

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tall Timbers
<b>Centre ID:</b>	OSV-0005298
<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>	Carol Maricle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
08 September 2016 11:20	08 September 2016 18:30
09 September 2016 09:20	09 September 2016 14:30

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**

Background to the inspection:

This inspection was the second inspection of the centre, carried out as a follow up on the previous registration inspection.

How we gathered our evidence:

As part of this inspection, the inspector met with the person in charge, a number of staff and an area manager with responsibilities for the centre (person involved in the management of the centre). The inspector met three children that lived at the centre and a parent of one of these children. One of the children was not at the centre on

the day of the inspection. A child told the inspector that they were comfortable living at the centre and felt safe. A parent with whom the inspector met with gave positive feedback about their experience of the service. The inspector reviewed personal plans and other documentation in place at the centre.

#### Description of the service:

The centre was located in a two storey detached house, set on its own grounds outside of a main town. The inspector found that the service as set out in the statement of purpose matched the service provided to the children. The statement of purpose identified that the centre catered for four children with a diagnosis of a mild to moderate intellectual disability and or autism. The maximum number of children that the centre could cater for was four children of both male and female gender. The centre was a four bedroomed house with three communal areas, a kitchen, a staff office/sleepover room and two communal bathrooms. Two of the children's bedrooms had en-suite facilities. The centre had a large rear garden with outdoor play equipment and a landscaped front garden.

#### Overall judgment of our findings:

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

#### Good practice was identified in areas such as:

- staff promoted the use of technology for both play and communication purposes (outcome 2)
- positive relationships with family and friends were promoted (outcome 3)
- management systems ensured good governance (outcome 14).

The inspector found that there was a non-compliance of a moderate level in the following area:

- aspects of health and safety required improvement (outcome 7).

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 of this report.

**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:**

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 were consulted about how the centre was planned and run. The inspector viewed the minutes of house meetings with children. These showed that the meetings were held weekly with the children. There were posters placed in each of the children's bedrooms advertising the next meeting. One of the children confirmed to the inspector that they took part in these meetings and felt listened to. The records did not indicate how the children communicated their views where they were non-verbal. Some children were noted as having refused to attend the meeting. There was no reference to a staff member following up with the children to ascertain their reasons for refusal. The records did not state the names of staff that attended the meetings.

Children had access to advocacy services while living at the centre. There were posters displayed around the centre informing children that there was a dedicated named person from a national agency that would be happy to advocate on their behalf. Information about the rights of children was placed in a brochure that was given to them upon their arrival and subsequently placed in their bedrooms. A copy of the easy to read national standards for those living in disability centres were also kept in this welcome brochure. One of the children showed the inspector their welcome brochure and discussed the information with the inspector. In addition to the regular house meeting there were monthly advocacy meetings that had recently commenced with some of the children prior to this inspection. These meetings involved the children being

met with by their key-workers and being asked their views on a range of topics such as their safety, if they had any complaints they wished to make and their rights. This process had not yet commenced for all of the children.

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. There was a child-friendly version of the complaint process available for children and this information was also contained in the resident guide and in the children's welcome brochure. One of the children told the inspector that they had people to go to in the event that they had a concern or a complaint and this included staff and family members. There was a nominated person employed by the organisation to deal with complaints. Since the centre had opened there were two informal complaints received which had been dealt with in accordance with the company policy. The complaints log book which was a summary of each complaint or concern received was not always completed in full, for example the outcome was not clearly stated however the individual complaint record did contain this information. There were also a number of compliments recorded by staff which had been received from parents and multi-disciplinary professionals.

There were systems in place to ensure that children would be treated with respect and dignity. There was an intimate care policy that guided 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 were developed for the children child. There were three communal spaces available for the four children outside of their own bedrooms for when they wanted time with their family or friends.

A policy on personal finances and possessions dated 2015 was in place to guide staff. 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 used for money or small items and this could be locked by them and kept in their bedroom. One of the children had full access to their own monies and while this arrangement promoted their independence it was not set out in writing to ensure that the child and staff were all aware of the responsibilities and risks associated with this arrangement. Staff kept inventory records of the children's possessions but this record was not added to as and when children received additional items.

