



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

Name of designated centre:	Bright Avenues
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	30 October 2018
Centre ID:	OSV-0005308
Fieldwork ID:	MON-0022083

About the designated centre

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

Bright Avenues is a children's designated centre which provides full time residential for a maximum of four residents at any time. This service 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 two storey detached house in the suburbs of a town in County Laois. A person in charge is assigned to the centre. An appointed head of care senior manager also participates in the management of this centre. Part of their role in management of the centre includes monitoring the quality of service supports provided, oversight of resources and supervision of the person in charge. 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.

Number of residents on the date of inspection:	4
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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
30 October 2018	10:45hrs to 18:20hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

As part of this inspection, inspectors had the opportunity to meet all residents living in the centre. The inspector respected residents' choice to spend time with them or not during the course of the inspection. Some residents could not communicate their views on the service received. One resident did engage in conversation with the inspector and showed the inspector their bedroom and read aloud from a human rights chart which was displayed in their bedroom. They indicated they understood what these rights meant, for example they told the inspector they would speak to the person in charge if they were not happy or had a complaint. Questionnaire feedback forms completed prior to the inspection indicated residents were satisfied with the service they received. Observations of residents during the course of the inspection noted they appeared content and happy in the centre with opportunities to engage in play and activities of interest to them both independently and with the support of staff.

Capacity and capability

Overall, this inspection found a well operated and managed service that was delivering a good standard of care and child centred support to residents.

Governance and management of the centre was effective. The provider had submitted a full and complete application to register including additional registration required information. The statement of purpose was reviewed regularly, up-to-date and available in the designated centre as required by the regulations. It described the service provided accurately and it was demonstrated on this inspection that the services set out in the statement of purpose were in operation in the centre.

The provider had systems in place to meet their regulatory requirements with regards to the development of an annual report and six monthly provider led audits. Six monthly provider led audits had been completed and an annual report had also been completed which reviewed all quality improvement actions that had taken place and any outstanding actions required. Action plans were created following each provider led audit with time frames for completion specified and persons responsible identified for each action.

The inspector noted there was a good level of oversight and monitoring of service provision at operational level by the person in charge and centre manager. Systems were also in place for provider led assurance systems and oversight. Regular auditing was carried out in key quality indicator areas, such as health-care, activities/participation in meaningful days, medicines management, health and

safety and ongoing review and management of behaviours that challenge.

The person in charge was knowledgeable and experienced and demonstrated a good understanding of each child's assessed needs and her regulatory responsibilities. A senior head of care manager provided supervision to the person in charge. They were also found to be very knowledgeable of the needs of residents living in the centre and also of their regulatory responsibilities.

Operational management auditing of the service was completed by the person in charge and centre manager on a regular basis.

A sample of incidents that occurred in the centre were reviewed as part of the inspection. All notifiable incidents had been notified to HIQA as required by the regulations. Where incidents of behaviours that challenge occurred these were reviewed by appropriately qualified allied health professionals and formed part of an overall behaviour support monitoring system to evaluate the effectiveness of behaviour supports in place. This demonstrated good practice.

Staffing arrangements were in line with the statement of purpose. It was noted a high staff to resident ratio worked in this centre. This ensured residents were afforded one-to-one time as they required and supported them to participate in activities at times that best suited their needs. While schedule 2 staff files were not reviewed on this inspection the inspector did request assurance that all staff working in the centre had up-to-date Garda vetting arrangements in place. The senior head of care manager provided the inspector with this information in a timely way during the course of inspection which provided evidence that all staff had been appropriately vetted and each was in date.

Each resident had been issued with a contract of care which specified clearly the terms and conditions of their residency and services provided to them. Residents' contracts had been agreed and signed by residents' parents or Guardian ad litem representative where appropriate.

Staff working in this centre were appropriately skilled, trained and supervised to carry out their roles. All staff had received mandatory training in children's first, fire safety management, manual handling and management of behaviours that challenge. Staff had also received additional training to best support residents' needs in the areas of management of epilepsy, administration of emergency medication for the management of seizures, safe medication management, food hygiene, first aid, management of restrictive practices and implementation of safe intimate care practices training.

