

This was a well-run and well-managed service, which ensured residents received and safe and good quality of service. Although for the most part, this provider was found to be in compliance with the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of risk management, medication management and health care.

The person in charge held the overall responsibility for this service and she was regularly present at the centre, which allowed her to meet with staff and residents. She knew the residents and their needs very well and was also familiar with the operational needs of this service. She was supported by her line manager, team leader and staff team in the running and management of this centre. She was responsible for another centre operated by this provider and current arrangements gave her the capacity to effectively oversee and manage this service.

Staffing levels were subject to regular review by the person in charge and adequate arrangements were in place, should additional staffing resources be required. Many of the staff working at this centre had supported these residents for quite some time and were very familiar with their assessed needs. This had a very positive impact for residents as it ensured that they were always supported by staff who knew them well. Where newly recruited were appointed to this service, an induction programme was in place to support these new staff members to get to know these residents and their needs prior to working directly with them. Effective training arrangements were also in place to ensure staff received refresher training, as and when required. In addition to this, all staff were subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these. In addition to this monitoring system, the person in charge and team leader were also conducting a number of regular internal audits to monitor various aspects of the service. The person in charge met with staff on a regular basis to discuss any concerns arising regarding the care and welfare of residents. She also maintained regular contact with her line manager to discuss any operational issues relating to the quality and safety of service delivered to residents.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present to meet with staff and residents. She had very good knowledge of the residents and their needs and was also very familiar with the operational needs of the service delivered to them. She was supported in her role by her staff team and line manager in the running and management of this service. She was responsible for another centre operated by this provider and current support arrangements gave her the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review by the person in charge, ensuring a suitable skill-mix and number of staff were at all times on duty to support residents. Adequate arrangements were also in place, should this centre require additional staffing resources.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place for staff, ensuring they had access to the training they required suitable to their role. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge met regularly with staff to review resident related care matters and also had regular contact with her line manager to review all operational issues. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre and this document was in the process of further review at the time of this inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

Residents' needs were subject to regular re-assessment which meant that any changes to residents' needs were quickly identified and responded to. Similar arrangements were in place for residents with assessed health care needs and both the person in charge and team leader who met with the inspector, were very familiar with residents' health care needs. Residents also have good access to a wide variety of allied health care professionals, as and when required. Although staff were very responsive to residents' health care needs, some improvement was required to the protocols in place supporting the nutritional care needs of some residents, to ensure these gave additional clarity to staff on what to do should changes to their nutritional care needs occur.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to immediate review by the person in charge, which meant that risk was quickly responded to. However, some improvement was required to the overall assessment of risk at this centre. In respect of many risk assessments that were reviewed by the inspector as part of this inspection, for the most part, improvement was required with regards to hazard identification and accuracy in the overall risk rating. For example, although the provider had implemented effective measures in response to specific risks at this centre, the risk-ratings didn't always not reflect the positive impact these measures had on reducing the overall risk.

Fire safety precautions were subject to regular review by the provider, including, fire detection and containment arrangements, fire safety checks and emergency lighting arrangements. Fire drills were occurring on a regular basis and records demonstrated that staff could effectively support residents to safely evacuate the centre in a timely manner. A personal evacuation plan was in place for each resident, guiding staff on the level of support each required to safely evacuate. A fire procedure was also available at the centre and at the time of inspection, the

person in charge was in the process of updating this document to ensure it gave additional clarity to staff on how to respond, should a fire occur.

The provider had ensured that procedures were in place to support the safe prescribing, administration and storage of medicines at this centre. In response to the health care needs of one resident, the provider implemented a specific prescribing arrangement for some of this resident's medicines. The person in charge and team leader spoke at length with the inspector about this specific prescribing practice and about the rationale for its implementation. However, at the time of inspection, there was no policy or procedure in place to support this specific prescribing practice.

The provider had procedures in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. In response to some incidents which had occurred at the centre, the provider had implemented additional measures to ensure residents were safeguarded from abuse. The person in charge told the inspector that due to the strict adherence by staff to these measures, it had resulted in an overall decline in the number of similar incidents from re-occurring. At the time of this inspection, the person in charge was in the process of updating the documentation in place to guide staff on these measures.

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification, assessment, response and monitoring of identified risk at the centre. However, some minor improvement was required to some risk assessments to ensure that these gave clear hazard identification and that risk-ratings reflected the positive impact that control measures had on mitigating risk at the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment systems, regular fire safety checks and emergency lighting. Fire drills were occurring on a regular basis and records demonstrated that staff could support residents to safely evacuate in a timely manner. Personal evacuation plans were in place for each resident and at the time of this inspection, the person in charge was in the process of updating the centres fire procedure to ensure it gave additional clarity to staff on how to respond to fire at the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a policy in place to support the safe prescribing, administration and storage of medicines at the centre. However, in response to some residents' specific health care needs which warranted specific prescribing practices of some medicines, no supporting policy or protocol was in place to support this specific prescribing practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment and that personal plans were available to staff to guide them on specific supports that residents required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required. However, some improvement was required to the protocols and records in place to support the assessed nutritional needs of some residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured that these residents received the care and support that they required. There were no restrictions in use in this centre at the time of inspection.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. In response to some incidents which had occurred at the centre, the provider had implemented additional measures to ensure residents were safeguarded from abuse. At the time of this inspection, the person in charge was in the process of updating the documentation in place to guide staff on these measures.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted at this centre. Residents were given multiple opportunities to be involved in the running of their home and all efforts were made by staff to ensure these residents lived very meaningful lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Colman (House) Services OSV-0005776

Inspection ID: MON-0032823

Date of inspection: 25/05/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Person In Charge and Team Leader will review and update the risk assessments to ensure clear hazard identification and risk-ratings.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person In Charge and Team leader will review the current prescribing practices with the prescriber and the best practice committee and follow guidance to align with the regulation.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person In Charge and Team Leader will review and update the protocols and records in place for one resident's health care needs.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/07/2021
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/07/2021

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	31/07/2021
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