



Office of the Chief Inspector

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

Name of designated centre:	Colga Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	19 February 2019
Centre ID:	OSV-0004999
Fieldwork ID:	MON-0022586

About the designated centre

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

Colga Services provides a combination of residential and day supports to adults with an intellectual disability from a specified geographical area. The service is provided for seven individuals of mixed gender who are over 18 years of age and have a mild to severe intellectual disability and or autism or mental health difficulties. The services provides six full-time residential placements and one respite placement. The service provides home-based services for some residents. Colga Services is made up of two houses close to a rural village. One of the houses is a two-storey house with a separate apartment. It has a large garden with separate areas for the house and the apartment. The other house is a bungalow with a garden, and is located within walking distance of the village. All residents have their own bedrooms. Residents are supported by a staff team that includes a team leader, nurses and care assistants. Staff are based in the centre when residents are present and staff sleep over in both houses at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	19/06/2019
Number of residents on the date of inspection:	7

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
19 February 2019	09:40hrs to 17:45hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with four residents who used this service. Residents, who spoke with the inspector, said that they were very happy with the service and care provided, that they had very good involvement with the local community and that they enjoyed living in the centre. They talked about social and development activities that they were taking part in, and about visiting and keeping in touch with families. They also stated that they enjoyed the activities that they took part in at their day services. Some residents did not speak with the inspector. However, the inspector observed that all residents appeared to be comfortable and relaxed in the company of staff and with each other.

The inspector did not receive any feedback from residents' families.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the provider and management team had addressed issues that had been identified in the previous inspection report.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner.

A new person in charge had recently been assigned to the centre. At the time of inspection they were spending time in both houses of the centre to get to know the residents and become familiar with their care and support needs. They were also working with the outgoing person in charge as part of the transition. A team leader, based in the centre, had responsibility for the day-to-day running of the service and worked closely with the person in charge. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their roles such as safe medication administration, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. The inspector observed; and residents and staff confirmed, that there were sufficient numbers of staff to support residents' needs, including their daily activities programmes, community involvement, and taking part in activities of their choice. There was transport provided to support residents to take part in activities,

social events, visits with family and friends, and to attend sporting fixtures.

The provider had ensured that the centre was suitably insured and that there was an up-to-date statement of purpose that reflected the service being provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

Some of the prescribed documentation for the renewal of the designated centre's registration was not submitted to the chief inspector as required. However, this was promptly addressed when brought to the attention of the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents, and this was confirmed by both residents and staff. Staffing rosters had been developed and these were accurate at the time of inspection.

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.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, 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 an effective management structure in place at the centre, which included audits and management meetings to ensure that the service was provided was in-line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the required information about the service to be provided, including the fees to be charged, and what was included in the fees.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a suitable statement of purpose that met the requirements of the regulations and described the service to be provided to residents. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

A register of accidents and incidents was being retained in the centre. Any events

that required notification, including quarterly returns, had been submitted to the chief inspector as required.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of absence of a person in charge, and suitable notification had been made as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable deputising arrangements had been implemented.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspector found that residents received care and support that was person centred and supported them to be involved in activities that they enjoyed on a daily basis. This ensured that the resident's well-being was promoted at all times and that residents were kept safe. Residents' quality of life was prioritised by the systems in the centre, and their rights and choices were supported.

The centre suited the needs of residents. The two houses were clean, comfortably furnished, and equipped to meet residents' needs. All residents in shared houses had their own bedrooms, and residents could lock their bedroom doors if they choose to.

The management team had taken measures to protect residents from harm and to keep them safe. Although no safeguarding issues had been identified in the centre, there was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident

with respect and dignity and to recognise any signs of abuse and or neglect. Information on being safe was supplied to residents, and the service of a designated safeguarding officer was available. During the course of the inspection, staff interaction with residents was seen to be person centred and respectful. Systems including training, were also in place to ensure that any behaviour management issues that might arise were managed appropriately and safely. It was unclear if the measures for containment of fire were adequate in one part of the centre, and the provider was making arrangement to review this.

Review meetings between residents, their families and staff took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were put in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that progress in achieving personal goals was being well recorded and that the goals were being achieved.

Residents were supported to spend their days in a manner that was meaningful and enjoyable for them. Home based and day service activity programmes were available to suit the needs and preferences of all residents in the centre. Arrangements were in place to support residents to enjoy active lifestyles and to learn new skills. These included art, swimming, gardening, outings, socialising in the local community, development of independent living skills and involvement in day-to-day household tasks.

