

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0005298
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:	Carol Maricle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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

From:	To:
20 April 2016 11:00	20 April 2016 18:30
21 April 2016 08:30	21 April 2016 14:10

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

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

This inspection was the first inspection of the centre, carried out to inform a decision to register the centre.

As part of this inspection, the inspector met with the person in charge, a support worker with deputising responsibilities and an area manager with responsibilities for the centre. The inspector also met a clinical psychologist employed in a consultancy role by the provider. The inspector reviewed policies and procedures in place at the centre and the accompanying documentation that will be in place when the centre opens.

The centre has applied to register as a residential support service for up to four children aged between 12 and 17 years that have a diagnosis of mild to moderate intellectual disability or autism. The centre was located in a two storey detached house, set on its own grounds in a rural area outside of a main town. The inspector found that the service that was being proposed by the person in charge matched what was described in the statement of purpose.

Overall, the inspector was satisfied that the provider had put systems in place to ensure that the centre would operate in line with the regulations, the details of which are described in the report.

Good practice was identified in areas such as:

- The welfare of children would be promoted through an assessment of their needs (outcome five)
- Positive relationships with family and friends would be promoted (outcome three)
- Management systems would ensure good governance (outcome 14).

The inspector found that there were non-compliances in the following areas:

- Some furniture and carpeting was not in good condition and did not lend to a homely appearance (outcome six)
- The resident guide did not contain the required information as set out in the regulations (outcome 18).

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.

Following this registration inspection, there will be a follow up inspection scheduled that will give the opportunity for the inspector to meet with children, their representatives and staff based at the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to support children's rights, their dignity, their right to make a complaint and their right to be consulted on their care.

There were systems in place to ensure that children would be consulted about how the centre would be planned and run. The person in charge showed the inspector the dedicated recording folder that would house the minutes of house meetings with children. There were posters placed in each of the children's bedrooms advertising the next meeting. The person in charge proposed that the key-workers would be involved in these meetings when the children were non verbal in order that they could help to communicate the child's views on their behalf. A proposed agenda was shown to the inspector and this included standard items such as asking the children what activities they would like to be involved in.

Children would have access to advocacy services whilst living at the centre. There were posters displayed around the centre informing children that there was a dedicated named person based in an outside agency that would be happy to advocate on their behalf. Information about the rights of children was placed in a brochure that would be given to them upon their arrival or placed in their bedrooms. The same information was also displayed on posters around the centre. The easy to read national standards for children were also kept in the brochure.

A rights committee was in place at organisational level and had been set up to monitor services to ensure that the rights of service users are maintained in addition to acting as an advocate on behalf of service users. The information sheet on this committee

acknowledged that a code of practice was being drawn up at its formation. It was not clear what changes had been brought about by this committee since its formation or whether the code of practice had been developed. The person in charge was a member of this committee and acknowledged that there may be a conflict of interest if a child living in a centre that she managed brought a concern to the committee.

There were adequate policies and procedures in place to address complaints. There was a complaints procedure in place which outlined the process to be followed for both informal and formal complaints. Information on the process of how to make a complaint was also available for staff to give to parents. There was a child-friendly version of the complaint process available for children and this information was in the resident guide and in a welcome brochure developed for children. A centre complaints logging system was in place ready for staff to use. The outcome to complaints and the process of how to make an appeal was set out in the various procedures. There was a nominated person employed by the organisation to deal with complaints. As the centre was not yet in operation, there were no complaints available for the inspector to review.

There were systems in place to ensure that children would be treated with respect and dignity. There was an intimate care policy that would guide staff on how to care for children when they needed assistance in this area and the statement of purpose also confirmed the arrangements that were in place for respecting the privacy and dignity of children. Individualised intimate care plans would be developed where needed for children. The person in charge was clear about how a child must have assessed needs in this area before intimate care can be provided by staff and that it is not to be assumed that they need help in this area. There were three communal spaces available for four children outside of their own bedrooms when they wanted privacy or time with their family or friends.

A policy on personal finances and possessions dated 2015 was in place to guide staff. The person in charge showed the inspector the inventory sheet that would be completed for each child that came to live at the centre and this would be added to as the need arose. There was a suite of records that would be used by staff to record purchases and withdrawals. According to the policy, records in this area were submitted weekly to head office where a weekly audit would be done. There was a rights committee established by the organisation whose remit, according to the committee was to carry out audits every three years of service users monies or more frequently where needed. There was sufficient space in each of the bedrooms for children to store their possessions. Each child also had their own storage box that could be locked by them and kept in their bedroom.

