



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

## Issued by the Chief Inspector

Name of designated centre:	Colman Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0008475
Fieldwork ID:	MON-0040134

## About the designated centre

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

Colman Services consists of Riverview (Apartments 1, 2 & 3), Apartment 1 & 2 are adjoining with a sleepover facility in between both apartments for staff, and Riverview Apartment 3 is a separate dwelling alongside Apartment 1 & 2. Colman Services also consists of Tarmon House, a single story dwelling close to a large town. The service provides residential supports to 9 adults from 18 years to end of life. The individuals are of mixed gender and have a mild/ moderate to severe intellectual disabilities and / or Autism. The service recognizes the unique needs and interests of each individual and seeks to support him/her to meet their full potential and to pursue their dreams and wishes. Supports are provided to individuals with complex needs, communication, physical, medical, mental health, sensory and mobility. The staff team comprises of care staff, social care staff, a team leader and person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

8

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 (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
Thursday 11 May 2023	09:30hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the providers compliance with the regulations. Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful relationships.

On arrival at the centre the team leader requested identification and welcomed the inspector. The centre comprised of one house and three apartments and the residents in the first house were at day service. The inspector took the opportunity to do a walk around the house and review documentation.

The first house in the centre was undergoing renovation works and new doors, skirting and architrave were being fitted. The house was dusty and unclean and the environment was not conducive to maintaining good infection prevention and control. The residents did have their own bedrooms which were clean and bright and personalised however the ongoing work meant that there was noise and builders around. There was a skip outside and other building debris around the outside of the house which looked unkempt and was not a relaxing environment.

The inspector visited the apartments late morning and met four of the eight residents, there was one vacancy. The residents were very relaxed in their home and had just returned from activities with staff. Two residents had been out doing a class on trampolines with staff for exercise and relaxation. Another resident was just returning from a trip to the UK where they had attended the Eurovision song contest. The resident was very excited to tell the inspector all about their trip and the celebrities they had met, they had photographs with various well known people. The resident had also recently attended Dail Eireann and represented people with disabilities and advocated on their behalf with a government minister. There was photographs of the resident with the minister which the resident was extremely proud of.

The inspector had pleasant interactions with the residents during the afternoon , the inspector explained their role to the residents and why they had visited. The inspector enquired what the residents opinions were in regards to their care and support and received positive responses. The residents in the apartments said they could not be happier and that they loved their new apartment and that the staff were very kind to them.

Resident bedrooms and apartments were very individualised with personal items and choice of colour and it was evident that the residents were involved in the running of the centre. The occupational therapist had supported the residents to fit out their apartments to their assessed needs. The counter tops were height adjustable to fit residents wheelchairs and the wardrobes in their bedrooms had pull down rails for ease of access to their clothing.

Residents in this centre were encouraged to have visits from family and friends and

there lots of photos of family gatherings and outings and holidays with friends.

The residents were noted to be very relaxed in the centre and enjoyed the company of staff who were very kind to them and treated them with respect. The inspector observed residents being supported to prepare snacks and there was a very person centred approach used which promoted the resident's independence and dignity. There was very positive interactions with staff noted and it was evident that staff and residents had a good relationship. There was a regular staff team in place who were very familiar with the residents' needs and this was obvious in the method of communication they used and they manner in which they supported residents. Residents enjoyed TV, shopping, meeting with friends, getting out for their activities and trips and also enjoyed listening to music.

The apartments were warm, bright and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc.

The inspector observed that, overall, the residents' rights were being upheld in this centre and the residents were involved in the running of the centre. Residents were encouraged to make decisions about their care and were offered support where it was required.

In summary, the inspector found that residents had a good quality of life in this centre and each resident's well being was maintained to a very good standard. The residents had meaningful lives and were happy and content in their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This centre had good governance and management systems in place which ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had appointed a person in charge of the centre who was full-time in the role and had the required qualifications, skills and experience necessary to effectively manage the designated centre. They had clear responsibility for the running of the centre and ensured that a good standard of care and support was provided to the residents. Staff spoken with on the day of inspection were clear as to the roles within the centre and the reporting structures in place.