There were facilities based in the local town that children accessed. Information on these facilities was set out in a resource folder. During the inspection, the inspector observed children leaving the centre with staff to be brought to various facilities such as a multi-sensory garden.

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

Children had opportunities to play inside and outside of the house. There was a large garden at the rear of the premises containing play facilities such as a trampoline, goal posts and basketball facilities. There were plans to further develop the rear garden and to rear small livestock and grow vegetables. A child and some staff discussed these plans with the inspector.

<b>Judgment:</b> Substantially 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:**  
There were sufficient systems in place to ensure that children were supported to communicate effectively.

Staff were guided by policy in the area of communication. Training records indicated that some staff were trained in communication methods though not all. The assessment of the needs of children in this area was completed as part of the formal assessment conducted with 28 days of their admission to the centre. An individualised communication passport was a key feature of the personal file for two of the children. Staff were compiling the information for the remaining two children.

There was evidence that staff used communication methods such as a picture communication system and visual boards with the children. The inspector viewed daily records that showed how staff used simple language such as 'first' and 'then' to help children understand.

Children had access to television and the internet. There was a computer room at the centre with access to WIFI. One of the children was observed using a tablet for play purposes. A second child confirmed to the inspector that they used their own tablet and accessed the internet. A staff member demonstrated to the inspector the use of technology each day with a child as part of their night-time routine which was actively supported by their parent.

**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.*

<p><b>Theme:</b> Individualised Supports and Care</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were systems in place for children to develop and maintain relationships and links with friends, family and the wider community.</p> <p>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 was sufficient evidence to show that the children kept in contact with their families regularly. The inspector met a parent who confirmed that staff made her feel welcome upon arrival to the centre. A child confirmed to the inspector that they were free to telephone their parents at any time and that they spoke regularly with their parent in private. Staff were observed interacting with children and parents in a welcoming and warm manner.</p> <p>Children had opportunities to attend local activities in the nearby town as confirmed in the resident guide and in the statement of purpose. A parent and a child confirmed to the inspector that there were opportunities to visit the local town and further afield to access facilities. The inspector viewed records confirming these arrangements in place.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 04: Admissions and Contract for the Provision of Services</b> <i>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.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were systems in place for the admission, discharge and temporary discharge of children to and from the centre.</p> <p>The centre was at capacity on the day of the inspection and there had been a number of admissions in the months prior to this inspection. There was a centre specific policy in</p>

place regarding admissions, discharges and transfers to and from the service. Information on admissions was set out in the statement of purpose, including the arrangements for emergency admissions. A pre-admission risk assessment was conducted by the person in charge for prospective children to include reference to a range of issues relevant to the child such as their needs, any risk taking behaviour and the details of the professionals involved with them to date.

The inspector viewed pre-admission impact risk assessments that were completed each time a new resident was being considered for admission this centre and these showed that the person in charge took into consideration the impact that it would have on the current children should a child move into their home. On the day of the inspection, all four children were reported by staff to be living comfortably at the centre and staff told the inspector that they thought all of the children were suitably placed. A parent with whom the inspector met with confirmed that the children got along well together.

There were signed contracts on file between the representatives of the children and the provider however there were no contract observed to be on file for one of the children. The area manager confirmed that he would resolve this immediately following the inspection and further information was received by HIQA confirming that all children had a contract in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

The wellbeing and welfare of each child was maintained by a good standard of care and support. Children had opportunities to participate in activities. The arrangements to meet the needs of children were set out in personal plans that reflected their needs. Children were supported when moving between childhood and adulthood, however child-friendly versions of personal plans were not in place for all children. An assessment of the health needs of children was not conducted by an appropriate healthcare

professional.

A formal assessment of the health needs of children was not conducted by an appropriate healthcare professional either prior to admission to the designated centre or subsequently thereafter. The person in charge collated information and reports from healthcare professionals and used this information to populate the person plan but a global assessment of need for the children in all aspects of their healthcare was not conducted. This meant that the inspector could not find an assessment of need of the children in areas such as dental care and weight management.