Staff supervision records demonstrated the person in charge had carried out a supervision meeting with all staff working in the centre. It was demonstrated these meetings were effective and provided staff with opportunities to raise concerns or suggestions for improving the quality of service in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration for this designated centre. All required information had been submitted on time.

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. They were responsible for this designated centre only. It was noted that this governance arrangement was appropriate in consideration of the needs of residents living in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements were reflective of the statement of purpose and assessed needs of residents living in the centre. Garda vetting arrangements were in place for all staff working in the centre and at the time of inspection were also in date. Staff were observed to interact in a kind and attentive way with children living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had effective arrangements in place to ensure all staff had up-to-date mandatory and additional training to meet the assessed needs of residents living in this centre. All training provided was in date. Staff were appropriately supervised with additional supervisory meetings held with each staff at intervals throughout the year.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented effective governance and management arrangements for this designated centre. The provider had completed six monthly provider led audits of the service provided and also an annual report for the service at the end of the year. At the time of inspection the annual report for 2018 was in progress. The provider had also ensured appropriately skilled, experienced and qualified management staff were in place. Good levels of compliance were found on this inspection as a result.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had been issued a contract of care. Each contract had been agreed and signed by residents' parents and Guardian at Lietum where applicable.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately described the services provided in the centre. It was found to be up-to-date, contain all matters required by schedule 1 of the regulations and a copy was available in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents that had occurred in the centre had been submitted to HIQA as required.

Judgment: Compliant

Quality and safety

Residents were in receipt of a good standard of care and support in Bright avenues designated centre. These supports were delivered in a professional, child centred and dignified way in line with the regulations and standards. Some improvements were required in relation to personal planning where assessed needs were identified.

The premises provided was a detached two storey property located in close proximity to a town in County Laois. The designated centre was well maintained throughout with play equipment located to the rear of the property. Residents each had their own bedrooms that were individually decorated in a child friendly way with adequate space for privacy and storage of their personal possessions. The premises was decorated to a good standard throughout and was found to be clean, well lit, child friendly, warm and homely.

Residents personal plans were comprehensive. Each resident had received an annual assessment of needs. While support planning was in place for most assessed needs of residents there were some gaps. A review was required to ensure that all assessed needs had an associated support plan in place. Important documentation pertaining to some children's terms of residence in the centre was not available on the day of inspection. However, comprehensive minutes of allied health professional meetings pertaining to children's residence were maintained. In addition detailed daily notes were also recorded and available.

Residents enjoyed active and interesting lives. Child centred planning for residents identified goals which were focused on learning and maintaining skills. The inspector discussed child centred goals at the feedback meeting with regards to the inclusion of additional goals focused on fun and enjoyment going forward as a quality improvement initiative. It was determined by the inspector that provisions in place, at the time of inspection, with regards to goal setting for residents was in compliance with the regulations. Children were involved in attending sports camps linked to their schools, for example. On review of daily reports for each child it was indicated clearly that they had opportunities to engage in child focused activities and events.

The provider had also ensured each child was supported to meet their maximum educational potential and also supported to learn independence and self help skills. Close links with each child's school had been established and regular liaison between each child's school and the child's key workers and parents or Guardians occurred.

Medication management systems were safe and monitored by the person in charge through regular auditing practices, stock and control checks. Residents had been assessed as requiring support in managing their medication. All staff working with residents and administering medication had received training in the safe administration of medication. Medications were securely stored in the centre and residents had access to their own pharmacist who supplied medications to the designated centre.

Due to the complex nature of residents support needs, a consistent and professional approach to behavioural support was necessary and this was found to be provided. On

review of admission notes it was clearly indicated behavioural challenges for some residents had lessened significantly since admission to the centre. It was demonstrated that the structured and child centred environment, coupled with educational and skill training supports in place were positively impacting on the children residing in the centre. Residents behaviour support and mental health needs were reviewed by allied health professionals on a consistent and regular basis in response to their emerging needs.

Overall, a minimal amount of restrictive practice was implemented in the designated centre. Where some restrictions were required they were in place to manage a specific risk. Restrictions were identified on a restraint register and monitored to ensure they were used for the least amount of time possible.

The provider had ensured a regulatory compliant risk management policy was in place. The person in charge had ensured effective implementation of risk management procedures in line with the risk management policy. A risk register was maintained with a risk rating applied to each risk identified. The risk register also incorporated an overview of environmental and personal risks presenting in the designated centre.