There were facilities based in the local town that children would be able to access. Information on these facilities was set out in a resource folder for staff to consult. A sensory room was available to children but this was a considerable distance from the centre.

There was no CCTV system in use at the centre at the time of the inspection.

Children would have opportunities to play inside and outside of the house. The person in charge acknowledged that there was a need for the staff to purchase an additional television for a second communal area of the centre. There was a large garden at the rear of the premises but it was without external play facilities. The inspector viewed a trampoline that had been purchased by the area manager prior to the inspection which would be erected shortly. The garden was not fenced in and this has been further commented upon in outcome seven.

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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient systems in place to ensure that children would be supported to communicate effectively.

A centre specific policy dated 2015 was in place to govern practice in this area. A training needs analysis indicated that some staff were trained in communication though not all. The assessment of the needs of children in this area would be completed as part of the formal assessment conducted with 28 days of their admission to the centre. A communication passport was a key feature of the personal file of a child, the template of which was viewed by the inspector and found to promote an individualised assessment of their communication needs.

There was evidence that staff would be expected to use communication methods such as picture communication systems and other methods with the children. A collection of pictures had been prepared for staff to use with children. A folder dedicated to the theme of communication had been prepared by the person in charge for staff to read.

Children had access to television and the internet. An electronic tablet, although not at the centre during the inspection would be available for shared use and the person in charge told the inspector that more would be purchased depending on the need. There were internet facilities available at the centre for children.

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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient systems in place for children to develop and maintain relationships and links with friends, family and the wider community.

A centre specific policy on visitors was in place at the centre and this confirmed appropriate arrangements for family members and/or representatives to visit children. The arrangements were also set out in the statement of purpose and in the resident guide. There were arrangements in place to ensure that families were kept in contact with regularly by staff. The person in charge told the inspector she would review the frequency of communication between staff and parents by reading the daily reports each day by a staff member. This record outlined telephone calls or texts made by staff to the child's parent and/or representative or vice versa. She also confirmed that families would be encouraged to attend the child's personal plan review and this was confirmed in the statement of purpose. The person in charge was aware of the responsibilities she had for children who were in the care of the State and the necessity of the Tusla (Child and Family Agency) social worker to visit the child at the centre.

Children would have opportunities to attend local activities in the nearby town as confirmed in the resident guide and in the statement of purpose. A resource folder had been prepared by the person in charge and this already had some details of some activities that were available. The person in charge told the inspector that she planned to review regularly the activities that a child was involved in versus what was planned for the child to ensure that activities were in line with what the child wanted to do and enjoyed doing.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place for the admission, discharge and temporary discharge of children to and from the centre.

There was a centre specific policy in place regarding admissions, discharges and transfers to and from the service but some improvements were necessary. The policy was not dated and on occasion referenced adults and not children. The criteria for admission also needed updating to ensure it was in line with the statement of purpose. Information on admissions was also set out in the statement of purpose, including the arrangements for emergency admissions. There were procedures in place at pre-admission and post admission stage. A pre-admission risk assessment was conducted by the person in charge for prospective children and a pre-admission plan was then compiled. The person in charge told the inspector that she would develop a transition plan following confirmation of a child's place at the centre. The information recorded at pre-admission stage took on board a range of issues relevant to the child such as their needs, any risk taking behaviour and the professionals involved with them to date.

The inspector viewed a pre-admission risk assessment and pre-admission plan written by the person in charge for a prospective resident which was found to contain relevant information that would guide staff whilst the formal assessment of need was being conducted. The person in charge told the inspector that an assessment of the impact that a new resident would have on the children already living at the centre would be completed prior to their admission.

A sample contract for the provision of care was provided to the inspector and this would be signed by the parent and/or representative. Parents were also required to sign medical consent forms. At the time of the inspection, there were no additional charges that would be made to the child and or their families/representatives.

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):

This was the centre's first inspection by the Authority.

Findings:

The wellbeing and welfare of each child would be maintained by a good standard of care and support. Children would have opportunities to participate in activities. The arrangements to meet the needs of children were set out in personal plans that would reflect their needs. Children would be supported when moving between childhood and adulthood.