The arrangements in place for personal planning were comprehensive. A template personal plan, entitled 'care plan' was in place for two children and two were in the process of being compiled by staff as the children had only recently moved to the centre. There was a child friendly version of this plan available however these were not completed for the children whose personal care plans were fully developed. One of the children told the inspector when asked that they did not know what a personal plan was.

Personal plans contained information on the child such as their personal details, family details, their needs in areas such as medical, general health, social and transport needs. There were relevant sections in the child's file for communication and correspondence in addition to sections for reports written by multi-disciplinary professionals. Key-workers were assigned to the children and one of the children confirmed to the inspector that they was aware of who their key-worker and their role. The inspector met with a key-worker who had was clear about their role, was able to describe in depth the goals that they were developing with the child and the progress to date. There was a system for the recording of goals however the achievement against some of these goals required further recording to ensure that the progress was documented.

Children were supported in preparing for adulthood. The person in charge was aware that children required training in life-skills as they grew older. At the time of this inspection, a young person was at the age of transitioning to adulthood. The inspector met with a parent who was satisfied that their child was being prepared adequately for adulthood through the personal planning process.

There were systems in place for the 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 adult residential centre services and stated that a transition plan would be formed and relevant meetings would be convened. A parent confirmed to the inspector that these plans had been put in place and she was part of this planning process. The inspector did not find evidence of the transition plan in writing however prior to the close of the inspection the person in charge provided written confirmation of these plans.

**Judgment:**  
Substantially 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 location, design and layout of the centre was suitable for the purpose and function of the centre and met the needs of the children in a homely manner.

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. The rear garden was exceptionally large surrounded by neighbouring fields. Rooms were of a suitable size and there was sufficient private space for children when they wanted to be alone. The kitchen was equipped with suitable cooking facilities and equipment. There was a shared bathroom used by two children and there were en-suite facilities in two of the bedrooms.

Each bedroom was individually decorated and had suitable storage facilities for the belongings of the children.

There was a large garden for children to play in to the front and the rear of the garden. A child showed the inspector the play facilities available and told the inspector that they enjoyed using this space. During the inspection, the gate to the road was locked which the inspector found to be a suitable arrangement as it prevented easy egress to the busy road. The person in charge told the inspector that they had commenced plans to build a wall separating the front garden from the rear in order that in the long-term children could play outside without the need for constant supervision. The provider had committed to installing a fence around the entire site following the previous inspection, this was not yet in place at the time of this inspection. The person in charge told the inspector that there had been no issues with children absconding from the premises.

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

**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):**

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

**Findings:**

The health and safety of children, visitors and staff was promoted and protected but there were improvements needed with regard to fire safety measures. Since the previous inspection, most of the actions had been satisfactorily implemented.

There were systems in place for risk management however some improvements were required. The risk management policy and guidance on hazard identification covered the risk of accidental injury, self-harm, unexpected absences and aggression and violence. The inspector viewed training records which showed that staff completed training in manual handling and most had completed training in health and safety. There was a centre specific health and safety statement in place and this was complemented by a number of risk assessments of hazards at the centre. There was some duplication of hazards for example self-harm was referred to three times in the centre risk register. It was difficult to tell which hazards related to each child or whether they related to all of the children as the name of the child was not on the relevant documentation. Copies of the individual hazard assessments were not found in the child's personal file. There were some hazards identified by this inspector that were not identified by the provider, for example there was a risk of smearing in the centre that required risk assessment. Staff completed weekly health and safety checklists however it was not always recorded in the health and safety checklists if issues identified were actioned and resolved.

There were recording systems in place for staff to document all incidents and accidents at the centre which were then signed off by the person in charge however the inspector did not see evidence of how the incidents were reviewed in a formal manner by the person in charge to identify trends and patterns, for example there were over one hundred incidents recorded by staff as to have taken place since the centre opened, These incidents ranged from physical aggression, self-injurious behaviour to property damage. There was no accompanying report on patterns or trends. The person in charge was however aware of all of the incidents that had taken place at the centre and was able to discuss verbally with the inspector the trends and patterns.

