



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Garden Lodge
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	18 August 2020
Centre ID:	OSV-0005652
Fieldwork ID:	MON-0023612

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The service provided was described in the providers statement of purpose, dated April 2020. The centre provides residential care for up to six residents over the age of 18 years with a diagnosis of autism and or an intellectual disability and behaviours that challenge. The centre consists of a two storey detached bungalow located in a residential suburb of a medium sized town in county Westmeath. There is a large garden to the front and rear of the centre for use by residents. Each of the residents has their own en suite bedroom which has been personalised to their own taste and there are large conformable communal living areas for residents to use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 18 August 2020	10:00hrs to 16:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

As part of the inspection, the inspector met with five of the residents at various times during the day. Some residents were unable to directly share their views of the service but indicated their satisfaction in their lives and their home by using signs and allowed observation of their routines and activities. The residents were observed to be in good spirits, engaging easily with the staff who were very attentive to their needs. They were observed participating in their preferred activities, making their meals, doing the laundry and using the large well-equipped garden for games. The premises is very large which contributes to the low arousal environment for the residents. The inspector noted that the environment and interactions were calm, gentle and suited the residents well.

Some residents told the inspector that they were happy and safe living there, loved their rooms and personal space, they all got on very well together. They especially wanted the report to say that the staff and managers were "A 1" and were a great help to them in lots of ways. The recent restrictions had been difficult but they knew why they had to be followed.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. Registration was granted initially in 2017 and a follow up inspection was undertaken in 2018. The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

The inspector found that this was a well managed centre, with good systems and levels of oversight evident, to ensure the residents' needs and well being were prioritised. The person in charge was suitably qualified and experienced, supported by a suitably qualified centre manager. There were good reporting and quality assurance systems in place which supported the residents' quality of life and safety. These included the provider's unannounced visits to the centre, and frequent audits undertaken on a range of relevant issues including medicines, incidents and accidents, risks to the residents, and health and safety. Appropriate actions were taken to remedy any deficits identified. For instance, medicine protocols were revised, residents personal goals were monitored and maintenance issues were all addressed. There were effective systems also for oversight of the management of residents' finances and of any complaints, which helped to ensure their safety.

The annual report for 2019 was available and the views of the residents and their representatives are actively elicited. These were very positive. The provider continued to undertake the required monitoring unannounced inspections of the centre during the COVID-19 pandemic, in an appropriate format. Once again, there was evidence that any issues identified were promptly rectified by the person in charge.

The service was very well resourced in terms of staffing, equipment, premises, transport and access to allied and specialist services to provide the support the residents' needed.

There was a very high staff ratio available during the day and two waking night duty staff. From a review of a small sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe. There was a contingency plan available in the event of staff shortages.

The provider ensured that staff had the training and skills to support the residents. Staff had appropriate qualifications and a regular schedule of ongoing mandatory and additional training, including supporting residents with autism was maintained. Staff spoken with demonstrated very good knowledge of the individual residents and how to support them and also complimentary of the management oversight of the centre. There were effective systems for communication and consistency, with regular good quality team meetings and staff supervision systems implemented. These systems had continued via technology during the COVID-19 restrictions.

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and demonstrated competency in the role .The person is supported by a suitably qualified centre manager.

Judgment: Compliant

### Regulation 15: Staffing

There was a high staff ratio available during the day and two waking night duty staff.The skill mix was suitable to meet the residents' needs. From a review of a small sample of personnel files, the inspector saw that recruitment procedures were satisfactory and safe.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider ensured that staff had the training and skills to support the residents. Staff had appropriate qualifications and a regular schedule of ongoing mandatory and additional training, including supporting residents with autism.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of up-to-date insurance was forwarded as part of the application for renewal of the registration.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a good quality and safe service for the residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Admissions to the centre followed a detailed assessment of need and of compatibility with other residents living there. This also took account of the appropriate transition process from children's to adults services. There was detailed contract of care signed by, and on behalf of, the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The inspection found that admission decisions and care was delivered according to this statement.