The arrangements in place for personal planning were comprehensive. A template personal plan, entitled 'care plan' by the organisation was shown to the inspector and a child friendly version of this plan was also available. Pre-admission plans and transition plans were also developed by staff prior to the child coming to live at the centre.

The template for personal plans contained information on the child, basic details, family details, their needs in areas such as medical, general health, social and transport needs. There was clear system for the recording of goals and the achievement of same. Furthermore, the person in charge showed the inspector a supervision system that would be in place specifically for key-workers that looked at their practice in this regard. There were relevant sections in the child's file for communication and correspondence in addition to sections for reports written by multi-disciplinary professionals. The personal plan addressed behaviour that challenged and there were recording documents for staff that helped them to think about the events that took place prior to the episode of challenging behaviour. Multi-element behavioural support plans were in place for each child where needed. A behavioural support specialist was employed by the organisation and a consultant psychologist was also available to staff and children at the centre. They would provide guidance for staff on how to respond appropriately to behaviours. Individualised risk assessments would be conducted at pre-admission and post admission and the recording sheets contained prompts for staff to identify and review controls. The person in charge told the inspector that supervision sessions would be held with key workers in addition to their personal supervision and this would focus solely on their key working responsibilities. This would ensure that outcomes for children would be monitored.

The person in charge told the inspector that she would assure herself that the use of restrictive practices would be monitored through the day to day supervision of staff and in a formal capacity at staff supervisions and staff team meetings. The incident and accident records and daily reports written by staff would also be monitored to ensure that where restrictive practice was used it was within the policies of the centre.

Children were supported in preparing for adulthood. The person in charge was aware that children required certain skills as they grew older. She was confident that these life skills would be identified through the key working systems in place.

There were systems in place for discharges of children from the centre and these were outlined in the centre specific policy. The policy made reference to children transferring at the age of 18 from the centre to an adult residential centre and stated that a

transition plan would be formed and relevant meetings would be convened.

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):

This was the centre's first inspection by the Authority.

Findings:

The location, design and layout of the centre was mostly suitable for the purpose and function of the centre however it did not in some regards meet the needs of the children in a homely way.

The design and layout of the centre was in line with the centre statement and purpose. The centre was a large two storey house, surrounded by mature gardens to the front that offered privacy to children. Rooms were of a suitable size and there was sufficient private space for children when they wanted to be alone. The premises had suitable light, heating and ventilation. The kitchen was equipped with suitable cooking facilities and equipment. There were two shared bathrooms for the four children to use and staff had access to separate en-suite facilities.

Each bedroom was individually decorated and had suitable storage facilities for the belongings of the children. However, overall parts of the centre needed immediate attention and some of the furniture in the centre required replacement. The seating in one of the communal areas was in poor condition. A third communal space required additional seating. The carpets throughout the centre were worn and stained in parts. Two mattresses required replacement. The interior walls of the house required repainting in some areas. Some curtains needed replacing and the curtains rails were not all affixed properly to the walls. The exterior of the kitchen cupboards required replacement or repainting as there were peels and cracks. The main bathroom to be used by three children had a number of fixtures and fittings to tiles that were not in use and this led to a cluttered appearance. Some of these issues were attended to by staff during the inspection.

There was a large garden for children to play in to the front and the rear of the garden. The front of the garden led to a very busy road which was a hazard to children should they leave the premises without supervision. There was no boundary preventing the

children from walking from the rear of the garden to the front. This was addressed by the person in charge during the inspection who told the inspector that the gates to the premises would now be locked at all times, except when in use and the risk of children gaining access to the road unsupervised was added to the centre risk register.

The rear exterior of the centre was not homely in appearance as the garden was very large and sparse. This part of the garden was fenced in part but there were some areas that a child could easily gain access into the neighbouring fields where animals were kept. The person in charge told the inspector that given the lack of a defined perimeter in the rear garden, the children would need to be supervised at all times by staff when playing outside. The person in charge acknowledged that in the long-term that it would not suit the children to always have staff accompany them outside as they may wish to play at times that do not suit the staff or they may wish to play independently of staff. There were no external play facilities however the area manager showed the inspector a trampoline that was recently purchased and he told the inspector that it would be erected following the inspection.