The inspector reviewed past rotas and found that the actual and planned rota indicated continuity of care from a core staff team. The number of staff and the skill mix on the day of inspection were in line with the assessed needs of the residents. Staff with whom the inspector spoke had a good understanding of the needs of the residents and were noted to meet those needs effectively throughout the day of the inspection.

The inspector reviewed the training record and discussed training with staff. They informed the inspector that they had access to mandatory training and refresher training as required including, safeguarding of vulnerable adults, fire precautions and positive behaviour support. The training record indicated that all the mandatory trainings had been completed by the staff team.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. The provider also ensured there was signed contract of care in place for each resident which outlined the services available.

The provider had completed two unannounced audits of the service in 2022 and an annual review of the care and support provided to the residents. The audits completed had an action plan to improve quality of care and support in the centre. The audit reviewed, training, staffing, quality and safety, safeguarding and a review of adverse events or incidents.

The Team Leaders and staff in the houses regularly consulted with families in person and phone calls where required. All families reported satisfaction with the service provided to their family members and they were also invited to attend Personal Outcomes meetings. Family members were also given the opportunity to respond through an Annual Review Questionnaire, of the questionnaires received the families were happy with the service and stated staff are 'doing a good job', 'very kind and welcoming', 'very happy with their family members care and has a great quality of life'. In areas highlighted for improvements it was noted that one action was to restructure the centre and create two designated centres reducing to have reduced numbers and placing a person in charge in both as the remit of the person in charge had been previously too broad. This action was complete and as mentioned previously renovation work was underway in one house within the designated centre.

There was an effective complaints procedure in place in an accessible format. There were no open complaints at the time of inspection and there were several compliments from family members logged in the compliments and complaints book.

The inspector reviewed notifications on the day of inspection and found that the person in charge had notified HIQA of all incidents that had occurred and also provided a written report to the chief inspector at the end of each quarter of any restrictive practice or injury to residents.

## Regulation 14: Persons in charge

The person in charge was full time in the centre and had the necessary qualifications and experience for the role, there was clearly identified roles and responsibilities. The person in charge had good oversight and monitoring of the centre and was effective in the role. The staff team were familiar with the reporting structures in the centre and who to escalate matters to.

Judgment: Compliant

## Regulation 15: Staffing

There was an actual and planned rota in place and it indicated that there was continuity of care from a regular staff team. The staff numbers and skill mix were in line with the assessed needs of the residents and the statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

On review of the staff training matrix it was noted that all staff were trained in the mandatory required trainings. The staff had completed online training in infection prevention and control. Staff informed the inspector that they had also received training in specialist areas such as skin integrity and feeding, eating and swallowing.

Judgment: Compliant

## Regulation 19: Directory of residents

The provider maintained a directory of residents in the centre which included the information specified in paragraph (3) of Schedule 3. It included the date the resident came to reside in the centre and where they reside previously.

Judgment: Compliant

## Regulation 23: Governance and management



There were management systems in place in the centre to ensure a safe service was provided and which met the individual needs of each resident. An annual review of the centre was completed in 2023 for the year 2022 and the centre also had two unannounced visits in 2022.

As part of the review, the manager sought the views of family members, there were no issues highlighted by family members and there were several compliments logged.

Areas for improvement on the action plan were to restructure the service and this was complete on the day of inspection.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had contracts of care in place for each resident, which were signed by the residents or a family advocate. The contracts included the terms on which the resident would reside in the centre and the support, care and welfare of the resident in the centre and details of the services to be provided for that resident and the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. It was reviewed regularly and was available to the inspector when requested.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of adverse events, including quarterly notifications, to the chief inspector, and these had been submitted in accordance with the guidance.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were two complaints received during the annual review period however there was an effective complaints procedure in place and these were resolved to the satisfaction of the complainant. There was a policy which was in date and gave clear guidance.