The systems in place regarding fire precautions were mostly satisfactory but an issue that arose at the previous inspection was still outstanding. The emergency evacuation plan was comprehensive and identified a safe place for children and staff in the event of an evacuation. A fire alarm system was in place and this had been serviced at quarterly intervals in the twelve months prior to the inspection. Emergency lighting was serviced every six months. The extinguishers were serviced annually. Staff completed weekly fire checks. Fire exits were clear on the day of the inspection. Personal emergency egress forms were in place for all children and were appropriately individualised to the child. Fire drills were conducted by staff at regular intervals.

One child had not yet taken part in a fire drill however they had only recently moved to the centre. One staff was recorded as to not have completed training in fire safety. A set of fire doors were held back on the day of the inspection and this same set of double doors were found wedged back at the previous inspection. The person in charge immediately addressed this issue and assured the inspector that the practice of holding this door back for ease of egress from the kitchen would cease immediately.

There were systems in place for hygiene and infection control. 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 inspector viewed a sample of cleaning records but there were some gaps in the cleaning records that were not accounted for.

A nine-seater vehicle was in use at the centre and staff also had access to a second vehicle. On the day of this inspection, the inspector viewed the documentation for both cars which showed that each car had the required motor tax and insurance. The national certificate of testing was not yet due for each vehicle. The person in charge was aware of the next servicing date for each of the vehicles.

**Judgment:**

Non Compliant - Moderate

**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:**

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 familiar with

the child protection system and the role of a Child and Family Agency (Tusla) social worker. At the time of this inspection, the person in charge told the inspector that there had been no concerns of a child protection manner identified that required reporting to the designated liaison person or Tusla. The inspector viewed training records which showed that all the staff team had completed training in child protection. Intimate care plans were developed for children where they needed assistance. All visitors to the centre were required to sign in and out.

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. Records were available for staff to document antecedents, behaviours and consequences. A behavioural specialist was employed by the organisation and provided support to staff in how to help the children when they engaged in behaviour that challenged. A consultant psychologist was also available to staff and children at the centre. The person in charge told the inspector that the children's behaviours were well managed by staff on a day-to-day basis.

The use of restrictive practices was monitored by the person in charge through daily supervision of staff and the viewing of written records, such as incidents and daily reports. He was aware of the different types of restrictive practices, including physical, chemical and environmental practices. At the time of this inspection some environmental restrictions were in place such as window restrictors and the front gates of the property were locked at all times.

**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:**

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 documentation contained prompts for staff to consider the need to report the incident where appropriate to HIQA and other relevant agencies. A notification folder had been set up by the person in charge specifically for notifications

and this contained the relevant information, guidance and template recording forms for staff to read and complete. The person in charge demonstrated an appropriate knowledge of their responsibilities in relation to recording and reporting such incidents.

Since the centre had opened, the person in charge had submitted the relevant notifications to HIQA.

**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:**

The universal rights of children to have an education and to socialise and participate in the community were supported by policies and practices 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 statement of purpose confirmed that staff would facilitate children attending school and would organise any transport needed.

The person in charge and area manager were cognisant of the need for children to receive an education as a basic right. At the time of this inspection two of the children attended school. One of the children was not attending school. The area manager confirmed to the inspector the arrangements that were being made regarding the child who was not in school and gave verbal assurances that they were prioritising the organising of a school placement with a suitable school. He provided a written update of the plans to date and was confident of securing a placement in a specialist school. This child had been admitted to the centre only two weeks prior to this inspection and since their arrival the area manager told the inspector that he had been actively securing an educational placement for the child.

A young person was approaching adulthood and was no longer in second level education. A comprehensive learning programme was compiled for them and they were awaiting a start date of an adult training course (under the auspices of the same provider). The parent of this child was eager for the programme to commence. The area manager confirmed that the programme was due to commence shortly.

Children were involved in individual leisure activities outside of the centre. They went on individual and group outings to the local community and there were photographs displayed around the centre of the places they visited. One of the children confirmed to the inspector the range of activities they was involved in. A parent of one of the children confirmed their satisfaction in this area. The inspector viewed a sample of the daily reports written by staff for each child and these recorded that children participated in the activities, in line with their peers.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

The healthcare needs of the children were met through the care provided to the children by staff and other healthcare professionals.

