Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Garden Lodge
Centre ID:	OSV-0005652
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	G.A.L.R.O. Limited
Provider Nominee:	Joe Sheahan
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
02 October 2017 10:00	02 October 2017 16:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for individuals with a disability. It was an nine outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:
As part of the inspection, the inspector met with the area manager and person in charge. There were no service users availing of the service at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a suite of templates which had been presented for use in the centre. The inspector interviewed the person in charge and area manager.

Description of the service:
According to the provider's statement of purpose, dated July 2017, the centre would provide residential care for up to six adult residents with a diagnosis of autism and/or an intellectual disability. One resident in another of the providers centres had been identified to transfer to this centre but no other residents had been identified at the time of inspection.

The centre comprised of a two storey bungalow located in the residential suburb of a medium sized town in county Westmeath. It had adequate living space, with eight bedrooms, six bathrooms, two large sitting rooms, a dining room and a conservatory. There was a garden to the front and rear of the property.

Overall Judgment of our findings:
Overall, the inspector found that the management team had completed significant work on templates and systems to ensure effective monitoring of service delivery. There were arrangements in place to promote residents' rights and safety and to provide a good quality of life for residents while meeting their needs. The person in charge was also in charge of another two designated centre. She demonstrated adequate knowledge and competence during the inspection.

Good practice was identified in areas such as:
- There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified. (Outcome 5)
- There were measures in place to safeguard any resident who would live in the centre. (Outcome 8)
- Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. (Outcome 11)

Areas of non-compliance with the Regulations and National Standards were identified in areas such as:
- There were some areas for improvement in relation to risk management arrangements. Assurances were required in relation to fire containment arrangements. (Outcome 7)
- The full staffing complement for the centre had not yet been put in place. (Outcome 17)

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified.

There was an assessment of need template in place. It was proposed that a full assessment would be completed as part of the admission process and that this would be used to inform individual support plans for residents. It covered matters such as health, nutrition, financial management, personal and social care and support needs.

There was a template personal plan in place with adequate space to detail individual needs and choices. It was proposed that personal goals, actions required to achieve and timelines would also be recorded. The person in charge reported that once admitted each resident's key worker would be responsible to put in place a written personal plan within 28 days as per the requirement of the regulations. It was proposed that each person-centred plan would have a multidisciplinary input and that the resident and their family representative would be involved in developing plans put in place. A user friendly version of the personal plan was also to be developed. As part of the providers multidisciplinary team, there was a clinical psychologist, behavioural specialist and occupational therapist. It was proposed that other community based allied health professionals would be accessed as required.

There were proposed processes to formally review residents' personal support plans on a yearly basis. The inspector reviewed templates for multidisciplinary team and personal care plan reviews. The person in charge reported that each plan would be reviewed annually or more frequently if there was a change in need. It was proposed that the

multidisciplinary team and each service user's family would be consulted and involved in reviewing plans. It was proposed that key working sessions would be held monthly where progress against goals set would be reviewed. There was a template for a key worker review.

A good range of activities for potential residents to engage in had been identified. The provider had membership in a local hotels gym and swimming pool which residents living in centre could access if they so desired. Other local activities identified included, a sensory park, equestrian centred that catered for individuals with special needs, public outdoor activity gyms, number of forest parks, cinema and bowling alley. It was noted that activity sampling and discussion was proposed as a standing agenda item at proposed weekly residents meetings.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose.

The centre comprised of a two storey bungalow located in the residential suburb of a medium sized town in county Westmeath. It had adequate living space, with eight bedrooms, six bathrooms, two large sitting rooms, a dining room and a conservatory. There was a nice garden to the front and rear of the property.

The centre was observed to be homely and suitably decorated. There was suitable lighting and ventilation in place. The inspector observed that there were sufficient furniture, fixtures and fittings in place. Each resident was to have their own bedroom which was of a suitable size and layout to meet the needs of any resident living there. Adequate bathroom facilities were provided on the ground and upper floor level. Five of the bedrooms identified to be used by residents had en-suite facilities.

There was a good sized kitchen which had sufficient cooking facilities, kitchen equipment and tableware. There was a separate dining area which was more than an

adequate size for the number of residents proposed to live in the centre.

There were facilities in place for service users to launder their own cloths if they so wished.

It was reported that there were no specialist equipment requirements for the one resident identified to live in the centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were arrangements in place to promote and protect the health and safety of residents and staff. However, there were some areas for improvement in relation to fire safety and risk management arrangements.

