

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | A designated centre for people with disabilities operated by G.A.L.R.O. Limited |
| Centre ID: | OSV-0004648 |
| Centre county: | Westmeath |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | G.A.L.R.O. Limited |
| Provider Nominee: | Joe Sheahan |
| Lead inspector: | Ann-Marie O'Neill |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 6 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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| From: | To: |
| 08 June 2016 10:00 | 08 June 2016 19:10 |
| 09 June 2016 09:50 | 09 June 2016 18:55 |

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to inspection

This was an announced registration inspection. The registration inspection was taken on foot of an application to register by G.A.L.R.O. Limited. The centre was previously inspected in September 2014. It was found to be non-complaint across a range of outcomes at that time. This inspection gathered evidence to assess the fitness of the provider G.A.L.R.O., in providing safe and appropriate supports to residents in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The provider had applied to register the centre to accommodate six residents.

How we gathered evidence

The inspector met with five residents, staff, the person in charge, provider and area manager over the course of the inspection. Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the service

The statement of purpose for the centre set out that G.A.L.R.O. aimed to provide a residential service for up to six adults in a safe, nurturing and homely environment that meets their behavioural, medical and intimate care needs.

The centre comprised of two detached houses, referred to in the report as residential units. They were located outside a town in County Westmeath. The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. The centre had the use of three cars to facilitate residents accessing local amenities.

The centre accommodated six adult residents with varying degrees of intellectual disability and specific support needs in the management and support of autism spectrum disorders, healthcare and nutritional management and behaviours that challenge.

Overall judgment of our findings

The inspector found significant improvements in compliance and occurred since the previous monitoring inspection. Of the 18 outcomes assessed all were found to be compliant or substantially compliant. Residents had opportunities for community inclusion across a wide range of areas in their lives. Residents were supported to identify and reach their goals and achieve full citizenship in their locality.

Improvements in compliance had been brought about by more robust governance and management systems in the areas of risk management, audit, improved policies and procedures, review and evaluation of residents' personal plans, in particular their assessment of needs and goal setting, involvement and consultation with allied health professionals in relation to residents' health, mental health and behaviour support needs. Throughout each process G.A.L.R.O. had ensured the resident was central to them and consulted with throughout which ultimately brought about the significant improved compliance the inspector found on this inspection.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' rights, dignity and consultation were well met in this centre. Residents' opinions, preferences and civil rights were upheld to a good standard.

The centre had a complaints policy and procedure. It met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in an easy read format in both residential units of the centre.

The inspector reviewed complaints log for the centre and found that any complaints which had been received had been addressed in a comprehensive, timely way with complainants feedback documented. There was also evidence to indicate that complaints brought about improvements for residents quality of life, care and welfare in the centre. For example, a complaint made in relation to medication management in the centre had brought about improved practices such as specific medication administration support procedures for staff to follow to ensure residents received their medications correctly.

Residents were consulted with regularly and participated in decisions about their care and about the running of the centre. There were regular residents' advocacy meetings which enabled residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had been informed of the complaints procedure and how to make a complaint if they were unhappy. The United Nations convention of rights for persons with disabilities had been discussed with residents and they were regularly informed of their rights at these meeting. The meetings were also an opportunity for residents to discuss activities they wished to

engage in or plan individually or as a group, such as planning holidays or excursions and also to be informed of upcoming public, social events happening such as local and general elections.

The inspector observed interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff demonstrated a good knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. They also had opportunities to participate in activities that were meaningful and purposeful to them. These included household chores within the centre itself, engaged in paid employment particular to an interest or skill they had. The mission and ethos of the organisation was of inclusion and participation of residents in their local communities and the inspector found this philosophy was evident in practice.

The inspector noted there were systems in place to safeguard residents' finances. Each resident had their own credit union/post office and/or bank account. Bank statements regarding finances are generally issued directly to residents.

There was adequate space in the residents' rooms for clothes and personal possessions. The laundry and facilities were available for residents to manage their own laundry if they wished. Since the previous inspection of the centre the laundry facilities in one residential unit had been reconfigured which ensured the space was accessible for residents to launder their clothes as independently as possible.

Privacy arrangements were also in place throughout both residential units that made up the centre. Residents could lock their bedroom doors if they wished and their bedrooms were private spaces which staff were observed to respect. Similarly, toilets and bathing facilities had adequate provisions in place to ensure privacy and dignity for residents. The inspector did observe on the first day of inspection in one residential unit that the door of one of the toilets could not close fully and as a result the door could not be locked for privacy. The inspector brought this to the attention of the person in charge and area manager who made provisions for the issue to be addressed. By the close of the second day of inspection the issue with the door had been addressed and a privacy thumb turn lock had also been fitted to the door. The inspector was satisfied that the response adequately addressed the issue.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported and assisted to communicate in accordance with their sensory communication abilities. Assistive technology equipment was used to support residents in accessing information and promoting communication options for residents.