There was no specialist assistive equipment in use at the centre which required maintenance and testing.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The health and safety of children, visitors and staff was promoted and protected but there were improvements needed with regard to hazard identification, some fire safety measures and infection control. There was insufficient evidence of the road worthiness of the vehicle that would be used for transportation purposes.

There were systems in place for risk management. The risk management policy met the requirements of the regulations as it covered the risk of accidental injury, self harm, unexpected absences and aggression and violence. There was a centre specific health and safety statement and this was complemented by a number of risk assessments completed of hazards identified by the person in charge. The child's personal file would contain risk assessments that were specific to the child. Staff completed training in health and safety and separate training in manual handling and at the time of the inspection the majority of staff had up to date training in both areas. The emergency

evacuation plan was comprehensive and identified a safe place for children and staff in the event of an evacuation.

The person in charge was creating a risk register at the time of the inspection and had already entered some hazards on to this register along with their controls. There were recording systems in place for staff to document all incidents and accidents at the centre which were then reviewed by the person in charge. These forms also prompted the staff member and the person in charge to learn from the event and where applicable discuss it at a team meeting or take other suitable actions. Not all hazards identified by the inspector had been identified as such by the person in charge. The decision to leave the front door unlocked for children to enter to and egress from meant that they could leave the premises and walk out to a busy road unattended. The rear garden was not fenced in which meant that children could quickly gain access to neighbouring fields. These hazards were duly added to the centre risk register by the person in charge and controls to mitigate against the risks were identified and put in place.

The systems in place regarding fire precautions were not all satisfactory upon the commencement of the inspection but were dealt with during the inspection and immediately following. A fire alarm system was in place and this had been serviced at quarterly intervals in the twelve months prior to the inspection. A suite of paperwork was developed by the provider to ensure that the centre operated safely. Personal Emergency Egress forms would be completed for all children, the templates of which were viewed by the inspector and were appropriately individualised to each child. Fire drills would be conducted by staff at regular intervals to include an emphasis on learning. Weekly fire checks would take place.

There was a fire register in use but this might lead to some confusion as the entries in this register were duplicated by the suite of paperwork that would also be completed by staff. Upon the arrival of the inspector, a fire door was wedged open. This was attended to immediately by staff. Fire exits were kept clear, although there were blinds pulled across one of the exits which may prevent ease of egress by children in an emergency. The font of the evacuation notices for staff, children and visitors displayed in the hallway was small and the notice was placed at the back of a door therefore not easily visible to all. A proposed second fire exit in an upstairs floor was not a suitable means for children to use in the event of a fire. The provider sent written confirmation immediately following the inspection that this exit would not be used going forward as recommended by a competent person in fire safety matters.

During the inspection, the provider did not have written confirmation from a competent person that fire safety measures were appropriate given the profile of residents that would be living at the centre. Following the inspection, the provider submitted written confirmation that the fire safety measures were sufficient at the centre. The provider also confirmed that a self closing device not affixed to a fire door would be installed immediately.

There were systems in place for hygiene and infection control but improvements were needed. There was centre specific guidance for staff on how to prevent an outbreak of an infection and this included guidance on cleaning. A system for the storage of mopping equipment was in place. There were posters in the bathrooms encouraging

hand hygiene. The person in charge showed the inspector cleaning recording sheets that staff would use upon the opening of the centre which were comprehensive. She told the inspector that she would quality assure these records. Overall, improvements were required. The centre was unclean in parts upon the arrival of the inspector and although this was attended to by staff the centre was still in need of a deep clean in some areas. At the close of the inspection, the person in charge had arranged for the centre to be cleaned by an external specialist company. The centre had paper towels, soap dispensers and towels in the upstairs bathroom, this might lead staff and children to use the towels when it was preferred practice, as told to the inspector, for paper towels to be used. At the close of the inspection, the deputy team leader confirmed that only the paper towels would now be used going forward and all generic towels were removed from communal bathrooms.

A nine seat vehicle would be used at the centre. This vehicle was recently purchased in early 2016 and taxed and insured. It was not yet due its first national car test. The provider was asked how they were assured of its road worthiness given the mileage accrued on this vehicle, a record confirming their assurance in this regard was not available during the inspection.

Judgment:
Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Measures were in place to safeguard children and protect them from abuse. The system in place for the management of child protection concerns was appropriate.

