



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

Name of designated centre:	Bridge Lands
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	08 August 2018
Centre ID:	OSV-0005682
Fieldwork ID:	MON-0024191

## About the designated centre

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

Bridge Lands is a residential designated centre which can provide full time accommodation for up to six adults, who present with autism and/or an intellectual disability. 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 large detached dormer style 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. At the time of inspection the centre had recently commenced operation and was not operating at full capacity.

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

Number of residents on the date of inspection:	2
--	---

## 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
08 August 2018	10:00hrs to 18:05hrs	Ann-Marie O'Neill	Lead
08 August 2018	10:00hrs to 18:05hrs	Erin Clarke	Support

## Views of people who use the service

As part of this inspection, inspectors had the opportunity to meet both residents living in the centre. Residents communicated with inspectors on their own terms, in some instances using Irish Sign Language and gestures. Inspectors respected if residents wished to spend time with them or not during the inspection. One resident showed inspectors their bedroom and had a brief chat with inspectors about their plans for the day and what they thought of their new home. During this time staff supported inspectors to understand the resident's sign language and inspectors used some signs and gestures during this time.

## 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 residents.

This centre was found to be well governed by the registered provider and a professional and knowledgeable person in charge and senior management team were in place.

Inspectors 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 the residents assessed needs and her regulatory responsibilities. 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. They were also found to be knowledgeable of the needs of residents living in the centre and also of their regulatory responsibilities.

Governance and management of the centre was effective. 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. At the time of inspection the centre was only in operation for two months and therefore a provider-led six monthly audit report was not yet required.

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

manager had reviewed operational management systems and had devised a system for improving it by ensuring weekly meetings were documented and tasks identified and assigned following a review of audits carried out during the week. This system supported the staff performance management processes and supervision meetings with staff.

A low number of notifiable incidents had occurred in this designated centre since its commencement a few months prior to the inspection. Inspectors reviewed a sample of incidents that had occurred in the centre and noted overall they related to minor accidents. 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.

At the time of inspection some residents' assessed needs indicated the requirement for one-to-one supervision arrangements at all times. However, at the time of inspection this arrangement was not in place. While inspectors recognised that only two residents were living in the centre at the time of inspection, the provider was required to re-assess staffing arrangements to ensure it met the assessed needs of residents also taking into consideration the impact of future admissions.

Since transitioning to their new home, residents had been issued with a new contract of care which specified clearly the terms and conditions of their residency and services provided to them. Fees payable by residents were described in the contract of care and residents had signed their contract agreement.

## 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. The person in charge was responsible for three designated centres all within short driving distance from each other. Based on the findings of this inspection it was found that the person in charge was able to meet her regulatory requirements despite this large remit.

Judgment: Compliant

## Regulation 15: Staffing

Staffing arrangements in the centre were not reflective of assessed needs for residents. Some residents were identified as requiring one-to-one supervision arrangements however, at the time of inspection the arrangements in place did not support this.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre was well led and governed.

The provider had systems in place to ensure an annual report would be produced for the centre, in line with their regulatory responsibilities. Systems were also in place to ensure a six monthly provider led audit was carried out by a representative of the provider. Operational management auditing 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 24: Admissions and contract for the provision of services

Each resident had been issued with a contract of care following admission to the centre. This contract set out in detail the services provided and the fees applicable for residents. Contracts had been signed and evidence indicated residents were supported to understand and sign their contracts of care.

Judgment: Compliant

### Regulation 31: Notification of incidents

Overall, a low number of incidents had occurred in the centre. The person in charge had submitted a quarterly notification report to the Chief Inspector as required. The person in charge was aware of her regulatory responsibilities to notify the Chief Inspector.

Judgment: Compliant

## Quality and safety

Residents were in receipt of a good standard of care and support in Bridge Lands

designated centre. These supports were delivered in a professional, person centred and dignified way in line with the regulations and standards. Some improvements were required in relation to the identification of personal risks presented by residents. Behaviour support plans also required improvement to ensure they provided comprehensive information and guidance for staff in how to manage all behaviours that challenge.