Staff were aware of the communication needs of all residents and the inspector observed them communicating with residents demonstrating due regard of their individual communication styles. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. Easy read versions of some documents had been developed including the residents' guide and statement of purpose.

Communication supports were outlined clearly and comprehensively in residents' personal plans with specific detail regarding residents' personal communication preferences and styles.

Visual aids were displayed throughout the centre to support communication to relay information regarding daily activities, menu choice and staff on duty.

All resident's individual personal plan had been adapted and used assistive technology to assist them communicating their plan. This is further elaborated in Outcome 5; Social Care Needs.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to maintain contact with their families, develop and maintain friendships and romantic relationships.

Families were encouraged to visit and stay for a meal with the residents if they wished. Regular contact was maintained between the staff and the relatives and visits were supported through the provision of appropriate transport resources and staffing available.

Residents' families and representatives were also actively encouraged to participate in personal planning meetings for residents where appropriate. A family contact log was also maintained in residents' personal plans which outlined various communications from residents' families and friends with regards to plans, general information or to inform them of residents upcoming important appointments, for example.

There was a policy on visitors available and there was a sign in book for visitors in the house.

The inspector saw that residents were encouraged to develop links with the wider community as much as possible. Most residents participated in various employment or work experience in their local community. Residents also used the local amenities and services and were informed of the various emergency services available to them. For example, residents had received a visit from their local Gardaí informing them of their role and information on road safety. Local ambulance emergency services staff had visited the centre and talked to the residents about the service and the local fire brigade had also visited residents at their home and discussed their role.

These visits had been very positive experiences for residents. Not only had they been fun and interesting but they informed residents of the services available to them as citizens of their local community.

The area manager told the inspector that it was their intention in the near future to provide romantic relationships and sexuality training for residents within the service and residents living in the centre would have the option to participate. At the time of inspection the area manager was researching training which would meet the needs of residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and their representatives. Residents had also been issued with tenancy agreements where applicable. These had also been signed by residents.

Some residents had financial arrangements which gave them the status of ward of court. A breakdown of their fees were also outlined in their contracts for the provision of services to ensure they had adequate spending money to participate in activities, for example.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included educational, leisure time activities, general likes and dislikes, nutrition and food preferences, intimate care and personal hygiene, independent living skills, social skills, behaviour assessments and safety skills.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals achieved by residents included supporting a resident to communicate their needs more verbally, for example at mealtimes. Specific skill teaching plans were in place to support the resident in achieving this goal. The proposed outcome would ensure the resident engaged in less incidents of behaviours that challenge to communicate their needs which could then be used as a life skill in a wide variety of social situations.

There was evidence of review and assessment of residents' goals and plans on an ongoing basis. This was documented in a colour coded system whereby the original plan was indicated in one colour and changes made or updates in another format.

All residents had a copy of their individual personal plans in an accessible format specific to their communication styles and abilities. Residents with specific communication requirements used assistive technology to ensure their personal plans were in an accessible format. All residents had an electronic hand held device with assistive technology applications which could be used to support the resident in understanding their personal plan goals and for skill teaching purposes. The inspector reviewed a skill teaching session that was documented on a resident's personal electronic hand held device, the skill teaching session was in relation to developing the residents independence skills in carrying out their laundry.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was accessible, suitable and safe for the number of residents living there. However, there was a lack of consistency in the standard of decoration across both premises that comprised the centre. The dining area in one residential unit was small and could not comfortably accommodate residents to eat their meals together.

The centre comprised of two residential units. One single storey detached house that provided accommodation for up to two residents and another two storey detached house that could accommodate four residents. All accommodation provided a individual bedroom for all residents. Bedrooms were large and well proportioned to accommodate residents' personal belongings with adequate sleeping arrangements also.

Residents were encouraged to decorate bedrooms to their own taste and residents that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia.

There were an adequate number of showers and toilets in both residential units that made up the centre.

Communal spaces were comfortable living rooms with varying seating options. However, as found on the previous inspection the kitchen and dining room in one residential unit was quite small and could not comfortably accommodate all residents to sit comfortably for their meals. The inspector discussed this issue with the person in charge and also the area manager during the course of the inspection and they presented some ideas they had how to arrange dining facility options for residents, for example the use of the conservatory as another dining space for residents if they wished to use it.