There was an organisational policy in place for the prevention, detection and response to abuse and separate guidance notes developed for staff to follow in the event that they had a concern in this area. There was a designated person in the organisation appointed to deal with concerns of this nature. The person in charge was very familiar with the child protection system and the role of a Tusla social worker. She had recently attended external training in the role of a designated liaison person and was in the

process of being appointed responsibilities in this area. The inspector viewed training records which showed that all but two of the staff team had up to date in training in this area Intimate care plans would be developed for children where they needed assistance in this area. All visitors to the centre were required to sign in.

There was a policy in place for the provision of behaviour support. This provided guidance for staff on how to recognise the antecedents or triggers prior to episodes of challenging behaviour. Charts were available for staff to use in order that they could record antecedents, behaviours and consequences. The person in charge told the inspector that these records would then be reviewed by members of the multi-disciplinary team. A behavioural specialist was employed by the organisation and this post-holder could also offer support to staff. Staff were trained in how to deal with a crisis. Each child where needed would have a multi-element behaviour support plan which would contain guidance for staff on strategies to use with children in the event of them engaging in behaviour that challenged. The inspector met with a clinical psychologist employed in a consultancy role with the organisation and she was clear about the type of guidance that staff needed in order to pro-actively deal with behaviour. She told the inspector that she would be making herself available to staff in a supportive role and she also could meet with children and their families directly in her role.

The use of restrictive practices would be monitored by the person in charge. The person in charge told the inspector that she would assure herself of practice in this area through day to day supervision of staff and the viewing of written records, such as as incidents and daily reports. She was mindful of the different types of restrictive practices, including chemical and environmental practices. There were no environmental restrictions observed by the inspector during the inspection, but children would need supervision at all times whilst playing outside due to the proximity of the centre to a busy road and some easy access to neighbouring fields. Over time, the supervision of children in this regard may be construed as overly restrictive as the children may want to play outside on their own on occasion and not always with staff.

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):
This was the centre's first inspection by the Authority.

Findings:

A recording system of all incidents that occurred in the centre was in place and the person in charge was knowledgeable of the events that required notification to the Authority.

There were systems in place for the identification and recording of incidents, accidents and near misses and the documents themselves required the staff to consider the need to report the incident where appropriate to the Authority. A notification folder had been set up by the person in charge specifically in this regard and this contained the relevant information, guidance and template recording forms for staff to read and complete. The person in charge demonstrated the appropriate knowledge of their responsibilities in relation to recording and reporting such incidents.

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):

This was the centre's first inspection by the Authority.

Findings:

The rights of children to have an education and to socialise and participate in the community were supported by policies at the centre.

There was an organisational policy on education and a separate policy on access to education that guided staff in their day to day work. The assessment of the needs of children in this area was assessed prior to admission, post admission and reviewed each year through the personal planning system. The statement of purpose confirmed that staff would transport the children to their place of education.

An inspector viewed evidence of education being considered at a pre admission stage and the person in charge described to the inspector how this would be followed through following admission. She was cognisant of the need for children to receive an education as a basic right and had the details of specialist schools in the nearby and surrounding areas.

Children would be involved in individual leisure activities outside of the centre. The person in charge told the inspector that it would be expected that children go on individual and group outings to the local community and would be facilitated by staff in

this regard. The inspector viewed a sample daily report for the children and this recorded whether children participated in the activities that had been planned. The person in charge was very clear on the need for activities to be purposeful and meaningful.

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):

This was the centre's first inspection by the Authority.

Findings:

The healthcare needs of the children would be assessed by staff and addressed accordingly.

There was a comprehensive section in the child's personal file dedicated for healthcare matters. There were recording systems in place for staff to write contact details of healthcare professionals involved with the child, appointment information and sections for the appropriate filing of reports and prior or current healthcare assessments. The healthcare needs of the child was assessed as part of the personal planning process and the child's care plan set out their health, nutritional needs and information for staff on who to contact in the event of a medical emergency.

Each child would have a healthcare passport that would accompany the child in the event that they needed to go to hospital.

Most staff scheduled to work at the centre were trained in first aid and most had up to date training in the safe administration of medication or were due a refresher.

There was a range of healthcare professionals employed by the organisation to whom referrals could be made to and the children would also be facilitated in attending appointments with public services. Children living at this centre could access a behavioural therapist, an educational psychologist and a clinical psychologist who were all employed by the organisation.