Judgment: Compliant

### Regulation 31: Notification of incidents

All of the required notifications had been forwarded to the Chief Inspector with appropriate actions taken in response to any incidents.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable arrangements in place for any absences of the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure



There were effective systems for the management and oversight of any complaints made.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' quality and safety of life was prioritised. They had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, dietitian, neurology and psychiatry. These informed the detailed daily care plans. All referrals were followed up and reviewed. The residents' care was reviewed at least annually and more frequently and both they, and their representatives, were consulted with and involved in these reviews. Their social care needs, hobbies and preferences were actively promoted so as to ensure a meaningful life for the residents. Some residents participated in drama and literacy classes, went horse riding, bowling, took part in Special Olympics and had access to all local amenities.

They also participated in social events within the wider organisation with their friends. Although due to the pandemic, these activities had been curtailed significantly, the residents were supported with safe external activities. They had the use of an external garden centre/allotment, owned by the organisation, a large well equipped garden in the centre, and did the activities they enjoyed with staff such as, games, art work, watching favourite TV programmes, sports events and went out to safe location for walks. There was an emphasis on supporting the residents to develop life and self-care skills, such as preparing meals, with the support of the staff.

The residents' healthcare needs, some of which were complex, were very well monitored, with evidence of regular review and this had continued during the pandemic. Their dietary needs were monitored. They were supported to understand and in so far as possible, manage their health care needs. For instance, some residents had very successfully completed a weight loss programme with significant health and well being benefits. From a review of the most recent admission details the inspector found that admissions to the centre followed a detailed assessment of need and of compatibility with other residents living there. This also took account of the appropriate transition process from children's to adult services and familiar staff had transitioned with the young person to support this.

There were suitable and safe systems for the management and administration of residents' medicines. Medicines were frequently reviewed and their impact on the resident monitored. Any medicine errors noted, were promptly responded to and systems implemented to prevent re-occurrences.

The residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, objects of

reference, and sensory equipment to support the residents. Staff were familiar with sign language and further training in this was scheduled. There were detailed communication plans outlined for the residents. It was apparent from observation that the staff and the residents communicated well and warmly.

There were a number of systems used to promote the residents' rights. These included resident and advocacy meetings where they were consulted regarding their routines and staff used both pictorial images and signing to assist them. Their individual preferences regarding their activities, training and routines in the house were actively sought to ensure they were involved and consulted. The inspector also found that residents had opportunities to sample activities and decide for themselves what they wished to participate in. They were helped to understand the reasons for the changes to routines and the restrictions during the COVID -19 pandemic. All efforts had been made to reduce the impact including contact with families using technology. These were now being reintroduced in line with the public health guidelines. They had individual financial accounts, and although they required full support with these, there was a robust system for oversight to ensure their monies were protected.

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented. However, while some specific risks were known, no safeguarding plans had been documented to prevent recurrences and protect the residents. From conversations with staff and the person in charge however, the inspector was assured that sufficient structures had been put in place to safeguard the residents. This documentary deficit was rectified on the day of the inspection. Each resident had an intimate care plan which took account of the resident's preferences for this. These had also been amended to reflect the COVID 19-requirements for the use of personal protective equipment.

There were pro-active systems in place to support residents with behaviours that challenge, including self-harm and aggression, which demonstrated an understanding of the behaviours and sought to alleviate the possible underlying causes. Frequent clinical oversight of this was evident. From a review of the incident reports and speaking with staff, the inspector was assured that staff were familiar with the individual plans, and the incidents were appropriately reviewed by the person in charge. There was evidence of a significant decrease in such incidents.

The use of restrictive practices was minimal, implemented for the residents own safety, frequently revised, monitored and removed when no longer necessary. The use of medicines on a PRN (administer as required) basis was also carefully monitored and reviewed to avoid harm to the residents.

