



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

## Issued by the Chief Inspector

Name of designated centre:	Carriglea
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	14 October 2019
Centre ID:	OSV-0003553
Fieldwork ID:	MON-0025237

## About the designated centre

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

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

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

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Monday 14 October 2019	09:00hrs to 17:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with three residents on the day of inspection. One resident was attending a day service and the inspector did not have the opportunity to meet with them. Residents met with used verbal and non verbal methods to communicate their thoughts.

Residents appeared happy and at ease in their home throughout the inspection day. Privacy and quiet space was afforded to residents in the designated centre during the day as per their individual preferences and needs. Residents had access to internet and television at all times and this supported them to use their preferred technology equipment during the day. Residents also regularly attended various activities. These included going to the cinema, going out for food, going for drives, attending day service, shopping and visiting friends and family. Residents were also regularly attending activities to help achieve social goals including going to the bank, grocery shopping, going to the chemist and getting the train. Picture planners were in place around the centre to assist staff and residents to achieve these goals. The residents appeared to be a compatible group of individuals who were content and safe living together.

The inspector observed one resident having their breakfast in the morning and another resident eating their dinner in the evening. This appeared to be a relaxed and comfortable experience for the residents. Staff spoken with were appeared familiar with residents individual needs and preferences.

Residents and their families had ample opportunity to feedback on the service being provided. Regular meetings were held with staff and residents and a system was in place to record and respond to any complaints and compliments received from residents and/or their representatives. Compliments recorded from residents family members included positive feedback regarding staff time keeping, care and dedication shown by staff, families high satisfaction with the care provided and families high level of satisfaction with their family members appearance.

## Capacity and capability

Overall, it was evident on the day of inspection that the registered provider, management team and staff were capable of providing a safe and effective service to the individuals living in Carriglea. Residents appeared happy living with each other and with the supports in place in the designated centre.

The inspector found there was appropriate systems in place to oversee, monitor and manage the service. A clear management structure was in place. There was a

person in charge (PIC) in place who had the skills and experience necessary to effectively manage the designated centre. The person in charge was supported by a centre manager who communicated with the PIC daily. The centre was subject to regular auditing, checks and reviews. There was an annual review of the quality and safety of care and support provided. This was completed by a designated service compliance officer in conjunction with the person in charge. Six monthly unannounced audits were also completed by a person nominated by the provider. Auditing systems were highlighting areas in need of improvements and these areas were being appropriately addressed by a designated person. Audit templates were using the standards and regulations as guide tools when making judgments. Staff competency was also assessed during the six monthly unannounced visits.

There was appropriate staffing numbers and skill mix's in place in the designated centre to meet the assessed needs of the residents. All residents were supported at a minimum of one to one during the day in line with their individual complex needs. Residents were then supported at night time with one waking night staff and sleepover staff in the centre. A staff rota was maintained by the person in charge and centre manager to reflect staff on duty. Tasks were delegated to each staff member on duty daily and a comprehensive handover system was in place for staff changeovers to ensure continuity of care for residents.

Supervision was completed with staff on a three monthly basis by the staff members line manager. The supervision template was utilised to assess the staff members professional development, work practice, risk management, engagement with residents and general performance. An induction process was in place for new staff members, who had the opportunity to shadow another staff member for three weeks prior to commencing full time work. A probationary period of six months was in place for all staff on commencement of employment. The inspector did not have the opportunity to observe all staffs Schedule 2 documents as these were located off site on the day of inspection.

Staff members had all received mandatory training and refresher training. Centre specific training was also being provided to meet the assessed needs of the residents. Staff had received training in areas including fire safety, manual handling, safeguarding, childrens first, medication management, epilepsy management, positive behavioural support, infection control, nebuliser training, first aid, emergency first response and intimate care. There was a human resources (HR) team who completed a regular training needs analysis and implemented a training schedule accordingly following this. The PIC also completed regular audits on training needs and highlighted the need for training in specific areas with the HR team when required.

There was an accessible system in place for residents and their families to submit complaints and compliments to the provider. Any complaints received were appropriately recorded and addressed in a serious and timely manner by a designated person. The inspector observed a number of compliments that had been submitted to the provider by the residents family members. Questionnaires were also issued to residents and their families annually and this was an opportunity to feedback to the provider on the quality of care being provided. These

questionnaires were considered and utilised in the centres six monthly audits and annual review of the quality and safety of care.

### Regulation 15: Staffing

There was appropriate staffing numbers and skill mix in place in the designated centre to meet the assessed needs of the residents living in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received mandatory training and refresher training. Centre specific training was also being provided to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place. There was an annual review of the quality and safety of care and support provided. Six monthly unannounced audits were also completed by a person nominated by the provider. Auditing systems in place were highlighting areas in need of improvements and these areas were being appropriately addressed.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a Statement of Purpose in place that accurately described the service being provided and met all the requirements set out in Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an accessible system in place for residents and their families to submit complaints and compliments to the provider. Any complaints received were addressed in a serious and timely manner by a designated person. The inspector observed a number of compliments had been submitted to the provider by the residents family members.

Judgment: Compliant

## Quality and safety

The inspector found that the centre was providing appropriate and safe support to the individuals living in the centre. This was evidenced through observing and speaking with the residents and staff throughout the inspection day and observing documentation in place that was supporting and documenting the care that was provided.

