<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Arya House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005695</td>
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<tr>
<td>Centre county:</td>
<td>Laois</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>G.A.L.R.O. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td></td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>30 November 2017 08:30</td>
<td>30 November 2017 13:30</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

Background to Inspection:
This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Galro (the provider). The centre was a new build, and was to provide specialist individualised accommodation to one resident.

There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed and/or described by the person in charge, deputy manager and residential services manager will be checked and verified at the next inspection.

This was a centre to provide a specialised service to one resident and overall very good levels of compliance were demonstrated across all outcomes assessed.

The inspector found that the person in charge was a highly experienced, skilled and qualified professional and would be directly involved in the governance and management of the proposed centre. She was to be supported in her role by an experienced and qualified deputy manager, who was also to work directly in the centre and knew the needs of the resident who was due to transition at an intimate...
The person in charge was also to be supported by a person participating in management, who was in the role of Area Manager and a team of qualified social care professionals and qualified care assistants.

Overall the inspector found that there were systems in place to ensure that the resident who was availing of this service received a safe and good quality of care.

How we gathered our evidence:
The inspector spoke with the Area Manager, the person in charge and deputy manager at length throughout the inspection process and it was found that they were all knowledgeable of their remit to the Health Act (2007) and Regulations.

The inspector also spoke directly with a staff member who was very familiar with the individual needs of the resident. The resident in question was being cared for in acute clinical setting and was awaiting the registration of this centre so as to transition into their new home.

The inspector reviewed a sample of documentation such as healthcare documents, risk register, fire log and safety statement.

Description of the Service:
The proposed centre comprised of semi detached two bedroom bungalow with the capacity to provide a specialised service for one resident. While it was not fully furnished at the time of this inspection, it was found to be warm, well decorated, very well maintained, bright and of an adequate size to support one individual.

It was located in the Midlands, and in close proximity to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, swimming pools, cinemas, cafes and hotels.

The town provided a regular public bus and train service and the director of services informed the inspector that adequate transport would also be provided by the centre for the resident to avail of.

Overall judgment of our findings:
This inspection found that the proposed centre was compliant across all outcomes assessed. There was also an experienced and qualified person in charge who was to be supported by an area manager, a deputy manager and a team of qualified social care workers and qualified care workers.

Comprehensive plans were in place to ensure that the health needs of the resident would be provided for and the resident would have access to a general practitioner (GP) and to a range of other allied health care professionals as and when required.

The person in charge and deputy manager discussed the arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their age, interests and level.
individual preferences.

Proposed medication management practices were also found to be in order.
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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector was satisfied that, when implemented, the care and support as described by the person in charge, deputy manager and director of services and documentation viewed would be consistent and sufficiently provide for the resident's assessed complex needs and individual wishes.

The person in charge informed the inspector that a range of comprehensive supports and interventions would be facilitated in order to provide for a safe transition for the resident moving into their new home and this was currently the main goal for the resident.

Arrangements were also in place for the resident to access their community on their terms and preferences. The resident liked social outings to restaurants, liked to go for walks, swimming and attend church and the inspector was assured that arrangements were in place to facilitate these.

In-house activities appropriate to the resident's age was also provided for such as sensory play activities and a trampoline was also provided for in the garden area.

**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 inspector found that the proposed centre was suitable for its stated purpose. It was also found to be homely and very well maintained throughout.

While some internal work remained to be completed such as paint work and additional furnishing, the inspector was assured by the area manager that this would be finalised prior to the resident moving in.

The proposed centre comprised of a semi-detached two bedroom bungalow. It was found to be clean, modern, of an adequate size and in an excellent state of repair. As said above, some work remained to be completed, but overall the centre was near ready for the resident to move in.

There were two bedrooms in the centre. The one to be made available to the resident was a double bedroom and it was found to be spacious, bright, clean and very well maintained. The other bedroom was to be used as a staff sleepover room and office.

There was a spacious kitchen cum dining room area and a separate large utility room. Another room was in the process of being decorated at the time of the inspection. This was a sensory type room and was provided as tranquil space for the resident to avail of as and when required.

There were private garden areas to the front and back of the centre for the resident to avail of as they so wished. The back garden was private, secure and very well maintained. As identified above, a trampoline was in place for the resident and the centre was also securing a swing set for their use.