As there were no children living at the centre the centre did not have all of the food that would generally be expected for a centre that could cater for four children. The person in charge told the inspector that menu planning will be done on an individualised basis catering for any diet or nutritional needs of the children. The inspector viewed training

records which showed that some staff had received training in food hygiene.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

Systems were in place for the safe management of medication in order to protect children.

There was a centre specific policy on the ordering, prescribing, storing and administration of medication. The person in charge showed the inspector the systems she had to audit practice in this area which were appropriate. She had also arranged for an external pharmacist to come in to the centre to carry out regular reviews. The inspector viewed training records and these confirmed that the majority of staff were trained in the safe administration of medication and six staff were identified as requiring an update in this area. A drug error and near miss form was to be completed by staff where necessary. This document assigned follow up responsibilities following the incident to ensure that learning took place. A centre specific policy for the administration of controlled drugs was in place, although this was not dated. Medication was stored safely in a locked safe in the office. There was a locked box available if needed for controlled drugs.

The medication needs of children would be assessed as part of their personal planning and an individualised medication management plan developed for children where needed.

As there were no children living at the centre there were no live prescription or administration record sheets for the inspector to review. The person in charge confirmed to the inspector that all children would have a prescription and administration record for all prescribed and over the counter medication. The centre policy outlined the requirements for these records to include information such as the name of the child, their date of birth, the name of the medication, the route and dose. The person in charge was aware that a signature sheet needed to be displayed upon the opening of the centre.

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.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The written statement of purpose met the requirements of the regulations.

A written statement of purpose was submitted to the Authority prior to the inspection and this mostly met the requirements of the regulations with a few exceptions. These were addressed during the inspection and a revised statement of purpose was submitted to the Authority immediately following the inspection which was compliant with the regulations. In addition, there was a child friendly version of the statement of purpose.

The statement of purpose outlined that the centre provided residential care for up to four children that had been diagnosed with a mild to a moderate intellectual disability or autism. The document set out the care needs of the children that it catered for, the facilities and services available and contained all of the information required by the regulations.

The statement was version controlled and reviewed annually or more often as required.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre was managed by a suitably qualified, skilled and experienced person.

There was an appropriate system in place for the annual review of the centre. The inspector viewed the template forms that would be used by the nominated person(s) to record the six month unannounced inspections and a yearly evaluation which was described to the inspector as the annual review. The area manager confirmed to the inspector that an evaluation form would be sent to representatives of the children yearly. He described to the inspector during interview the learning that the company had taken on board following feedback received from parents in 2015. Auditing systems were also in place at the centre. The person in charge showed the inspector the audit processes for areas such as medication management and intimate care, which would be completed by her in an effort to drive improvement in practice.

There were sufficient arrangements in place to ensure that staff exercised their personal and professional responsibilities. Professional supervision would be given to all staff every eight weeks in addition to day to day supervision. Regular staff team meetings would take place. A yearly appraisal system was also in place in the organisation for all employees.

A clear management system was in place at the centre. Staff would report to a deputy team leader who in turn would report to the person in charge. The person in charge was accountable to an area manager. The management organogram was clearly outlined in the statement of purpose. On-call arrangements were in place and set out in the staff roster for staff to view. The staff roster clearly outlined the lead staff member in the event of the deputy and person in charge not being rostered to work at the centre. A night steward was also available on an on call basis and this post-holder could provide additional support to staff where needed.

The person in charge was suitably qualified and experienced. She demonstrated sufficient knowledge of the regulations and standards. She was committed to her own professional development, as evidenced by the completion of courses by her in 2015 and 2016. She engaged in the governance and management of the centre and worked closely with the area manager. She was already appointed as person in charge of an existing designated centre for children with a disability. She was supplementary to the rosters in both centres. She was confident that she could manage both centres and described to the inspector adequate arrangements that would be in place at both centres in her absence. The deputy team leader was receiving his induction at the time of this inspection. He was experienced in working with children and adults and was scheduled to shadow closely the day to day work of the person as part of his induction.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place in the event of the absence of the person in charge for more than 28 days.