There was a health and safety statement, dated July 2017, which was specific to the centre. Site specific risk assessments had been undertaken and appropriately recorded. There were templates in place for health and safety checks which it was proposed would be completed by an identified staff member. Templates for collective and individual risk assessments for residents, on admission and as required thereafter, were in place. There was a local risk register in place which it was reported would inform the corporate risk register. It was proposed that the risk register would be maintained as a living document and that the person in charge would undertake an audit of same on a quarterly basis. There was a policy on risk management and emergency planning, dated July 2017. However, it did not fully meet the requirements of the regulations as it did not state the measures and actions in place to control a number of specified risks as stated in Regulation 26.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This meant that there would be opportunities for learning to improve services and prevent incidents. There was a template, for incident reporting which included a section to record action taken and further actions required. There was also a template for post incident review. It was proposed that all incidents and near misses would be reviewed and signed off by the person in charge and where appropriate by the area manager and members of the multidisciplinary team. It was also proposed that all individual incidents would be

reviewed and discussed at team meetings scheduled to occur on a monthly basis and at broader management meetings on a three monthly basis. This would provide an opportunity to identify trends of incidents and near-misses, and learning for the centre and wider service.

There were procedures in place for the prevention and control of infection. Suitable colour-coded cleaning equipment had been put in place. There were template cleaning schedules in place and sign-off sheets. The centre had infection control guidelines in place. The inspector observed that there were facilities and equipment for hand hygiene available. Posters were appropriately displayed, which demonstrated the correct hand-washing technique. The person in charge proposed that appropriate training for staff would be provided.

There were some precautions in place against the risk of fire. However, assurances to HIQA were required, in relation to fire containment arrangements so as to ensure that they complied with the requirements of regulation 28. There was a fire safety policy in place but was not dated. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of residents and staff, in the event of fire, was prominently displayed. The fire assembly point was identified with appropriate signage. A fire risk assessment had been undertaken. The inspector reviewed templates for personal emergency evacuation plans which referred to the mobility and cognitive understanding of service users. There was documentary evidence to show that fire-fighting equipment, fire alarms and emergency lighting were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. Fire drill templates were in place which included space to record those attending, time required for full evacuation and issues encountered. It was proposed that fire drills would be undertaken on admission and on a monthly basis there after. There was a fire safety audit template in place. It was proposed that a fire safety officer would be nominated from the staff team in the centre with written responsibilities regarding the role put in place.

A road-worthy vehicle to transport residents to social outings had been secured. The person in charge proposed that appropriate service records, insurance certificates and tax documentation would be maintained in relation to same.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were measures in place to safeguard any resident who would live in the centre.

The service had a policy for prevention, detection and response to abuse, dated September 2017. The inspector noted that the responsibilities and contact details for the designated officer were detailed in the policy and observed to be on show in the centre. The person in charge was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. It was proposed that appropriate safeguarding training would be provided for all staff. The centre had a policy on intimate care, dated July 2017. Intimate care assessments and plans were noted to be included as part of the template personal plan. There was also a template intimate and personal care log to record when care was delivered. There was a protected disclosure policy, dated September 2017 which it was proposed would ensure that there were no barriers for staff or families disclosing abuse.

Arrangements were in place to provide residents with emotional and behavioural support that would promote a positive approach to managing behaviour that challenges. The centre had a policy on provision of behavioural support, dated July 2017. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. Training records showed that the four staff identified to work in the centre had completed training in a recognised behavioural management approach.

There was a policy on restrictive procedures, physical, chemical and environmental restraints, dated July 2017. There were template logs for recording restrictive practices and template for chemical restraint protocols. It was proposed that all restrictive interventions would be regularly reviewed by the providers psychologist and behavioural specialist. It was also proposed that family members would be informed of all restrictive practices.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Arrangements were in place to support any resident on an individual basis to achieve and enjoy the best possible health.

There was a comprehensive assessment template in place which required information relating to the health needs of service users. The person in charge reported that residents' health needs and strengths would be assessed as part of the pre admission process in consultation with the service users and their families. The personal plan template included space for information relating to the service users' health needs and care requirements. It was proposed that all residents would have a health check from their medical professional on admission and at least annually thereafter.

It was reported that the service user identified to transition to the centre had minimal healthcare needs. The person in charge proposed that each of the residents would have an opportunity to choose their own GP (general practitioner). The service had access to a number of therapeutic supports which would be available to service users in the centre. These included: occupational therapy, clinical psychologist and behavioural specialist. There were templates in place to record all contact with residents general practitioner and members of the multidisciplinary team.

The centre had a fully equipped kitchen. There was a separate large dining area with adequate seating to allow meal times to be a social occasion. There was a policy on monitoring and documenting nutritional intake, dated July 2017. The inspector reviewed template weekly menu planners and it was proposing that dietary intake would be recorded on a daily basis. It was proposed that menu options would be agreed at the weekly service user meetings. The person in charge proposed that residents would be supported to buy and prepare their own meals.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

There were systems in place to support staff in protecting residents in relation to medication management.

The service had a medication management policy, dated July 2017. It was noted that the four staff recruited to work in the centre had completed training in the safe administration of medications. There was a medicine competency assessment template, which the person in charge proposed that she would complete with all staff before they would start administering medications and on a yearly basis thereafter. The inspector reviewed template medication prescription and administration records and found that they provided adequate space to record the required information. There were also templates for individual medication management plans, staff signature banks, medication stock control log, medication error form and medication order receipt form. A secure storage press for medication was available in the house.