Laundry facilities were provided and residents were encouraged to do their own laundry with support from staff where necessary. Residents clothes could be dried outside. The centre was also supplied with a dryer. A good standard of cleanliness was noted throughout. A cleaning schedule was in place to ensure high standards were maintained.

The facilities were consistent with those described in the centre's statement of purpose and resident's guide.

The inspector did note however, there was a higher standard of decor in one residential unit than the other. While one residential unit was bright and maintained to a high specification with adapted facilities the other residential unit was not maintained to the same standard. Furniture, decor and facilities required updating and refurbishment in one of the residential units.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre. Actions from the previous inspection had been completed. The inspector required some clarification in relation to smoke and fire containment in on residential unit with the centre which she received shortly after the inspection.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and transport of residents. Hazards were identified with control measures in place. All accidents and incidents were recorded in a risk register with control measures documented and a risk analysis rating against each risk identified. The provider had addressed trip and fall hazards that had been identified during the previous inspection. They had provided a hand rail for residents to use when accessing the garden to the rear of one of the residential units.

The fire policies and procedures were centre-specific and up to date. The fire safety plans was viewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house. Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken approximately once a month. Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. The inspector examined the fire safety register with details of all services and tests all of which were up to date.

The inspector also observed that fire evacuation doors that required a key had fire compliant key holding containers beside them which could be used to open doors in the event of a fire. During a discussion with the inspector and in light of the ethos within the centre whereby residents were encouraged to be as independent as possible in all aspects of their lives before the close of the inspection the provider replaced some of the key locks in the fire exit doors with a thumb turn mechanism. This would ensure

residents could evacuate from the premises without the necessity of a key but still ensuring that the premises was secure.

The inspector noted the presence of intumescent strips on all doors in one residential unit. All doors in the premises also appeared to be heavy set fire compliant doors. This promoted good fire containment measures in the residential unit. However, in the other residential unit such fire containment measures were not in place. No door in the centre appeared to be fire rated, there were no smoke seals or intumescent strips on doors to high risk areas in the premises. The inspector also spoke with the area manager for the centre with regards to this and they undertook to improve systems during the inspection. Smoke seals were added to the kitchen door which also contained utility equipment. The inspector received photographic confirmation that the seals had been added to the door shortly after the inspection.

There was a detailed policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection had been addressed adequately.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. There was a policy in place and there were good systems in place for the management of these behaviours. This included access to relevant allied health professionals such as psychologists for the development of behaviour support plans and their review. Residents were also support to avail of community psychiatric services if required.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. Where residents required supports therapeutic management practices were in place and every effort was made to alleviate triggers and stressful situations for residents that may cause them to engage in behaviours that challenge.

A restraint free environment was promoted in general throughout the centre. Some residents presented with difficulties during transitions when going from the centre to their home. To support the resident their psychiatrist had prescribed medication which was administered to the resident to alleviate their stress during these times and had successfully supported the resident. Incidents of behaviours that challenge during these times had reduced significantly.

Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided further assurances that the centre was a safe place for residents to live in. Questionnaire feedback from residents and their families was positive and residents indicated they liked living there and felt safe.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy on access to education training and development.

Residents were supported to be part of their community with a focus on community inclusion. A number of the residents had completed or were in the process of participating in training programmes on community inclusion, life skills and preparation for the workplace, literacy and numeracy skills, for example.

Some residents had paid employment which suited their interests and capabilities. Residents could make decisions with regards to the type of work they wished to engage in and could move jobs if they wished.

From review of residents' personal plans and lifestyles it was clear to the inspector residents' skills and interests were identified and influenced the type of employment they engaged in. For example, residents that liked to check the prices of items had secured a regular employment slot in a local shopping supermarket. Other residents with an interest in motorbikes worked in a motorcycle shop and helped with valeting and cleaning them.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed a sample of health care plans for residents in both residential units of the centre and found residents were supported to have their health needs met in the most part. Identification and ongoing review of residents' nutritional risk required some improvements to make them comprehensive and to guide staff practice.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Both residential units had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for residents each day/week.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to SALT for review and a modified consistency meal and fluids plan was prescribed.

Some residents attended weight loss classes in their local community and had achieved good success reaching their goal weight in some instances. Residents' weights were documented regularly, however, a body mass index (BMI) was not calculated to identify if the weight measured was one that indicated nutritional risk for the resident, for example, was the resident's weight correct for their height. Associated nutritional risk assessment tools were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of nutritional risk was not robust enough and required review.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Gaps in policies and procedures identified on the previous inspection had been addressed.