The person in charge and a person involved in the management of the centre were both aware of the requirement to notify the Authority in the event of the absence of the person in charge of 28 days or more. There was a staff member identified in this role but this post-holder was not available for interview during the inspection. The post holder was described by a person involved in the management of the centre as having the relevant qualifications and suitable experience required to manage the centre in the event of the absence of the person in charge.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre was resourced sufficiently to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources at the centre to support the children achieving their personal plans. The facilities and services available to the children and set out in the statement of purpose were available to them. There was sufficient communal space for the four children that would live at the centre. Staff had the use of a nine seater vehicle for transporting the children. The person in charge had the authority to organise relief staff where needed. A multi-disciplinary team was available for children and there was evidence of these professionals already been involved at pre-admission stage for a prospective new admission. Aspects of the centre required better maintenance and this has been commented upon in outcome six.

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):

This was the centre's first inspection by the Authority.

Findings:

There were appropriate staff numbers and a skill mix to meet the needs of children. Children would receive continuity of care from a core staff team. Training and development was already in place at an organisational level. There were appropriate systems in place for the supervision of staff. Personnel files were mostly in compliance with the regulations.

There were appropriate staff numbers and skill mix to meet the needs of children. As the centre was not yet operational, the details of the proposed staff team were shown to the inspector and this would initially meet the need of one or two children. As the centre would grow in capacity to a maximum of four, the person in charge told the inspector that the staff team would then grow to meet this demand. The inspector reviewed a planned roster that was proposed to meet the needs of one child, who was due to come to live at the centre shortly after it opens. The inspector was confident that the arrangements in place demonstrated the capacity of the person in charge to plan and roster adequate staff to meet the needs of four children, in the event of the centre reaching capacity. The person in charge gave consideration to staff ratio based on the individualised needs of the children and had scheduled the staff appropriately in this regard. The first month of operation in the centre was noted on the staff roster as requiring a high staff and child ratio overall which was appropriate. There was two staff

rostered at night-time, one as a waking staff and the second as sleep-over.

The staff team were existing employees of the organisation and the person in charge told the inspector that there would be no recruitment of external staff through outside recruitment agencies. The staff for the most part would be based at this centre, allowing the child(ren) to get to know them. Some of the proposed staff would also work in other locations on a relief basis. The deputy team leader would be based solely at this centre. Given that the staff team was new to this centre the person in charge was clear about the need for the staff to form as a team and she had scheduled weekly staff team meetings in the first month. There was a mixture of social care workers and support staff on the staff team. The person in charge told the inspector that all staff rostered on the rota would be required to attend supervision.

A comprehensive system of continuing professional development was in place at the centre. The inspector viewed evidence of a wide range of courses completed by staff. The completion certificates of these courses were all held in their personnel files. Training was offered in areas such as disability awareness, safe administration of medication, fire safety, first aid and child protection. The person in charge had commenced an individualised analysis of the continuing professional development to date for each staff member. In addition, there was an overall staff training matrix and training records made available by the human resource office for the inspector to review. There was appropriate emphasis given to training that was out-of-date.

Supervision systems were in place at the centre. The inspector viewed the supervision policy and accompanying documentation which was sufficient. Supervision would be provided to staff every eight weeks.

There was a recruitment policy in place and the inspector viewed a sample of personnel files. These included most of the information required by the regulations. It was not always clear that all gaps in employment were accounted for in the files of the longer serving employees. Not all personnel files had the current post that the person held nor the hours worked.

There were no current plans for volunteers to work at the centre.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The centre had appropriate policies to match the requirements of Schedule 5 with some minor amendments needed. Arrangements were in place to ensure that appropriate records would be kept. The centre was adequately insured.

The policies in place at the centre matched the requirements of the regulations with some minor amendments needed. Some of the organisational policies did not have the version date clearly outlined although there was reference to the policy itself requiring review after three years. The person in charge told the inspector that in addition to staff being expected to read the policies, she would choose at every staff team meetings one or two policies to discuss at the meeting.

The systems for record keeping were appropriate. The inspector viewed a suite of templates that would be used by staff. These included records kept of all matters relevant to the child and also the operation of the centre. The forms were all organised and kept in the staff office. There was consideration given by the person in charge to ease of access, non-duplication of records and cross reference. The person in charge was clear about what information she needed to review in order to be assured that the children were safe and cared for at the centre.

The resident guide did not contain all of the information required by the regulations. The guide outlined the complaints process, how to access inspection reports and arrangements for visits. It did not set out the terms and conditions of residency nor the arrangements for children to be involved in the running of the centre. There was insufficient reference to services that could be provided at the centre, for example multi-disciplinary services.

