



Office of the Chief Inspector

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

Name of designated centre:	Colman House
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	16 and 17 May 2019
Centre ID:	OSV-0005776
Fieldwork ID:	MON-0025464

About the designated centre

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

Colman Services can offer a full-time residential service to two male individuals with mild intellectual disability and low support needs. The age range of people supported is from 18 years to end of life. The centre will not provide a service to individuals with high physical support needs. The focus of the support offered is to promote independent living and to facilitate community integration with an emphasis on education and training opportunities for individuals within their local community. The centre is a bungalow with a garden in a rural town with good access to all the town facilities and amenities. Residents are supported by a staff team that includes a team leader, social care workers and social care assistants. Staff are based in the centre when residents are present, including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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
16 May 2019	17:00hrs to 19:00hrs	Jackie Warren	Lead
17 May 2019	09:45hrs to 13:50hrs	Jackie Warren	Lead

Views of people who use the service

The inspector spoke at length with the two people who lived in this centre, both of whom had recently moved to this new service. Both residents said that they were very happy living there, that they found the house comfortable, and that they enjoyed their current lifestyles very much. Residents spoke of having choice about how they spend their time and about mealtimes and shopping. Residents emphasised that staff looked after them well and that they trusted the staff. In addition, residents knew what to do if they had any worries or complaints and they were confident that any issues of concern would be addressed.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that the rights of residents were supported, and that residents were very involved in local community activity.

The provider ensured that there was a clear management structure in place for the governance of the centre, which was known to both residents and staff. There was a person in charge responsible for the overall management of the centre. The person in charge was supported by a team leader who was based in the centre and who had responsibility for day to day running of the designated centre along with additional responsibilities for another centre close by. The team leader was based in this centre for approximately .5 of her time. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs, including their leisure and social preferences. All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support needs, and that these needs were supported in a person-centred way.

The provider had ensured that the service being delivered to residents was person centred, and that residents' rights and choices were being supported. The person in charge and staff in the centre were particularly focused on implementing an assisted decision making programme in the centre. As part of this programme, the management team and external specialists were working with both residents and their families to increase awareness about residents' roles in decision making and assisted decision making legislation.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a directory of residents, and a range of operational policies, were available. Some improvement, however, was required to the accessibility of policies, as some of the policies available in the centre were not up-to-date.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. There were suitable deputising arrangements in place to cover the absence of the person in charge and these were found to be effective. The person in charge was absent at the time of inspection and the deputising person came to the centre, was clearly known to the residents, and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management, supported decision making, and transport safety.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was a clearly defined effective, management structure, and there were systems in place, such as audits, staff supervision and deputising arrangements to ensure that the service was provided in line with residents' needs and as described in the statement of purpose. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the chief inspector, and these

had been suitably submitted.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by schedule 5 of the regulations were available to guide staff , however up-to-date versions of some policies were not available in the centre.

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred care and support, which allowed them to enjoy activities and lifestyles of their choice.

Residents confirmed, and the inspector observed, that residents were out and about in the community and were very involved in a wide range of local activities such as social events, community involvement, household tasks, developing independent living skills, training courses, employment, visiting and socialising with family and friends and entertainment events. Residents told the inspector about these activities and confirmed that they enjoyed them very much and that they were very happy living in the centre.

The centre suited the needs of residents. It was clean, comfortable, well decorated and suitably furnished. The rooms were decorated to residents' liking and residents told the inspector how they had chosen the decor and furniture for their rooms before they moved into the centre.

The provider had measures in place to safeguard residents from the risk of fire. Fire safety arrangements included servicing of fire safety equipment, internal fire safety checks by staff, provision of fire doors, fire safety training for all staff and the completion of fire evacuation drills.

The provider had suitable arrangements for the support and management of behaviour that challenges. These included training, behaviour support planning, and involvement of a psychologist and behaviour support specialist. These plans were being implemented and there had been no significant occurrences of incidents arising from behaviour that challenges.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were discussed and planned. The provider's personal planning arrangements ensured that residents'

social, health and developmental needs were identified and suitable supports were in place to meet them.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Plans of care were developed for residents which identified their specific healthcare needs, ensuring that appropriate information was available to guide staff in the delivery of appropriate care. However, some improvement was required to the presentation of some support plans to ensure that all information was sufficiently clear to guide staff. Safe medication management practices were also evident in the centre.

Residents' nutritional needs were well met. Residents had involvement in choosing, shopping for, and preparing their own food. Furthermore, residents' weights were being monitored and suitable foods were provided to meet any assessed nutritional needs.

Overall, there was a good level of compliance with regulations relating to the quality and safety of resident care, and residents were enabled to live lifestyles that supported their choices, independence and rights.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities, including employment, both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests.

Judgment: Compliant

Regulation 17: Premises

The centre was well maintained, clean, suitably decorated, and comfortably

furnished, and was suitable for the needs of residents living there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for and preparation of, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. These included internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was a medication policy to guide staff. Residents' medication was securely stored and there were suitable arrangements for the management of unused and out-of-date medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on these assessments. Plans of care had been developed to meet each residents assessed needs. These were being suitably reviewed and implemented. While overall the plans of care were comprehensive and informative, a care plan for an aspect of healthcare did not include all relevant guidance and did

not reflect the current level of staff knowledge. This presented a risk that new staff to the centre may not have the required information to deliver care appropriately. It was also found that there was insufficient guidance for staff on the procedures for some aspects of healthcare monitoring.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Although there had been negligible occurrences of behaviour management issues in the centre, the provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were protected and promoted. Residents were treated in a manner that maximised their privacy and dignity. Residents had their own bedrooms and had adequate storage of their personal belongings and valuables. Residents were supported to be involved in their political and religious preferences, and decision making. Throughout the inspection it was evident that residents had choice in their daily 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Colman House OSV-0005776

Inspection ID: MON-0025464

Date of inspection: 16 and 17/05/2019

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Policies and Procedures are been updated in line with Regulation 04(3), furthermore a policies folder will be made available to staff on the centres desktops to ensure accurate and up to date policies are available going forward.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Care plans will be updated in line with Regulation 05(2) to ensure the risk is minimised for new staff to the centre, also that healthcare monitoring guidance for staff is in situ to ensure good healthcare practice.	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2019