Judgment: Compliant

### Quality and safety

Overall the quality of care and support provided in the centre was to a high standard. The residents' rights were respected and they had meaningful activities in their day and there was a visible person centred culture.

The apartments were new, modern and clean and maintained to a high standard both internally and externally. Residents' apartments were warm and homely and personalised with resident belongings. The bungalow the inspector first visited was undergoing renovations and was dusty and unclean due to the building work. The inspector was shown evidence of the plan the provider wished to achieve and once complete the house would be very suitable to meet the needs of the residents. As the work was nearing completion the person in charge had booked contract cleaners to do a comprehensive cleaning of the building and was committed to maintaining this standard going forward.

The residents' communication needs were met in this centre, they had access to visual supports and Internet, radio and television. The staff were familiar with the residents communications methods such as use of objects of reference or vocalisations.

The residents had meaningful and active lives, all residents were out and about on the day of inspection or engaged in activities they enjoyed and chose themselves.

There were effective transition support plans in place which indicated that the residents were respected and valued and their opinion sought as to where they would like to live and with whom. Residents recently moved house and were very happy in their new home and were very positive regarding the support they received.

The apartments had a good infection prevention and control system in place however the bungalow was not conducive to the maintenance of good infection

prevention and control. The laundry practices required improvement as on the day of inspection there was a mixed load of residents clothing in the washing machine and the colored mops were not being used correctly for their designated area.

The centre had a good fire management system in place. All residents had a personal egress plan and all staff were trained in fire precautions and how to evacuate residents in the event of a fire, day or night in a safe time period. The centre had fire retardant materials and fire containment measures in the attic the fire equipment was serviced regularly. The person in charge had ensured staff completed a fire drill each quarter, these indicated that residents could be evacuated in a timely manner.

There was a good medication management system in place and good practices in relation to ordering, administration and recording of medicines. The person in charge had ensured they had good oversight of medication and completed regular audits. There was a suitable locked storage cabinet for medicines and they were administered as prescribed by the physician and written up clearly by the administering staff. All staff were trained in safe administration of medication and were knowledgeable regarding the side effects and the reason the resident had been prescribed the particular medication.

The person in charge ensured that the residents were supported to enjoy good health and attend appointments as required with health professionals. There were health care support plans in place for residents and referrals were sought as necessary for residents if they had any healthcare issues. There was evidence of attendance at appointments and recommendations from clinicians were adhered to.

Residents in this centre were supported to manage their behaviour in the least restrictive manner and with their consent where possible. The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. There was positive behaviour support plans in place for residents who required them and these were reviewed regularly by the behaviour specialist.

There were strong safeguarding measures in place in this centre to ensure that residents were protected at all times. Any adverse event or incident was reviewed and investigated through the appropriate process and acted on. All staff were trained in the safeguarding vulnerable adults and were aware of safeguarding concerns in the centre and how to record and report them as necessary.

The residents rights' were respected in this centre and the residents were consulted regarding the running of the centre. The provider had ensured that each resident's privacy and dignity were respected in relation to their personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

## Regulation 10: Communication

The person in charge had ensured that the residents were assisted and supported to communicate and accessible information was available to them. Staff were knowledgeable regarding the residents communication supports and were observed to support residents in a respectful way to communicate their needs and wants.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities. On the day of inspection some residents were at day service where they had good range of activities and classes. Others were doing a trampolining class and one resident was returning from the UK where they had attended the Eurovision song contest. Overall the residents welfare and development was supported in this centre and they were supported to enjoy a good quality of life.

Judgment: Compliant

### Regulation 17: Premises

The apartments were new and fresh and were very accessible for residents with mobility difficulties. They were laid out to meet the aims and the number and needs of residents and were personalised with the residents' choice of colour and art work. The bungalow was also undergoing the final stage of renovations and an external cleaning company was due to attend when these works were completed. The person in charge had ensured the apartments were equipped with assistive technology, aids and appliances such as hoists and wardrobe supports to promote the full capabilities and independence of residents.