The procedures for the handling and disposal of unused and out-of-date drugs. A separate designated and secure area for the storage of out-of-date medications had been identified in the staff office. The person in charge reported that all unused and out-of-date drugs would be returned to the pharmacy for disposal. There was a template form to record all medication returned along with the signature of the receiving pharmacist. It was proposed that this would also be signed by the staff returning the medication on each occasion

There were arrangements in place to support residents to be responsible for their own medications if deemed appropriate. There was a template for risk assessment for the self administration of medication which it was proposed would be completed for all residents on admission and periodically thereafter. There was a locked press in each of the bedrooms for storage of medications for any resident deemed appropriate to self administer medications.

There were arrangements in place to review and monitor safe medication management practices. The inspector reviewed templates for undertaking medication audits which it was proposed would be undertaken on a monthly basis by the person in charge and weekly by the house manager. It was proposed that the output from these audits would be reviewed by the area manager and broader management team with any learning identified shared across the wider service. There were a number of pharmacists available in the local area whom service users would be able to choose from. It was reported that there were arrangements in place with these pharmacists whereby they undertook audits on a six monthly basis of medication systems in place.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There was a statement of purpose in place, dated July 2017.

It set out the aims, objectives and ethos of the centre. It also stated the facilities and services which would be provided for residents living in the centre. It contained all of the information required by schedule 1 of the regulations.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were arrangements in place to monitor the quality and safety of care and support once the centre opened.

It was proposed that the director of service and area manager would undertake the annual review and six monthly unannounced visits in the centre in line with the regulatory requirements. There were a number of audit templates in place, including for service user rights, fire safety, key working, financial, infection control, risk management, medication and health and safety. It was proposed audits would be undertaken in the centre on a regular basis so as to ensure that the service provided was safe and appropriate to residents' needs.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The person in charge reported to an area manager who in turn reported to the director of service.

The proposed person in charge for the centre was in a full time post and also held responsibility for a further two centres located within a short distance of each other. It was proposed that she would retain these responsibilities in addition to being the person in charge for this centre. It was proposed that she would be supported by house manager in the centre but no one had yet been identified for this position.

The proposed person in charge held a bachelor of arts in social studies and applied social studies, and a diploma in child mental health. At the time of inspection, she was in the process of completing a masters in advanced social care practice. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear vision for the proposed service. Overall, her experience and qualifications were considered to meet the requirements of the regulations.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
There were recruitment procedures in place, which were managed centrally by the provider. However, the full staffing complement for the centre had not yet been put in place.

The inspector reviewed the provider's policy on recruitment and selection. The full staffing complement for the centre was identified to be 13 staff. However, at the time of inspection, only four staff and the person in charge had been recruited in the centre. It was reported that recruitment was underway to recruit the outstanding staffing complement. There was a proposed template staff roster in place. The inspector reviewed the files for the staff identified to work in the centre. The information as required in Schedule 2 of the regulations was available in the files reviewed.

There was a policy on staff training and development, dated July 2017. It was proposed that a training programme would be put in place and coordinated by the person in

charge. The inspector noted that copies of the standards and regulations were available in the centre. Training records for staff identified to work in the centre showed that these staff had attended appropriate training.

Formal supervision arrangements for staff were proposed. This meant that staff performance would be formally monitored in order to address any deficiencies that might exist and to improve practice and accountability. There was a draft supervision contract in place which proposed that supervision would be undertaken on a 12 week basis. There was also a template to record supervision undertaken.

The person in charge told inspectors that there would be no volunteers working in the centre when it opened.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0005652
Date of Inspection:	02 October 2017
Date of response:	31 October 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on risk management did not fully meet the requirements of the regulations as it did not state the measures and actions in place to control a number of specified risks as stated in Regulation 26.

1. Action Required:

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
We have reviewed our policy in risk management at the centre to ensure it fully meets the requirements of the regulations and includes the measures and actions in place to control a number of specified risks as stated in Regulation 26. Unexpected absence of any resident, accidental injury to residents, visitors and staff, aggression and violence and self harm.

Proposed Timescale: 31/10/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assurances to HIQA were required, in relation to fire containment arrangements so as to ensure that they complied with the requirements of regulation 28.

2. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
We have reviewed our fire safety procedures and consulted with a fire expert who recommended changing some existing doors with 30 minute fire doors; fitted with self closers and smoke seals. This work is now complete.

Proposed Timescale: 31/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The full staffing complement for the centre was identified to be 13 staff. However, at the time of inspection, only four staff and the person in charge had been recruited in the centre.

3. Action Required:
Under Regulation 15 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:
We are recruiting staff who have the necessary qualifications and skill mix appropriate

to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. This recruitment will be completed prior to the centre reaching capacity.
Proposed Timescale: 26/02/2018