Staff involved in the administration of medications had attended safe administration of medication training.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored securely in the centre. A medication fridge was available for the storage of medications requiring refrigeration where required.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Regular medication audits by the person in charge and also residents' pharmacist were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review by the person in charge to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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| <p>Theme: Leadership, Governance and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The statement of purpose met the requirements of the Regulations.</p> <p>It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.</p> |
| <p>Judgment: Compliant</p> |

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose.

The inspector had interviewed the person in charge in the weeks prior to the inspection at a meeting the Health Information and Quality Authority offices. During this meeting the person in charge's fitness was assessed and the inspector found her to be a fit person to manage the centre with the necessary skills, experience and training.

The inspector also assessed the person in charge's ability in practice during the inspection and found evidence that residents were receiving a quality service. Compliance was found in most outcomes on this inspection.

The person in charge was engaged in ongoing auditing of health and safety, fire safety, medication management, vehicle maintenance and management of residents' finances in the centre. Through the implementation of these audits the person in charge identified key issues that required review and had made arrangements for them to be addressed.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was effective in improving the quality of care and experience of residents living in the centre. Following the previous annual review, for example, it was identified the risk register for the centre required updating, it was also identified some staff required a supervision meeting and more documentation was needed to evidence learning from adverse incidents.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by the area manager who had responsibility for oversight of a number of designated centres in the area. He was identified as a person who would be participating in management who would assume responsibility of the centre in the absence of the person in charge and direct care practices and supervise staff to ensure organisational policies and practices were implemented for the care and support of residents.

The inspector also met the provider during the inspection. He had the responsibility for the operation of the service and met with the senior management team for the organisation on a regular basis. The provider demonstrated good knowledge of the regulations and regulatory responsibilities. He also demonstrated knowledge and understanding of the personalities and needs of residents living in the centre. He was clear on the ethos and mission of the service which was to be an active advocate for residents and support them to achieve their optimum potential as full citizens of their community.

Improved systems had been implemented since the previous inspection for analysis of risk in GALRO organisation. The person in charge was expected to provide a quarterly report to the area manager. The area manager reviewed the report and added any further information if required. This report is forwarded to the provider who uses it to update the organisational risk register. Three monthly meetings of persons in charge, area managers and directors took place and the organisational risk register was discussed as part of these meetings. The area manager for the centre told the inspector that a lot of work had gone into developing this oversight of risk in the organisation but they found the system worked well and had brought about positive outcomes for residents and supported the management team to identify where resources were required, for example.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Staff confirmed that transport was available to bring residents to their home, the various activities and the day service.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Management systems for the centre indicated that staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A sample roster was reviewed for the centre. This indicated there were an adequate number of staff allocated to support residents during the day with sleep over staff in the centre at night time.

The inspector saw that there was an induction and appraisal system in place. In addition, supervisory meetings were held with each staff member regular basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling and fire safety training.

The provider and person in charge were aware of residents' needs with regards to behaviours that challenge. Staff had undergone specific training to ensure they had the necessary skills to implement behaviour support interventions and de-escalation techniques to support residents.

From a sample of staff files reviewed they were found to meet the matters as set out in Schedule 2 of the regulations which indicated safe and appropriate recruitment practices had been implemented.

No volunteers worked in the centre at the time of inspection.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by G.A.L.R.O. Limited |
| Centre ID: | OSV-0004648 |
| Date of Inspection: | 08 June 2016 |
| Date of response: | 04 August 2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The dining area in one residential unit was small and could not comfortably accommodate residents to eat their meals together.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:

An additional table and chairs is provided in the sun room which is off the living room in Rockfield House and this gives residents the option of extra space at meal times.

Proposed Timescale: 30/06/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While one residential unit was bright and maintained to a high specification with adapted facilities the other residential unit was not maintained to the same standard. Furniture, decor and facilities required updating and refurbishment in one of the residential units.

2. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:

We are currently negotiating with the landlord to purchase the premises with a view to a complete refurbishment. In the event that current negotiations fail we will move to alternative more suitable premises.

Proposed Timescale: 31/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' weights were documented regularly, however, a body mass index was not calculated to identify if the weight measured was one that indicated nutritional risk for the resident, for example, was the resident's weight correct for their height.

Associated nutritional risk assessment tools were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of nutritional risk was not robust enough and required review.

3. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

We have assessed each resident using the MUST Tool and the results are attached to each residents care plan. Two residents are shown to have higher scores than the normal using the MUST Tool assessment. Those two residents are referred to the dietician. The two identified residents are on a slimming world plan also and also residents are on a healthy lifestyle plan.

Proposed Timescale: 17/07/2016