There was adequate parking available to the front of the centre and the inspector was informed that suitable arrangements were in place for the safe disposal of general waste.

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

**Findings:**
The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted in the centre and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a Health and Safety Statement in place at the centre and there was also a policy on risk management. The Safety Statement and risk management policy were comprehensive and met the requirements of the Regulations.

Management had already put together a risk register containing environmental and individual risks and reported that this would be further developed once the resident transitioned into the centre. There was also an emergency plan in place specific to the centre.

The inspector saw that a fire alarm system had just been installed. Documentation viewed by the inspector informed that there would be plans in place to carry out regular fire drills and systems to ensure that the fire equipment including the fire alarm system would be serviced regularly.

A sample of a fire log was viewed and the inspector was assured that fire drills would be carried out as required by regulations. Regular checks of escape routes and emergency lighting would also be carried out and from a small sample of documentation viewed, staff had attended fire training as required.

The person in charge informed the inspector that personal emergency evacuation plans would be developed for the resident moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers and a fire blanket were in place.

There were policies and procedures in place for the management of infection control and the inspector observed that there would be adequate hand sanitising gels and warm water available in the centre.

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

**Findings:**
The inspector was satisfied that adequate measures would be put in place to protect the resident being harmed in the centre.

There were policies and procedures in place on supporting vulnerable people. This was to ensure the resident who would use the service was protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector was satisfied that the resident would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to the complex behaviours the resident may present with.

There were policies in place guiding the management of positive behavioural support. Where required, the resident would also have access to a range of multi-disciplinary supports to include behavioural support, psychology support and psychiatry input.

The inspector was also informed that staff had received specific training in positive behavioural support, safeguarding of vulnerable adults and Children’s First.

There was a policy in place for the use of restrictive practices. The person in charge informed the inspector that some restrictions would be in place however, they were to promote the safety of the resident and would be reviewed regularly.

It was also observed that the centre was using the least restrictive options possible to ensure the residents safety.

**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 inspector was satisfied that resident’s health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners as and when required.

The inspector saw that the resident would have regular or as required access to a GP, their medication requirements would be regularly reviewed and visits to a range of other allied health care professionals.

For example, the resident would have regular input from an occupational therapist and speech and language therapist on a regular basis.

The resident also had access to a team of mental health professionals as and when required so as to support best possible health and wellbeing.

The inspector was also satisfied that once the proposed practices were implemented, residents' nutritional needs would be met to an acceptable standard.

It was also observed that where required routine visits to the hospital would be facilitated as and when required.

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:  
The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector briefly reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring
strict controls, ordering, dispensing, storage, administration and disposal of medications.

The policy was also informative on how to manage medication errors should or if one was to occur.

The person in charge and area manager explained to the inspector that medication would be kept under lock and key in a secured unit in the centre. This unit was to be in the staff office area.

The inspector was also informed that staff had undertaken training in the safe administration of medication to include the administration of emergency medication.

Regular medication audits were also to take place within the centre by the person in charge and/or deputy manager.

**Judgment:**
Compliant

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**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 inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

The statement of purpose would also be available to the resident in a format that was accessible to them.

**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:
The inspector was satisfied that the quality of care and experience of the resident would be monitored and developed on an ongoing basis. Effective management systems would also be in place to support and promote the delivery of safe, quality care services.

The area manager informed the inspector that arrangements would be in place for an annual review of the quality and safety of care in the centre. Arrangements were also be in place for audits to be carried out in the centre by the quality co-ordinator of the service.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development, was a qualified professional and had undertaken all relevant training with regard to her role.

She was supported in her role by a qualified deputy manager, who would have a presence in the centre and a team of qualified social and/or health care professionals.

It was also explained to the inspector that there would be an out of hours on-call system in place to support staff working overnights and/or unsocial hours in the centre.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of
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:**
From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

Evidence was also available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents and that at all times there would be two staff present in the centre to provide support to the resident.

The inspector also saw that there were arrangements in place for the provision of supervisory meetings with each staff member.

From a small sample of documentation viewed, staff had attended a range of training in areas such as positive behavioural support, safe administration of medication, manual handling and fire safety training.

Staff also held third level qualifications in relevant health and/or a social care disciplines.

**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.