A directory of residence was in place at the centre and would be in operation following the opening of the centre.

There were adequate insurance arrangements in place.

Judgment:

Substantially 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:

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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-0005298
Date of Inspection:	20 April 2016
Date of response:	16 May 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:

Not all facilities at the centre were kept in a good state of repair internally.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

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

Any defects identified in furniture will be repaired or replaced, in particular the suite of furniture in the main sitting room. The carpets throughout the house will be steam cleaned and following a steam clean if the stains remain we will replace the carpets for suitable flooring. The two mattresses identified at inspection that need to be replaced will be replaced. Internal walls have been repainted. Any curtains and curtain rails that are damaged will be repaired or replaced. All of the kitchen cupboard doors that are damaged will be replaced.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

There were insufficient outdoor recreational facilities for children. The suitability of the outside garden as a recreational facility for children was compromised by the lack of a defined perimeter in places meaning that children could gain access to neighbouring fields.

2. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The breach in the perimeter fence identified will be fenced and the entire site will be fenced in the autumn. In the meantime supervision is in place while the children are playing outside. A trampoline is now installed, and we await delivery of other play equipment such as garden swings, goal posts and basketball hoop.

Repair of the breach in the perimeter fence will be fenced by 31/05/2016.

Entire site will be fenced by the end of September.

Trampoline is installed 30/04/2016.

Other play equipment will be delivered and erected 31/05/2016.

Proposed Timescale: 30/09/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all hazards had been identified at the centre and risk assessed.

3. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

All hazards and risks will be reassessed and all new hazards and risks identified will be documented and placed in the risk register. The Hazard Identification document is no longer a standalone piece it has been added to the Risk Management Policy.

Proposed Timescale: 11/05/2016

Theme: Effective Services

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

The provider did not have written assurance of the road worthiness of the centre vehicle.

4. Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

The vehicle was last serviced at 87,102 km, currently there are 106,893 km and is due its next service at 127,000 km. A reputable garage services the motor fleet.

Proposed Timescale: 11/05/2016

Theme: Effective Services

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

The centre was not clean in some areas.

5. Action Required:

Under Regulation 27 you are required to: 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.

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

An external cleaning company carried out a deep clean of this centre on 22/04/2016. A comprehensive cleaning schedule is in place for all staff to follow. The PIC oversees the checks and audits for the cleaning of the Centre.

Proposed Timescale: 22/04/2016

Theme: Effective Services

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

There were duplicate records of fire checks without clear guidance being given to staff on what records should be completed.

6. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

All fire checks records will be examined and any irrelevant records or duplicates that are not necessary will be removed to avoid confusion. All staff are made aware of the correct paperwork to complete and the procedure for completing these records has been communicated to all staff at staff meetings. The procedure is on display in the staff area of the Centre. One staff member has been identified to complete the documentation and the PIC will check completion of same on weekly basis.

Proposed Timescale: 29/04/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The procedure for children, staff and visitors to follow in the event of a fire emergency were not displayed in a prominent place in the entrance hallway.

7. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

The fire evacuation procedure is displayed in the centre at the entrance hallway.

Proposed Timescale: 13/05/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not a full employment history in some of the personnel files. The current position that post-holders held on the day of the inspection, the work they performed and hours worked was not accurate in some of the personnel files.

8. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

We will review all staff files at the centre to ensure that the full employment history is recorded. Any variation in staffs' current contract of employment will be adjusted to reflect their new role.

Proposed Timescale: 29/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies did not have their version date recorded.

9. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All policies have now have their version date recorded.

Proposed Timescale: 29/04/2016

Theme: Use of Information

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

A summary of the services and facilities provided at the centre was not fully outlined in the resident guide.

10. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

The Residents Guide has been amended to reflect the services and facilities provided. The new Residents Guide is now available at the Centre.

Proposed Timescale: 10/05/2016

Theme: Use of Information

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

The terms and conditions of residency were not included in the resident guide.

11. Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The Terms and Conditions of the residency have been added to the Residents Guide and the new Guide is available in the Centre.

Proposed Timescale: 10/05/2016

Theme: Use of Information

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

The arrangements for children to be involved in the running of the centre were not set out in the resident guide.

12. Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

The arrangements for children to be involved in the running of the Centre are now clearly outlined in the Residents Guide.

Proposed Timescale: 10/05/2016