There was a comprehensive section in the child's personal file dedicated for healthcare matters. There were recording systems in place for staff to note contact details of healthcare professionals involved with the child, appointment information and sections for the appropriate filing of healthcare assessments and reports. The person in charge collated information on the healthcare needs of the children and this information was used to populate the child's personal file and their personal plan in sections such as health and nutritional needs. However, there was no formal assessment of healthcare completed by an appropriate healthcare professional prior to the child's admission to the centre or subsequently thereafter and this has been commented on in outcome five.

The children were all facilitated to attend healthcare appointments and there was evidence regarding same. There was also reference in the file to when a child's next check up with their general practitioner was due. A parent with whom the inspector met expressed satisfaction in the way in which their child's healthcare issues were attended to by staff. Three of the children had healthcare passports that would accompany the child in the event that they needed to go to hospital.

Staff kept records of the choice of food offered to the children and meal planners were compiled each week. The person in charge was cognisant of the need to provide healthy food to the children however the records of food consumed by the children did not

always indicate that vegetables were provided. The person in charge gave verbal assurances to the inspector that vegetables were provided in the main meals and that he would request that staff to record the ingredients in more detail. The inspector viewed children having healthy snacks. A child told the inspector that they were satisfied with the food provided and that choice was given. A parent confirmed satisfaction with the food their child was receiving.

There was a range of healthcare professionals employed by the organisation to whom referrals could be made to, such as a behavioural therapist, an educational psychologist and a clinical psychologist who were all employed by the organisation. The children were also facilitated by staff to attend appointments with primary healthcare providers and other professionals. There was evidence that key-workers along with the person in charge liaised closely with the full range of professionals involved in the lives of children, such as child and adolescent mental health services. A specialist in autism, external to the provider, was working with staff in relation to one of the children and staff welcomed the input and advice from this professional.

**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):**

No actions were required from the previous inspection.

**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. There was a separate policy on controlled drugs however this was not dated. The inspector viewing a training record which confirmed that all staff had completed the required training in this area. The person in charge was due to attend refresher training in this area. The person in charge completed medication audits and there was also a system in place for an external pharmacist to come to the centre to audit medication management. Incident forms were completed by staff in the event of medication errors or near misses. A safe was available for the storing of controlled medicines. An individual medication plan was in place for one child which was found to be within date and signed by the general practitioner.

The inspector reviewed a sample of administration records against what was prescribed.

A staff member showed the inspector the systems that were in place regarding medicines management. There was a signature sheet available for staff to compare initials to. The centre policy outlined the requirements for prescription records to include information such as the name of the child, their date of birth, the name of the medication, the route and dose. One prescription record did not contain the address of the child and another did not state the name of the general practitioner. These issues were both resolved prior to the end of the inspection. The inspector viewed a sample of administration records which showed that staff administered medicines in accordance with the prescription.

Auditing systems were in place. The person in charge told the inspector that the on the day prior to the inspection they had organised for an audit to take place at the centre by an external pharmacist. This pharmacist identified a medication on the premises as a controlled drug. On the day of the inspection, the person in charge was addressing this issue and organising the correct procedures to be put in place. He was observed updating staff on the policy and procedures involved in the storage and administration of this medication. This medication had been on the premises for approximately two weeks and had been administered as prescribed to the child but not in the manner set out by the organisational policy on controlled drugs. The person in charge and an area manager were both cognisant of the seriousness of this incident. The area manager confirmed to the inspector that he was in the process of securing a controlled medicine bound register in line with the organisational policy and had put in place an interim register on the day of the inspection. The controlled drug was safely secured in a locked safe.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose that mostly met the requirements of the regulations but it required updating following changes of key personnel.

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 not updated following the change of the person in charge. As the former deputy was now in the role of the person in charge the role of the deputy required clarification. The total staffing complement and the organogram required updating. The information on transport required updating to show how there were two vehicles available for children to use.

**Judgment:**

Substantially 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:**

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 documentation that would be used by the nominated person(s) to record the six-monthly unannounced inspections conducted by the provider and or their nominee which would then form the basis of the annual review. The area manager confirmed to the inspector that an evaluation form would be sent to representatives of the children yearly asking them for their feedback. Prior to the inspection, a nominee of the provider had visited the centre to conduct a review and the findings of this review were shared with the inspector by the person in charge. He was awaiting the final report of the review but was already addressing some of the recommendations.

