



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

Name of designated centre:	Garden Lodge
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	28 August 2018
Centre ID:	OSV-0005652
Fieldwork ID:	MON-0023412

## About the designated centre

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

The service provided was described in the providers statement of purpose, dated July 2017. The centre provided residential care for up to six residents over the age of 18 years with a diagnosis of autism and or an intellectual disability. At the time of inspection, there were five residents living in the centre and one vacancy. The centre consisted of a two storey bungalow located in a residential suburb of a medium sized town in county Westmeath. There was a large garden to the front and rear of the centre for use by residents. Each of the residents had their own bedroom which had been personalised to their own taste. The last inspection in the centre had been completed in October 2017 when the provider had first sought registration of the centre. The centre was subsequently registered in January 2018 and the first resident moved into the centre in January 2018. The purpose of this inspection was to monitor the providers compliance with the regulations.

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

Current registration end date:	03/01/2021
Number of residents on the date of inspection:	5

## 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
28 August 2018	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## Views of people who use the service

As part of the inspection, the inspector met with three of the five residents living in the centre. Two of these residents were unable to tell the inspector their views of the service but warm interactions between the residents and staff caring for them was observed. The third resident told the inspector that they loved living in the centre and spending time with staff and the other residents in the centre. On the day of this unannounced inspection, a planned end of summer party was being hosted by the provider and held in the back garden of the centre. Residents had invited peers and staff from other designated centres near by and two local community Gardai to attend. Entertainment included a large obstacle bouncy castle, music, face painting, various garden games, an ice cream van and food from an external catering company. Two of the residents had taken a decision not to attend the party. They were facilitated by staff to engage in other activities of their choice outside of the centre. The other three residents attended and appeared to enjoy the celebrations.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support their loved ones were receiving.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified, skilled and experienced person who had an in-depth knowledge of the needs of each of the residents. The person in charge was in a full time position but was also responsible for another two designated centres located nearby. She was supported in this centre and each of the other centres by a deputy manager. She held a bachelors 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 end stages of completing a masters in advanced social care practice. She was found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector that the

person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn reported to the director of care. There was evidence that the head of care visited the centre at regular intervals.

The provider had completed unannounced visits to assess the quality and safety of the service as required by the regulations, in February 2018 (shortly after the centre opened) and in July 2018. There was evidence that the person in charge and or her deputy had undertaken a number of audits in the centre on a regular basis. Examples of audits completed included, the new HIQA framework, medication practices, residents rights, fire safety, key working, restrictive practices, financial, infection control, health and safety, safeguarding and service improvements, and monthly triangulation of paperwork audit. There was evidence that actions were taken to address issues identified in these audits.

There were effective recruitment and selection arrangements in place for staff. There was a recruitment and selection policy, dated July 2017. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy, dated July 2017. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

### Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

### Regulation 19: Directory of residents

There was an accurate directory of residents maintained in the centre which contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose that accurately and clearly

described the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the regulations.

Judgment: Compliant

### Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans had been put in place within 28 days of the residents admission. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. None of the residents were engaged in a formal day programme. However, each of the residents had a busy weekly activity schedule in place which included regular activities such as swimming, horse riding, dog walking, drama classes, drum classes, art and craft activities, trampoline park and other outings. A number of the residents had jobs in local business, on either a voluntary or paid basis. The provider had subscribed to a local gym which each of the residents had access to. A monthly participation log was maintained to record activities that residents had engaged in.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own bedrooms which had been personalised to their tastes and choices. This promoted the resident's independence, dignity and respect.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the



needs of the residents. A weekly menu was agreed with residents. One of the residents was being supported to engage in a healthy eating programme and had achieved significant success in losing weight to promote his health and well being. The resident was encouraged and supported by staff to attend a group meeting on a weekly basis in the local community.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

There were measures in place to protect residents from being harmed or suffering from abuse. Residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. Multi-element support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that plans in place were regularly reviewed by the provider's behaviour specialist and psychologist. In the preceding period, whilst the resident settled into their new home, it was evident that there had been some incidents of challenging behaviour which had the potential to be difficult for staff to manage in a group living environment. However, these had been appropriately managed and ultimately had reduced in the preceding two month period. Staff and a resident spoken with, told the inspector that the residents all got on really well together.

### Regulation 10: Communication

Residents' communication needs were met.

Judgment: Compliant

### Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each resident.

Judgment: Compliant

<b>Regulation 18: Food and nutrition</b>
Residents were provided with a nutritious, appetizing and varied diet.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The health and safety of residents, visitors and staff were promoted and protected.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Suitable precautions were in place against the risk of fire.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The healthcare needs of residents were being met.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>

Residents were provided with appropriate emotional and behavioural support.

Judgment: 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant