



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

Name of designated centre:	Carriglea
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	07 June 2018
Centre ID:	OSV-0003553
Fieldwork ID:	MON-0021795

About the designated centre

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

Carriglea is a residential designated centre which can provide full time accommodate for up to four adults, who present with autism and/or an intellectual disability. Both male and female residents can be accommodated. This designated centre can also provide supports for residents that present with behaviours that challenge and general medical needs, for example persons with epilepsy. This service supports residents by providing staff on an on-going basis and aims to facilitate residents to experience full and valued lives in their community through the promotion of stability, good health and well-being. The centre is a large detached two storey house situated in County Laois. A person in charge is assigned to the centre and they are supported in the operational management of the centre by a centre manager. The person in charge reports to a senior head of care manager. A number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents.

The following information outlines some additional data on this centre.

Current registration end date:	12/11/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
07 June 2018	10:10hrs to 16:50hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

As part of this inspection the inspector had the opportunity to meet all of the residents who lived in this house. The residents communicated with the inspector on their own terms and the inspector respected if residents wished to spend time with them or not during the inspection. One resident showed the inspector their computer games and their favourite comic book characters, demonstrating proficiency in independently using their computer console. The atmosphere in this house was found to be pleasant, supportive and homely for residents. Staff members were observed to support residents in a pleasant, jovial and respectful way during the course of the inspection. Residents appeared to be comfortable in the company of staff. The inspector reviewed completed residents questionnaires and the centres compliments folders. Feedback received from residents families was complementary of staff and indicated residents appeared happy, content and well cared for. Feedback was also complimentary of staff and management that supported residents.

Capacity and capability

Overall this inspection found a well operated and managed service that was delivering a good standard of care and person centred support to the residents living in Carriglea designated centre. The provider's statement of purpose accurately outlined the service delivered and the quality of this service was found to be very good. The provider had submitted to the Health Information and Quality Authority (HIQA) a full and complete application for renewal of registration.

This centre was found to be well governed by the registered provider and a professional and knowledgeable person in charge and management team were in place. Good oversight and response was found in key areas of service provision to support residents on an individual basis in line with their assessed needs. The inspector found a good level of oversight and monitoring of service provision at local level, person in charge level and provider level with effective systems of auditing found in key areas of resident's health-care, activities/participation in meaningful days, medicines management, health and safety, safeguarding and ongoing review and management of behaviours that challenge.

The person in charge was found to be knowledgeable and experienced and demonstrated a good understanding of the residents assessed needs and regulatory requirements. The person in charge was supported by a centre manager and a staff team. A senior head of care manager provided supervision to the person in charge, the inspector met this member of staff and found them to be knowledgeable of the

needs of residents and also of their regulatory role and responsibilities.

Governance and management of the centre were met to a good standard. The provider had met their regulatory requirements and had produced an annual report for the previous year. Six monthly provider led audits were also carried out with action plans devised for the person in charge to address if and when required. Operational management of the service provided was also in place and completed by the person in charge and centre manager. Some staff were assigned specific roles and responsibilities for the monitoring and auditing of key specific areas such as health and safety and medication management.

Staffing numbers and skill mix was appropriate in this centre both during the day and at night time. Residents enjoyed a full and varied programme of activities each day and the provider and person in charge had ensured an adequate compliment of staff to support this arrangement. The centres rosters, staffing arrangements, training/development and supervision records were all reviewed and found to be in line with regulatory requirements.

Staff training records indicated all staff had received mandatory training in fire safety, safeguarding vulnerable adults and manual handling. Further training provided to staff included management and response to behaviours that challenge, safe medication management, epilepsy management, infection control and management of dysphagia (risk of choking due to compromised swallow) and provision of modified consistency meals.

A sample of incident reports for the centre were reviewed during the inspection, it was noted that no notifiable incident had occurred in the centre for a considerable period of time. During the course of the inspection the person in charge submitted a nil return notification to the Chief Inspector as required by the regulations.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete renewal application was received from the provider in line with regulatory registration renewal requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be suitably knowledgeable of her regulatory role and had the required level of management experience to carry out the role. Good levels of compliance were found on this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate skill mix and number of staff resourced to the centre to support residents and ensure they had a full and active life. An action from the previous inspection had been addressed.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had ensured staff were afforded mandatory training in the areas of fire safety, manual handling, safeguarding vulnerable adults and management of behaviours that challenge. Staff were also afforded further training in a wide range of areas to meet the specific needs of residents.

Staff engaged in regular supervision meetings with the person in charge and centre manager. Supervision arrangements were in place which ensured an operational manager worked and supervised staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Good levels of compliance were found on this inspection. The provider had completed an annual report for the previous year in line with their regulatory responsibilities. Six monthly provider led audits were also carried out by a representative of the provider. Operational management auditing also took place and staff were encouraged to take responsibility for the standard of care and practices within the centre as part of the operational management oversight within the centre. A clearly defined management structure was in place with clearly set out roles and responsibilities for managers at each level.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the matters as set out in Schedule 1 of the Regulations and accurately reflected the services provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A low number of notifiable incidents had occurred in the centre. Notifications were being submitted to the Chief Inspector as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found residents received a high standard of care and support in this designated centre. Supports for residents were delivered in a professional, person centred and dignified way in line with the regulations and standards.

The inspector observed caring communication and person centred interactions throughout the course of the day between staff who were clearly very knowledgeable of residents assessed needs and residents who were in turn very comfortable and at ease in their home.

The premises provided was a large detached property located in close proximity to a town in County Laois. The premises had plenty of communal areas and was spacious inside with a well maintained private garden space to the rear. Residents each had their own bedrooms that were individually decorated and had adequate space for privacy and storage of their personal possessions. The premises was maintained and decorated to a good standard throughout and was found to be clean, warm and homely.

Residents enjoyed active and interesting lives. Person centred planning for residents identified goals which were based on their specific interests and would provide residents with an opportunity for fun, experiencing something new and for learning and maintaining skills. Residents were observed making decisions about activities they engaged in during the day. Staff were observed to offer a resident the opportunity to go for a drive and walk in the locality. The resident was given time and space to consider this option before self-determining what they wished to do. This was evidence of a person centred service with staff offering residents choice and self-determination across their day.

Healthcare plans reviewed were of a good standard and residents had continuous access to allied health professionals in line with their needs. Residents with

increased healthcare needs were provided for in terms of regular reviews and care planning updates. For example, residents who required access to psychiatry, General Practitioner (GP), psychology and speech and language (SALT) input were provided with same. Where required residents were provided with modified consistency meals and the inspector observed SALT recommendations being adhered to in the provision of the resident's food and drinks.

Residents were adequately safeguarded through the provider's safeguarding policies, procedures and allocation of a designated person for the centre. Safeguarding reporting procedures were in place. At the time of inspection no safeguarding risks or allegations were under review.

Due to the complex nature of some of the residents support needs, a consistent and professional approach to behavioural support was required and this was found to be provided and continuously reviewed in this service. There was also evidence of consistent and close monitoring of some residents' medications with a view to gradually and slowly reducing the amount of psychotropic medications prescribed for residents. Due to the good fit of service being provided to the resident this was possible. While residents were prescribed PRN (as required) chemical restraint as part of their overall behaviour support planning needs there was evidence that no resident had required this medication in the previous year. This also provided evidence that the supports and services afforded residents in this centre were meeting their needs to a good standard.

Overall, there was a low number of notifiable incidents occurring in this designated centre. The inspector reviewed a sample of incidents that had occurred in the centre and noted overall they related to incidents of behaviours that challenge. These were found to be reviewed in a timely way by the person in charge and relevant allied health professionals such as behaviour support specialists, psychologists and or psychiatrists involved in the support of residents living in the centre.

Risks were found to be well managed and monitored. Risk management policies and protocols were in place and a risk register was continually updated in line with requirements. Risks in this centre included behavioural risks, some pica (a compulsion to eat non edible items) related behaviours, epilepsy and dysphagia (risk of choking due to compromised swallow). All risk assessments were found to be up to date, reviewed, control measures were implemented and staff were aware of the measures in place.

There were appropriate arrangements in place regarding fire safety and equipment with servicing and reviews undertaken at required intervals. Staff were all trained in fire safety and evacuation drills were completed to ensure the centre could be safely evacuated. The provider gave an undertaking to upgrade all bedroom doors in the centre to fire compliant standard. This work was completed in less than a week following the inspection. The provider submitted evidence of these works having been completed to the inspector. Regulation 28: Fire Precautions was found to be in compliance.

Regulation 17: Premises
The premises met the requirements of the regulations. The provider had ensured the premises was maintained to a good standard throughout and maintenance issues were addressed in a timely and comprehensive way.
Judgment: Compliant
Regulation 18: Food and nutrition
Evidence of appropriate systems and support planning in place to guide staff in the provision of foods to the correct modified consistency for residents requiring such supports. The provider had ensured adequate facilities for the storage and preparation of meals in the centre.
Judgment: Compliant
Regulation 26: Risk management procedures
Risk management systems in this centre were to a good standard. The risk management policy met the requirements of the regulation.
Judgment: Compliant
Regulation 28: Fire precautions
There were fire compliant systems in operation in the centre. Some improvement was required in relation to fire containment measures in relation to fire doors in the centre. Less than a week following the inspection the provider submitted evidence to the inspector that fire compliant doors had been installed in the centre. Therefore, compliance was found for this regulation.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services

Compliant medication management systems were operation in this centre. Staff had received safe medication management training. Appropriate systems were in place for the return of medication and monitoring of medication expiry dates for PRN (as required) medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessment and personal plans in place were found to be comprehensive, of a good standard and regularly reviewed. Person centred planning was also to a good standard and residents had achieved a number of goals identified with goals set for the coming year.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy their best possible physical and mental health. Residents were supported to receive timely review by allied health professionals and accompanied to medical appointments. Residents were also supported to have good dental care and residents families were kept informed of all appointments and changes to residents health care if and when it occurred.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had received consistent and timely review by allied health professionals with knowledge and experience in the support and management of residents presenting with behaviours that challenge. Residents also received psychiatry review where required. There was evidence of a closely monitored reduction in psychotropic medications for some residents. Overall, this centre presented as a centre with minimal restrictions.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in safeguarding vulnerable adults. A designated person was assigned to the centre and there was evidence that the provider had systems in place which reflected the National Adult Safeguarding policy. No safeguarding allegations were under review at the time of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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