

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	GALRO Residential Mullingar
<b>Centre ID:</b>	OSV-0004648
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	G.A.L.R.O. Limited
<b>Provider Nominee:</b>	Joe Sheahan
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 02 June 2017 10:30 To: 02 June 2017 13:15

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

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 14: Governance and Management

**Summary of findings from this inspection**

Background to Inspection.

This was an announced inspection to inform a registration decision after an application to vary conditions of registration were submitted to the Health Information and Quality Authority (HIQA) by GALRO (the provider).

The centre was previously inspected June 2016. Following that inspection a decision to register the centre was made. In June 2016 the centre comprised two residential units. Following registration of the designated centre the provider purchased the residential unit referred to in this report. As the provider owned the property in full a separate space to the rear of the property, which had been previously privately rented, was incorporated into the building which brought the capacity of the residential unit from two to six.

The provider then undertook a suite of building works to upgrade the entire premises and enhance fire safety measures throughout.

In April 2017 the provider made an application to vary the conditions of the registration for the overall centre, to increase the capacity of residents that could be accommodated from six to 10 residents, with the four additional bedrooms in the refurbished residential unit referred to in this report.

How we Gathered Evidence.

For the purpose of this inspection, the inspector visited the refurbished residential

unit.

As part of the inspection, the inspector met one resident briefly during the inspection. The inspector also met with the newly appointed person participating in management (PPIM) for the centre, the person in charge and regional manager for the service. Documentation reviewed included a personal plan for a resident identified to move into the centre once the application to vary conditions of registration was processed. The inspector also reviewed the resident's personal risk assessments and behaviour support management planning.

#### Description of the Service.

The designated centre comprises two separate houses some distance from each other and supports six residents. The two residential units making up the centre are located near Mullingar town. Both residential units provide residents with access to a range of amenities such as shops, restaurants, churches, barbers, hairdressers and shops. The newly refurbished residential unit had been identified by the inspector on the June 2016 inspection as requiring refurbishment and upgrading.

#### Overall Judgment of our Findings.

The action from the previous June 2016 inspection regarding the premises of one of the residential units had been addressed to a high standard. The inspector noted that the property had been refurbished throughout and also the garden to the rear of the property had also been upgraded which now provided residents with a safe, private, pleasant and accessible space for them to use. The provider had fitted a ground level trampoline which would meet the needs and interests of some residents living in the centre.

Bathing facilities in the centre were of a good standard. All shower facilities were walk in style which would meet the accessibility needs of residents and also ensure they could be cleaned and easily maintained. The kitchen of the premises had also been upgraded and modernised. Residents now had a pleasant, spacious modern kitchen/dining room space to prepare and eat their meals.

Of the five outcomes inspected, all five were found to be compliant. There was no action plan required following this inspection.

**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 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):**

No actions were required from the previous inspection.

**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 the personal plan for the resident intending to move into the centre. Which was comprehensive, personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. The resident's 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.

There was evidence to indicate the centre would be suitable to meet the needs of the proposed resident.

Transition planning was also in place to the support the resident intending to move into the centre. There was evidence of multi disciplinary meetings which also included evidence of the resident's family being consulted with and involved. The resident had visited the centre and had been supported to purchase furnishings for her bedroom. The provider had also arranged for staff that supported the resident in the designated centre they were currently living in, to move to the centre and support the resident's transition to their new home.

**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):**

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

**Findings:**

The provider had addressed the actions from the previous inspection to a high standard.

On the previous inspection, the inspector had identified the premises required significant refurbishment in order to make it as homely and accessible as possible for residents living there. Since then the provider had purchased the property and undertook to upgrade and refurbish the centre throughout. As the provider now owned the whole building they were able to incorporate a section of the building which they did not previously have access to. This resulted in the centre now having multiple bedroom options and increased the capacity of the centre to accommodate up to six residents.