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.

Assessed needs for some residents identified the requirement of nutritional supports. Review of systems and planning in place indicated residents had received dietetic and speech and language therapy supports if and when required. Some residents' nutritional intake had improved since their admission to the centre with evidence that they were exploring, tasting and eating a wider variety of foods. The provider had ensured appropriate equipment and kitchen resources were in place for the provision of nutritionally balanced, home cooked meals for children living in the centre.

The provider and person in charge had ensured each child's health-care needs were assessed, monitored and managed in liaison with allied health professionals. Epilepsy management systems in place were of a good standard. Staff were trained in epilepsy management procedures and the administration of emergency medication for the management of seizures. The senior head of care manager informed the inspector that staff would receive further training in the administration of oxygen which it was hoped would reduce the necessity for some residents to have to attend emergency services.

Each child was supported to maintain links and relationships with their families and persons important to them. Visits were managed in line with agreed parameters of residency for each child. Staff provided support and supervision for children as required during visiting times.

Appropriate and responsive safeguarding systems were in place. All staff had received training in children's first aid and were aware of their statutory responsibilities

for the care and welfare of each child living in the centre. The provider had ensured up-to-date safeguarding policies and procedures were in place. A designated liaison person was assigned to the centre and their contact details were displayed.

Regulation 11: Visits

Visits were managed in line with agreed parameters of residency for each child. Staff provided support and supervision for children as required during visiting times.

Judgment: Compliant

Regulation 13: General welfare and development

Children were supported to achieve their maximum educational potential in this designated centre. Each child was also supported to learn independence and self-help skills.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured residents were provided with a well maintained, child friendly home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with nutritional home cooked meals. The provider had ensured adequate resources were in place for optimum nutritional provision. Residents requiring additional nutritional supports were reviewed by allied health professionals if and when required. Allied health professional recommendations were maintained in residents' personal plans.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured a regulatory compliant risk management policy was in place. There was evidence of its implementation within the designated centre. Where incidents of a potentially serious nature had occurred it was evidence that the provider had reviewed and investigated the incident and put practical measures in place to lessen the likelihood of it occurring again.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place. Regular fire safety checks were carried out and servicing records indicated all equipment had received an up-to-date service check. Fire drills were carried out and indicated personal evacuation plans in place were effective.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate and safe medication management systems were in place. Residents had been assessed as requiring full support for managing their medications. Medications were securely stored and staff were trained in safe administration of medications.

Judgment: Compliant

Regulation 6: Health care

Residents' epilepsy care management was to a good standard. Staff were trained in the management of epilepsy and administration of emergency medication for the management of seizures. Further training in oxygen administration was due to occur. Residents were supported to attend medical appointments if and when required. Allied health professional recommendations and reviews were recorded in residents' personal plans and informed practice in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support planning, review and management systems were effective in this designated centre. It was demonstrated for some residents that there had been a significant reduction in behavioural incidents following review and intervention of allied health professionals.

A restraint register was in place. Overall, inspectors noted a minimal amount of restrictive practice was used in the centre. Where some restrictive practices were in place an identified risk had been identified as a reason for their use. Measures were also in place to ensure they were used for the least amount of time possible.

Judgment: Compliant

Regulation 8: Protection

All staff had received children's first safeguarding training. Each staff member's safeguarding training records were up-to-date. A designated liaison person was identified for the centre and their contact details were displayed. At the time of inspection no allegations of abuse were under review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need and associated support planning in place to meet those needs, but some gaps were identified.

Residents personal plans had been reviewed following their admission to the centre. Residents also had identified personal goals with action plans in place to meet those goals.

Some important documentation pertaining to children's residency in the centre was not available at the time of inspection.

Judgment: Substantially 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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Bright Avenues OSV-0005308

Inspection ID: MON-0022083

Date of inspection: 30/10/2018

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Following the inspection feedback Management, Behavior Support and Keyworkers reviewed resident support plans and updated the plans to ensure that all resident needs are met in accordance with their up to date assessment of need. • The two care orders that were not available on the day of inspection are now on file in the Centre. 	

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 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	13/11/2018