There were sufficient arrangements in place to ensure that staff exercised their personal and professional responsibilities. Regular staff team meetings took place and records of these meetings showed that the practice of staff was considered along with organisational issues. The staff with whom inspectors met felt supported by the management team. A yearly appraisal system was also in place in the organisation. A

formal supervision system was in place.

A defined management system was in place at the centre. Staff reported to the person in charge who in turn reported to the 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. The staff roster clearly outlined the lead staff member for each shift. A night steward was also available on an on-call basis and this post-holder could provide additional and practical support to staff where needed.

There had been a change in the person in charge role since the previous inspection. The newly appointed person in charge was suitably qualified. He had previously worked as a deputy person in charge at the centre. He demonstrated sufficient knowledge of the regulations and standards. He was committed to his own professional development, as evidenced by his completion of a university level qualification in the previous 12 months. He was engaged in the governance and management of the centre and worked closely with the area manager. He was supernumerary to the roster. Staff knew who was in charge and expressed satisfaction in the way they were supported by the person in charge. One of the children knew who was in charge and a parent of a child confirmed she knew the person in charge well and that she met him frequently at the centre.

**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:**

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 HIQA in the event of the absence of the person in charge of 28 days or more.

**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 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 as set out in the statement of purpose were available to them. There was sufficient communal space for the four children. Staff had the use of two vehicles for transporting the children. The person in charge had the authority to organise relief staff where needed. A multi-disciplinary team was available to support both staff and children.

**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):**

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

**Findings:**

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

There were appropriate staff numbers and a skill mix to meet the needs of children. The core staff team was made up of a number of social care workers and support workers. Children were observed receiving care and support in way that was not rushed. A child told the inspector that they knew the staff well. A parent told the inspector that they were satisfied with the level of staffing at the centre. During discussions with the inspector staff discussed the children in an individual manner, citing their routines, preferences and abilities.

The inspector reviewed previous and planned rosters and these showed that the staffing arrangements matched what was set out in the statement of purpose. There were two staff rostered at night-time, one as a waking staff and the second as sleep-over.

A comprehensive system of continuing professional development was in place. 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 core areas such as safe administration of medication, fire safety, first aid and child protection. The person in charge kept a training matrix and was supported by the human resource office in this regard. There was appropriate emphasis given to training that was out-of-date.

Supervision systems were in place at the centre however most staff had only received one supervision session since the opening of the centre which was not in line with the organisation policy. A review conducted by a nominee of the provider prior to this inspection identified a small number of staff who were awaiting their first supervision session. The inspector viewed a sample of supervision sessions and these showed that staff discussed a number of areas including their work practice and professional development. The person in charge was aware of the outstanding supervision sessions and confirmed to the inspector that he was in the process of organising same.

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. However, there were some gaps. An up-to-date garda vetting disclosure was not on file, the employment history of a staff member was not fully stated and a police clearance from a neighbouring jurisdiction was not on file.

There were no current plans for volunteers to visit 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):**

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

**Findings:**

Records were maintained at the centre. The provider had appropriate policies to match the requirements of Schedule 5 however not all policies were version controlled. This had been identified at the previous inspection. There was some data awaiting completion in the directory of residence. At the previous inspection, it was identified that improvements were required in the resident guide. The resident guide still required updating.

The policies in place at the centre matched the requirements of the regulations however improvements were still required. Some of the organisational policies did not have the version date clearly outlined and this was outstanding from the previous inspection. The area manager told the inspector that at an organisational level an audit was being prepared by the human resource office staff that would check all policies kept at the centre to ensure that the policies were all version controlled and written on the organisational policy template.

Records were maintained at the centre however the directory of residence had some gaps that the person in charge was aware of and confirmed that he would address these following the inspection.

The resident guide did not contain all of the information required by the regulations and this was outstanding from the previous inspection. 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.

**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:***

Carol Maricle  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
<b>Centre ID:</b>	OSV-0005298
<b>Date of Inspection:</b>	08 and 09 September 2016
<b>Date of response:</b>	11 November 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There was insufficient recording of how staff consulted with children about the running of the centre when the child did not communicate verbally.