The provider had ensured that residents had access to medical and health care services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Staff also arranged for residents to attend other health screening programmes such as breast check, smear tests and dexta scanning as appropriate. Health care services including speech and language therapy, physiotherapy, psychology and behaviour support were supplied by the provider. Other services, including chiropody, dental and optical services were arranged in the local community. Plans of care which identified specific health care needs had been developed for each resident to guide staff in the delivery of appropriate care.

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

There was a strong emphasis on supporting residents' rights in the centre. There was a rights committee and access to advocacy services to support and protect residents' rights. All residents had been assessed for suitability to administer their own medication and consequently, some were involved in partial administration of medication with the appropriate support. The provider had robust measures in place to ensure that residents' finances and property were managed securely and appropriately, and that residents had access to their own money as required. Residents' religious preferences were supported, although assessment was

required to establish if residents wished to be involved in voting.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

Arrangements were in place to support residents to communicate in accordance with each person's needs and wishes. These arrangements included assessments, staff training, individualised techniques, information in user-friendly format and communication plans.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to meet family and friends, both in the centre and elsewhere in accordance with their own wishes. There was sufficient rooms in the centre for residents to meet with visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Suitable measures were in place to ensure that residents had control of their own property and possessions, and that they were supported with management their own finances.

Judgment: Compliant

Regulation 13: General welfare and development

Suitable support was provided to residents to ensure that they could achieve their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in and enjoyed a range of social and developmental activities both at the centre, at day services and in the community.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre is comprised of two houses which were clean, comfortably furnished and decorated, and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

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

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in both houses. This included information in user friendly format about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable easy-read format.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had introduced measures to protect residents from the spread of infection. Both houses were maintained in a clean and hygienic condition, there were colour coded cleaning systems in place and there were guidance for staff on the management of these systems.

Judgment: Compliant

Regulation 28: Fire precautions

It was not clear whether or not the arrangements for the containment of fire in one part of the centre were adequate. The provider was asked to review the current arrangements and to provide an assurance that they are suitable and adequate to ensure the safety of residents and others using the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings; which included the resident or their representatives, staff and multidisciplinary supports, were being held. Residents' personal goals were agreed at these meetings. Current goals were in progress and goals from previous year had been achieved.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had active measures in place for the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges. Behaviour support plans had been developed when required, with input from a psychologist and behaviour support specialist. These plans were being implemented and there was evidence that they were effective.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider had ensured that the rights of residents living in the centre were well supported and respected. However, residents' wishes to become involved in civil and political rights, such as voting, had not been assessed.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Colga Services OSV-0004999

Inspection ID: MON-0022586

Date of inspection: 19/02/2019

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28: (1, 2, 3,5)</p> <p>The Registered Provider and Person In Charge will continue to ensure that effective fire management systems are in place to protect Residents and Staff from Fire. In order to achieve this we will maintain a fire safety programme for each building attached to the Designated Centre to reduce risk of fire.</p> <p>Each house will maintain a fire safety register and will carry daily inspections of fire exits in addition to the regular maintenance of fire safety equipment by an external fire prevention company. Each Resident has an individualised emergency plan in place and this will be updated as required. We will continue to provide instruction and fire safety training for all staff and Residents on all matters relating to fire safety; and give training and instruction on emergency fire procedures and carry out evacuation drills. Each area in the designated centre will have adequate fire safety signage and the procedure to follow in the event of a fire will be displayed in a prominent place.</p> <p>Regulation 28: (4)</p> <p>Since the inspection we have reviewed the arrangements for fire safety in the designated centre and have identified immediate works to increase fire safety in this designated centre. This will involve the installation of an additional escape route for egress purposes in one area of the Designated Centre. Furthermore we also carried out a detailed inspection of the kitchen doors and have identified the need to replace the doors leading from the kitchen to a thirty minute Fire Doors with a cold smoke strip. The Person in Charge will ensure that both of these job are completed urgently.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regulation 9. (1)</p>	

The Person in Charge will ensure that the Designated Centre is operated in a manner which respects the Residents. Therefore we will ensure the Residents are Central to the running of the house by encouraging involvement and participation in everyday activities from shopping to cooking to be supported to remain in contact with family and friends. Information for Residents will also be available in the house. Information will be available where required in user friendly format to communicate, about activities on offer, staff on duty, resident's rights and how to make a complaint if necessary.

2(c) Residents will be consulted in regards to care within the Centre and have the rights to make choices and be involved in Advocacy meetings.

In order to support this rights and come into compliance the Residents will be asked if they wish to be registered to vote at the next Residents meetings, those that wish to be will be supported to do so. In addition those Residents that choose to exercise their right to vote will be supported to do so at any upcoming elections.

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/09/2019
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	20/05/2019