The inspector took a walk around the centre and observed the refurbishment and upgrade was of a high standard. There were two bedrooms fitted with ensuite walk in showers and two communally shared shower/toilet rooms also with walk in wet room style showers. This ensured accessibility and ease of cleaning of the space.

The provider had identified one of the bedrooms with an ensuite would be most suitable for the intended new admission to the centre. The inspector having read the resident's personal plan and needs of the resident was in agreement that this was the most suitable bedroom.

The kitchen had also been fully refurbished and now provided residents with an adequate space to prepare and eat meals in comfort. Modern furnishings and fixtures were throughout and the centre had been decorated in pastel colours in order to provide a low arousal space for residents in line with their autism sensory specific requirements.

Bedrooms were of a good size throughout. One bedroom, a box room, had been identified as a bedroom for a resident that stayed in the centre three nights a week. This was deemed the most suitable bedroom for the resident as they did not live in the centre on a full time basis. The inspector was satisfied with this arrangement and requested the provider to update the statement of purpose to reflect this.

Residents now also had a pleasantly landscaped and upgraded rear garden space with a fitted ground level trampoline. The provider had also improved the privacy and security of the space also. This was a significant improvement in the overall refurbishment of the centre, where previously residents had limited space in their garden and the trampoline they used had taken up most of the space, this was no longer the case.

The provider had also converted a brick built garage space to the rear of the premises and it now contained a pleasant office space for staff to carry out their paperwork and to use computer facilities. This ensured staff equipment and files did not encroach on resident's personal spaces in their home, the designated centre.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

The renovation of the premises had improved the overall fire compliance and containment measures within the centre.

Throughout the inspection the inspector observed appropriate signage, emergency lighting, fire rated doors throughout, an up-to-date serviced fire alarm and fire extinguishers located at key locations.

Fire exit doors for the centre at the time used keys in order to open and close them, a fire rated spare key holder was located beside each of these doors. The provider was in the process of assessing if thumb turn mechanisms could be used instead for these doors in order to improve evacuation measures in the centre and promote resident's independence in being able to access their back garden.

The inspector also reviewed personal risk assessments for the resident intending to move to the centre. These were comprehensive and identified specific risks with associated control measures in place to manage the risk. Each personal risk assessment had also been risk rated and were up-to-date. They would be also reviewed following the resident's admission to the centre and a comprehensive risk analysis would be carried out incorporating the resident's new living environment and new peers they would live with.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents living in the centre and intending to move into the centre were supported by psychologists and behaviour support specialists. Behaviour support planning was in place and would be reviewed as required.

The inspector reviewed behaviour support planning for a potential new admission to the centre. The resident already lived in another designated centre operated by GALRO and therefore staff and the provider were aware of the needs and challenges the resident presented with and experienced.

Behaviour support planning was in place for the resident and it followed a positive behaviour support framework whereby triggers that caused behaviours that challenge to occur were identified, proactive strategies were outlined and reactive strategies also should behaviours that challenge occur. Where chemical restraint was required specific criteria protocols were in place to ensure it was only administered as a last resort and within specific criteria to ensure consistency in practice. Some non chemical restraint medications such as pain relief were also incorporated into the resident's overall behaviour support management plan, as pain and discomfort had been identified as a cause of the resident's challenges.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were robust governance arrangements in place for the centre.

The person in charge of the centre had not changed since the previous 2016 inspection. The inspector met with the recently appointed deputy person in charge who was nominated as a person participating in management of the centre. The provider had notified the Chief Inspector of her post.

The deputy person in charge presented as a competent person with excellent knowledge of the residents and their needs. She also knew the resident proposed to move into the centre. She described her roles and responsibilities to the inspector. She was responsible for two designated centres at the time of inspection. With the admission of residents to this centre her role would be reviewed and she would be responsible only for the designated centre as a deputy person in charge. Some of her roles and responsibilities included supervision of staff, managing the centre in the absence of the person in charge, notifying the Chief Inspector of incidents in the absence of the person in charge and management of staff rosters.

**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***

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