**1. Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

We will ensure that staff consultation with the children about the running of the centre is recorded accurately in the resident's meetings minutes.

**Proposed Timescale:** 12/09/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

The child-friendly version of the personal plan was not yet completed for all children and not all children were aware of this plan.

**2. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

We will complete the child friendly personal plan for all children and all children will be made aware of their plan.

**Proposed Timescale:** 01/10/2016

**Theme:** Effective Services

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

The person in charge had not ensured that a comprehensive assessment of need was conducted of the health needs of each child prior to their admission or thereafter.

**3. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

We will ensure that a comprehensive assessment will be conducted for all children prior to their admission to the centre and for children already admitted to the centre we will review and revise the assessment.

**Proposed Timescale:** 30/11/2016

**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:**

There was no written formal analysis of incidents and accidents at the centre to show key patterns and trends. Staff did not confirm if issues identified in health and safety checklists were resolved.

**4. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

We will devise a system to analyse and identify trends and patterns for incidents and accidents. Staff will ensure that the outcome for issues identified on the Health and Safety Checklist that are resolved are recorded.

**Proposed Timescale:** 12/09/2016

**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. It was not clear why there were on occasion more than one risk assessment of the same hazard.

**5. 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:**

We will revise our risk assessments to ensure that all hazards are clearly identified and ensure that the risk assessment documentation is specific to each hazard and each child to avoid confusion.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

One member of staff had not yet completed training in fire safety.

**6. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

We have provided Fire Safety Awareness training for the one member of staff who had not completed training. Fire training refresher training has been scheduled for all staff.

**Proposed Timescale:** 15/12/2016

**Theme:** Effective Services

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

A set of fire doors leading from the kitchen to a playroom were held back on the day of the inspection. This issue had been identified at the previous inspection.

**7. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We will ensure that no fire door at the centre will be held back or obstructed.

**Proposed Timescale:** 09/09/2016

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

A young person had not yet commenced an adult training programme under the auspices of the provider.

**8. Action Required:**

Under Regulation 13 (4) (d) you are required to: Ensure that children approaching school leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests.

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

An individualised vocational programme is now in place for the young person identified

**Proposed Timescale:** 12/09/2016

### **Outcome 12. Medication Management**

**Theme:** Health and Development

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

The person in charge had received a drug prescribed to a resident that was not recognised as a controlled drug.

**9. Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Prior to every new admission and for any newly prescribed medication we will ensure that medication is clearly identified as controlled or non-controlled and if a person is on a controlled drug it will be administered in accordance with the organisations policy on controlled drugs. This procedure will also apply to revised medications.

**Proposed Timescale:** 09/09/2016

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose required review.

**10. Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

We have reviewed our Statement of Purpose to reflect the change in PIC. The total staffing complement, organogram and the transportation available for use at the centre have been updated.

**Proposed Timescale:** 12/09/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Some personnel files did not have all of the information as requested in Schedule 2 of the regulations.

**11. 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 and ensure that each file has all of the information as requested in Schedule 2 of the regulations.

**Proposed Timescale:** 07/11/2016

**Theme:** Responsive Workforce

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

The frequency of supervision provided to staff was not in line with the organisational policy.

**12. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

We will ensure that supervision is completed within the timescale as indicated in the organisation's policy.

**Proposed Timescale:** 19/09/2016

## 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.

**13. 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:**

An organisational review of all policies has commenced to ensure that a version number and review date is recorded.

**Proposed Timescale:** 23/01/2017

**Theme:** Use of Information

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

The directory of residence did not contain the required information.

**14. Action Required:**

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

We have reviewed and revised the Directory of Residents and it now includes all detail required.

**Proposed Timescale:** 28/10/2016

**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.

**15. 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:**

We will revise the Residents Guide to ensure that the terms and conditions of residency are included in the guide.

**Proposed Timescale:** 18/11/2016

**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.

**16. 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:**

We will revise the Residents Guide to ensure that arrangements for children to be involved in the running of the centre are set out in the guide.

**Proposed Timescale:** 18/11/2016