Judgment: Compliant

### Regulation 20: Information for residents

There was accessible information available to the residents on the centre notice boards such as the complaints officer and confidential recipient details and advocacy information. There was a residents' guide available in visual format for the residents. These were also discussed at house meeting and key working meetings with residents. safeguarding was discussed regularly with residents and where required,

education was provided to residents on how to protect themselves.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Some residents had recently moved into their new apartments and there were strong transition supports and plans in place and occupational therapy support to ensure a smooth transition. They visited their apartment several times to reduce anxiety around the move and also completed a compatibility assessment. The person in charge was fully aware of their responsibilities in terms of providing information about the resident to the person taking responsibility for the care, support and well being of the resident.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection prevention and control practices in the apartments were good and they were clean. The bungalow was not clean and also laundry practices in this house were poor; residents clothing was being washed together and the coloured mops for different areas was not adhered to. There was a cleaning schedule in place and residents were supported with hand washing and reminded about cough etiquette and social distancing. There were full, clean hand sanitising units throughout the centre. There was adequate personal protective equipment available for staff when supporting residents with personal care.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The person in charge had ensured that a good fire management system was in place which included staff training, personal egress plans and regular servicing of fire equipment. There were fire doors throughout the centre with magnetic closing arms on all fire doors. There were regular fire drills completed and all residents could be safely evacuated in a safe time frame. There was a fire management policy available for guidance for staff.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The centre had a good medicines management system in place, there was good stock count and auditing system in place and there was also a procedure in place for return of out of date medication to the pharmacy. The medication administration record was clear with all required details outlined including known allergies, dosage, medical card number, doctors details and method of administration.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for all residents which outlined the supports required to live active and independent lives. The person in charge had ensured that a personal plan was developed which was reflective of the residents' social care, health and personal needs. The support plans were reviewed regularly to evaluate their effectiveness. The supports included a hospital and communication passport, intimate care plan, epilepsy care plan, mental health supports and a mobility support plan.

Judgment: Compliant

## Regulation 6: Health care

All residents were supported to access health care supports as required. There was evidence of health care appointments with the resident's general practitioner, occupational therapist, psychiatrist, behaviour support specialist, optician and dentist. Any treatment or recommendations from clinicians were adhered to and progress monitored to ensure there was good oversight and monitoring of the residents health care needs. There were regular medication reviews carried out at mental health clinics.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector reviewed a behaviour support plan and found it to be comprehensive in that it outlined the residents presentation clearly and proactive and reactive

strategies. The plan provided clear guidance for staff in de escalation techniques in line with their positive behaviour training which all staff had received. The behaviour support therapist had supported staff in the development of this plan and staff spoken with had a good knowledge of how to manage a challenging incident. The provider had a positive behaviour support policy which was in date and reviewed regularly.

Judgment: Compliant

### Regulation 8: Protection

There were no active safeguarding plans in place currently however staff were fully aware of how to recognise and report a safeguarding concern should one arise. All staff had received training in relation to safeguarding residents and the prevention, detection and response to abuse. The provider had ensured that each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were respected in this centre. They were consulted in relation to life changes such as transitioning to their new home and the independent living skills they required. Residents participated and consented to decisions about their care and support and had control over their day. There was notes of resident meetings where residents had the opportunity to choose activities, meals or discuss any concerns they may have. The residents had access to advocacy services to support them with making a complaint if they so wished. .

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Colman Services OSV-0008475

Inspection ID: MON-0040134

Date of inspection: 11/05/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Deep cleaning of one of the houses in the Designated Centre took place on the 12/06/2023 by contract cleaners.</p> <ul style="list-style-type: none"> <li>-Cleaning checklists updated and in practice in the Designated Centre as per Infection control policy.</li> <li>-Laundry practices are now in line with the Infection control policy.</li> <li>-Color coded mops purchased and used in line with Infection control policy.</li> <li>-Following the completion of renovations in one house, internal painting is scheduled.</li> <li>-The skip was removed from outside one house shortly after the inspection.</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/08/2023