



# 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:	Unannounced
Date of inspection:	21 March 2018
Centre ID:	OSV-0004999
Fieldwork ID:	MON-0021021

## 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 to 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. This house is located in a rural area. 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

To prepare for this inspection the inspector or 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
21 March 2018	09:00hrs to 17:20hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with the four of the residents who used this service. Residents, who spoke with the inspector, confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also indicated 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, and that they were involved in activities that they enjoyed.

## Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for the resident living at the centre. There was a clear management structure in the organisation. There was a team leader based in the centre who worked closely with staff and residents. The person in charge was based nearby but was also involved in the management of the centre. Both the team leader and person in charge to be very familiar with residents' care and support needs.

Since the last inspection, the provider and management team had addressed all issues that had been identified in the inspection report. Large glass doors had been decorated to make them clearly visible to residents and therefore reduce the risk of accidental injury. Signage to fire exits had been improved and all fire exits had been clearly identified. In addition, the organisation's management team had ensured that all operational policies required by schedule 5 of the regulations were being reviewed, and updated if required, at least every three years. Furthermore, the storage of medication had been improved and a thorough temperature and humidity monitoring procedure had been introduced.

The provider had measures in place for the recording and review of adverse incidents. There had been a low level of accidents and incidents in the centre since the last inspection and any adverse events were being suitably reviewed and managed. Adverse events were also being escalated to the organisation's health and

safety team for further review and analysis.

The provider had ensured that staff were suitably trained and had the knowledge and skills to provide appropriate care to residents. In addition, it was evident during this inspection that there were sufficient staff on duty to care for residents. Both nursing and non-nursing staff were on duty daily to ensure that residents' health and social care needs were met.

There was a statement of purpose that described the service and met most of the requirements of the regulations. However, the provider had identified the statement of purpose as an area that required improvement, and had arranged for the management team to conduct a full review of its content and to develop a statement of purpose based more closely on the requirements of the regulations. This project was near completion and a new statement of purpose was expected to be introduced shortly after the inspection.

#### Regulation 16: Training and staff development

All staff working in the centre had received mandatory training in addition to other training relevant to their roles. There was a training schedule in place to ensure that training was delivered as required.

Judgment: Compliant

#### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre. The person in charge was regularly present at the centre and there were systems in place, such as staff supervision, availability of operational policies and management meetings, to ensure that the service provided to residents was safe and appropriate.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose that described the service being provided to residents, was being reviewed annually, and met most of the requirements of the regulations. However, it did not clearly state some of the information required by schedule 1 of the regulations. The management team were currently reviewing the format of the statement of purpose and a revised version was due to be implemented in the coming weeks.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge and staff kept a register of accidents and incidents. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

### Quality and safety

The provider's practices ensured that residents' health and well-being was promoted

by a good standard of care and a comfortable environment.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers, the central heating boiler and the fire alarm system. Staff also carried out a range of fire safety checks. The fire evacuation procedure was clearly displayed. Staff had received formal fire safety training and effective fire evacuation drills involving residents and staff were being carried out. All bedrooms had fire doors for the containment of fire and smoke.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. Personal planning arrangements ensured that each resident's healthcare needs were subject to regular review both annually and more frequently if their needs changed. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their health needs. All residents had access to a general practitioner of their own choice and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and psychiatry, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged as required.

Plans of care for good health, which identified specific care needs, had been developed for all residents. This ensured that each resident's health needs were identified, and that plans were in place to ensure that this care was appropriately delivered. In addition, there were nursing staff based in the centre daily to ensure that the healthcare needs of all residents could be met.

During the last inspection of this centre, storage of medicines required improvement, and on this inspection this action had been suitably addressed by the person in charge. In addition, the team leader had strengthened the monitoring of medication storage - to ensure that it was in keeping with best practice and to reduce the risk of medication deteriorating during storage.

## 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 was comfortably furnished and decorated. The two houses in the centre, were well-maintained both internally and externally.



Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in place to protect residents from the spread of infection. These included an up-to-date infection control policy, a colour coded cleaning system, and procedures for food safety management. However, while there was some documented guidance for staff on the use of the colour-coded cleaning system, there was no guidance available on the management, cleaning and storage of cleaning equipment, cloths and mops. This presented a risk that the improper use of this equipment could contribute to the spread of infection in the centre.

Judgment: Substantially 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 up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents. However, one staff member had not attended a fire drill in a part of the centre where this staff worked. This presented a risk that all staff may not be fully familiar with the evacuation procedure for all residents.

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. There were also nursing staff in the centre each day. Plans of care for good health had been developed for residents based on each person's assessed needs, and overall these were informative and comprehensive. However, the management of one nutritional issue required improvement, as the plan of care did not provide sufficient information to guide care, and recording of interventions was not carried out in sufficient detail to ensure that the interventions were effective. This presented a risk that the interventions in place might not ensure the best outcome for the resident.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The rights of residents were protected and promoted. All residents had their own bedrooms and had adequate storage of their personal belongings and valuables. Residents were treated in a manner that maximised their privacy and dignity. However, the locking mechanism on one communal bathroom door was damaged and the door could not be locked when the bathroom was in use. This presented a risk that residents' privacy and dignity might not be ensured while using this bathroom.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Colga Services OSV-0004999

Inspection ID: MON-0021021

Date of inspection: 21/03/2018

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Overall we have reviewed Regulation 3: statement of purpose and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation including reviewing the statement of purpose within one year and making a copy of the document available to residents and their representatives.</p> <p>In order to come into compliance for regulation sub section 1 the format of the statement of purpose will be reviewed by the Person in Charge and the revised version will be implemented.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>We have reviewed Regulation 27: Protection against Infection and in order to come into compliance with the overall regulation the Person in Charge will put in place a guidance document in the designated centre which will direct staff on the proper management of infection control including the proper cleaning and storage of cleaning equipment.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Overall we have reviewed Regulation 28: Fire Precautions we have systems in place to ensure compliance for meeting the requirements of the sub sections including having in place overall effective fire management systems.</p> <p>In order to come into compliance with regulation 28 sub section 4 (a) all staff members have participated in a fire drill.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Regulation 6 has been reviewed and we have the appropriate systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation including providing appropriate health care to meet the needs of each resident according to their personal plan.</p> <p>In order to come into compliance with regulation 6 sub section 1 a more detailed nutritional assessment was carried out by a qualified dietician and this assessment informed a more detailed nutritional care plan which has been put in place. The recording of interventions which will be guided by this care plan will be carried out in sufficient detail.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Overall regulation 9: residents rights has been reviewed and we have systems in place to ensure compliance for meeting the requirements of the sub sections of the regulation</p> <p>In order to come into compliance with regulation 9 sub section (3) a more appropriate lock will be installed on the door of the communal bathroom which will ensure the privacy and dignity of the residents.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2018
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	12/04/2018

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/05/2018
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	13/04/2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/05/2018