Risk management systems were effective, centre-specific and proportionate. There were health and safety audits of the environment undertaken. However, while there were detailed individual risk assessments for most identified issues, a specific risk in relation to food for a resident was not supported by a specific plan to address the issue should it occur. Those in place were frequently reviewed however. The high staffing levels and deployment of staff helped to manage risks to residents,

while ensuring they had access to their preferred routines and activities in safety.

While there were good fire safety management systems in place some improvement was required to ensure that means of containment of fire were currently satisfactory in all areas, so that residents could evacuate or remain in the premises while awaiting emergency services. It is acknowledged that the provider had previously sought advice on this issue. The provider undertook to have these containment systems reviewed by a competent person and revert in the Chief Inspector with the outcome. Nonetheless, fire alarms and equipment were in place, serviced and monitored as required. Staff also undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place which identified their individual vulnerabilities.

The detailed policy on infection prevention and control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on any visitors to the centre, increased sanitising processes during the day, in the centre and the transport used, the use of and availability of suitable personal protective equipment (PPE) when necessary and staff teams were deployed in a manner so as to reduce unnecessary crossover. Staff and residents were monitored frequently for symptoms and staff had specific protocols to follow when coming on duty. Staff were observed adhering to the protocols on the day of the inspection.

Activities and engagement with the community had been decreased and was now being safely re-established, as were family and home visits in line with the public health advice and the resident's vulnerabilities.

These systems were being monitored. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible. The centre is a very large house, well -maintained and clean. All residents have their own en-suite bedrooms and there are sufficient living areas to ensure reasonable social distancing was possible without undue limitations on the residents, and that the residents have a good level of staff attention, contact with their peers and interaction as normal as possible.

## Regulation 10: Communication

The residents were supported to communicate in their preferred manner. They had access to tablets and other technology. Staff used pictorial images, objects of reference, and sensory equipment to support the residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management systems were effective, centre specific and proportionate. However, while there were detailed individual risk assessments for most identified issues, a specific risk in relation to food for a resident was not supported by a specific plan to address the issue should it occur.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The detailed policy and procedures for infection prevention and control had been revised to reflect the increased risks and challenges of COVID-19, and to protect the residents.

Judgment: Compliant

## Regulation 28: Fire precautions

While there were good fire safety management systems in place some improvements were required to ensure that means of containment of fire were currently satisfactory in all areas, so that the residents could evacuate safely. Nonetheless, fire alarms and equipment were in place, serviced and monitored as required. Staff also undertook regular fire evacuation drills with the residents who all had suitable personal evacuation plans in place which identified their individual vulnerabilities.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of residents medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The residents had access to a range of relevant multidisciplinary assessments and interventions. These informed the detailed daily care plans. The residents' care was reviewed at least annually and more frequently and both they, and their representatives, were consulted with and involved in these reviews. Their social care needs, hobbies and preferences were actively promoted so as to ensure a meaningful life for the residents.

Judgment: Compliant

## Regulation 6: Health care

The residents' healthcare needs, some of which were complex, were very well monitored, with evidence of regular review and this had continued during the pandemic.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were pro-active systems in place to support residents with behaviours that challenge, which demonstrated an understating of the behaviours and the possible underlying causes and sought to reduce distress to the residents.

Judgment: Compliant

## Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented.

Judgment: Compliant

## Regulation 9: Residents' rights

There were a number of systems used to promote the residents rights. Their individual preferences regarding their activities, training and routines in the house were actively sought to ensure they and their representatives were involved and consulted.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Garden Lodge OSV-0005652

Inspection ID: MON-0023612

Date of inspection: 18/08/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A plan will be drawn up on how to support residents who are at risk of choking	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will ensure that means for containment of fires will meet the required standard. This will involve retrofitting self-closing devices and smoke seals on all doors except bathrooms, presses and storage	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2020