However, overall residents had been provided with good support to move into their new home. Residents had been supported to transition to the centre from another designated centre with G.A.L.R.O. As part of this process residents had visited their new home on a number of occasions, they had also been supported to pick out colours, furniture and furnishings for their bedrooms. Some residents had received the support of advocacy services as part of their transition with specific communication systems utilised to ensure they were fully informed and consulted with each step of the process. This was evidence of good quality transition planning which met the rights and communication needs for a resident.

The premises provided was a large detached property located in close proximity to a town in County Laois. The designated centre was spacious inside with a well maintained patio and 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, well lit, 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 and for learning and maintaining skills. At the time of inspection residents had begun a process of integrating into their new locality. Some goals identified for residents were to support them in securing employment in the local area. At the time of inspection this process was underway. Residents were also supported to maintain links and friendships with residents they had lived with before and residents from other designated centres.

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 but some improvements were required.

Residents personal plans outlined some specific assessed needs for residents which required comprehensive behaviour support management systems to mitigate and manage personal risks to residents and others. While support planning was in



place it did not provide adequate information for some specific behaviours , which in turn, did not provide staff with adequate knowledge or information on how to monitor, prevent and respond to those specific behaviour support needs. This required improvement.

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. No PRN (as required) chemical restraint was in use as the time of inspection.

Risk was appropriately managed and monitored for the most part but improvement was required. Some personal risks for residents had not been identified as part of the centre's overall risk register. Associated personal risk assessments were also not in place for those personal risks presented by residents. This required improvement to ensure robust risk management systems were in place which identified control measures to manage the risks.

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 had also identified fire rated doors were required for one part of the designated centre to ensure robust fire and smoke containment measures were in place. However, at the time of inspection these doors had not been fitted. The inspector did see evidence that the provider had made arrangements for these doors to be installed within a short space of time following the inspection and therefore, a substantial compliance was found for Regulation 28; Fire Precautions.

### Regulation 17: Premises

The provider had ensured residents were afforded a good quality home which was well maintained throughout and tastefully decorated. The premises also offered residents the choice of two living room areas which were comfortably furnished. The premises was well ventilated, warm and had plenty of natural sunlight throughout. There was also ample parking space to the front and a pleasant back garden area. Residents bedrooms were of a good size and decorated in line with residents' personal preferences and personal belongings.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Good transition planning had occurred and there was evidence which indicated

residents had been supported through advocacy services as part of the process.

Judgment: Compliant

### Regulation 26: Risk management procedures

Some personal risks for residents had not been identified as part of the centre's overall risk register. Associated personal risk assessments were also not in place for some personal risks presented by residents. This required improvement.

Judgment: Not compliant

### Regulation 28: Fire precautions

Overall, the provider had ensured appropriate fire safety management systems were in place throughout the designated centre. However, some fire doors had not been fitted.

Judgment: Substantially 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 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. 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. At the time of inspection staff were supporting residents to achieve greater community integration in their new locality and explore employment opportunities in the nearby town.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Each resident, present on the day of inspection, required specific behaviour supports as part of their overall assessed needs. While behaviour support planning was in place improvements were required to ensure they specified assessed personal risks for residents which in turn required comprehensive and informative behaviour support planning to ensure those assessed needs were responded to and managed safely by staff.

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: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Bridge Lands OSV-0005682

Inspection ID: MON-0024191

Date of inspection: 08/08/2018

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed all residents assessed needs at Bridgelands and identified supervision levels required. Residents supervision needs are documented in residents Positive Behaviour Support Plans, Risk Assessments/Safety Plans. Staff are rostered accordingly to meet supervision levels required.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All residents risks have been broken down, they have mandatory risks along with resident specific behavioural risks and peer to peer abuse risk assessments. These risks collectively inform the centres risk register.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors have been fitted in the centre.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Residents Positive Behaviour Support Plans have been reviewed and amended to include comprehensive descriptions of assessed personal risks and individual behaviour interventions in place to manage these risks. The Positive Behaviour Support Plan have detailed descriptions to inform staff how to respond to residents and safely manage behaviours and assessed needs.	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/08/2018
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.	Not Compliant	Orange	28/08/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/08/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/08/2018