There was an appropriate and comprehensive assessment of need completed for all residents. Personal plans were then devised following these assessments to meet the residents health, personal and social care needs. All residents had their own individual goal folders in place. These were reviewed on a three monthly basis by the residents key workers and a behavioural therapist. Weekly pictorial planners were devised for all residents. These outlined planned activities and meal ideas for the week. Long term planners were also in place to assist the achievement of social goals. Short term goals were implemented with set timeframes and responsible staff members to progress long-term goals in a timely manner. Goals were largely aimed at promoting the development of the residents independent living skills. An annual personal planning meeting was held for each resident with the resident present and their preferred attendees. A full review of the residents aspirations and goals was completed at this meeting.

Residents were being supported to manage their behaviours. Residents had regular access to a behavioural therapist who was assessing, reviewing and implementing positive behavioural support plans in place. Any changes to plans in place were then communicated with staff and discussed at team meetings. All staff had received training in positive behavioural support and had the skills and knowledge to respond to behaviours that were challenging. Some restrictive practices were used to support residents. These were minimal and used when there was an identified risk to the residents safety and well-being. Any restrictions in place were subject to regular review with the behavioural therapist. Any restrictions in place on the day of inspection had been notified to the office of the Chief Inspector in a quarterly report as required.

In general, the registered provider had ensured that effective fire management systems were in place. Fire fighting equipment, detection systems and emergency



lighting was observed around the centre. These were subject to regular servicing by an external fire specialist. All residents had a personal emergency evacuation plan in place. Evacuation plans were also available in a picture format that was accessible to all residents. Evacuation drills were completed monthly by staff and residents in an efficient manner. These simulated both night and day time conditions. There was a fire panel in place with alert systems to inform staff of the location of a fire should one occur. A concern was raised on the day of inspection in relation to containment measures in the designated centre. The service maintenance team investigated and addressed this concern on the day of inspection and a full report from a structural specialist was furnished to the inspector following the inspection date. This report detailed the buildings compliance with regards to containment measures.

Some practices were highlighted on the day of inspection that needed further review to ensure protection against infection. An area used for residents food preparation was located in a small utility area where laundry was also completed. There was a large volume of soiled laundry in alginate bags located in this room on the morning of inspection. Fruit and eggs and cooking appliances were also located in close proximity to the laundry facilities. Visible dust was observed on a storage unit upstairs in the centre and downstairs on the centres windowsills. Cobwebs were observed in the upper corners of the living room walls.

In general, the premises were designed and laid out to meet the needs of the residents living there. The centre is a large detached two storey house. Residents had their own bedrooms with en suite bathrooms, which they had designed to suit their own individual preferences. There were large shared living and kitchen spaces available and residents had adequate storage space to store personal belongings in both the bedrooms and in the shared living spaces. The centre was homely and warm and residents all had their own space in which they liked to relax. In general the external decor was maintained adequately, however internally some outstanding paintwork on the internal walls was noted, and the floorboards on the stairs and upstairs landing of the building were observed as worn and scratched.

Overall, the provider had ensured that there were appropriate systems in place for the assessment, management and ongoing review of actual and potential risks in the designated centre. Individualised assessments were in place for identified risks. These included identified physical, medical, financial and safeguarding risks. Appropriate measures were then devised following these assessments to mitigate identified risks. Staff had implemented an education program on road safety with one resident to reduce a risk identified regarding road safety. Plans and procedures were in place for staff to follow in the event of an emergency. Risk management plans and procedures were discussed at every monthly staff meeting. Staff had signed management plans in place once they had reviewed them.

In general, appropriate systems were in place for the safe administration of residents medication. Staff had received training in the administration of medication and were competent in administering medicines safely. There was a safe and secure storage unit in place for any medicines in the designated centre. Residents had access to a local pharmacist who completed three monthly reviews on the residents medication prescriptions. A nurse also completed regular audits and checks on the

residents medication. There were protocols in place to guide staff on the administration of medication used as required (PRN). However, some recommendations and observations made by the residents pharmacist following a review in July 2019 had not been reviewed by a GP or recommended changes implemented. Furthermore, the emergency protocol in place for one resident for the management of epilepsy was not corresponding with the residents prescription signed by their general practitioner (GP).

Overall, residents were supported to maintain their health. Residents had access to appropriate multi-disciplinary support and referrals were made by staff when appropriate. Staff had received training on how to support residents with epilepsy. Records were maintained of any healthcare appointments attended by residents. These records included details of any relevant changes in the residents healthcare plan advised by the healthcare professional. Care provided was monitored closely and communicated well amongst the staff team. Residents were supported to obtain the flu vaccine. Evidence of staff respecting the residents right to refuse some healthcare support was also observed.

The registered provider was ensuring the residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults. Management and staff spoken with were familiar with reporting systems and national policy for the protection and welfare of the residents. There were no safeguarding concerns identified on the day of inspection. Safeguarding key working education sessions were held with residents. These sessions included educating residents on Internet dangers and guided residents on internet safety measures. Garda vetting had been completed with all staff prior to them commencing work in the designated centre. Furthermore, all residents had an intimate care plan in place and all staff had received training in the provision of intimate personal care.

## Regulation 17: Premises

In general, the premises were designed and laid out to meet the needs of the residents living there. Some outstanding paintwork on the internal walls was noted, and the floorboards on the stairs and upstairs landing of the building were observed as worn and scratched.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Overall, the provider had ensured that there were appropriate systems in place for the assessment, management and ongoing review of actual and potential risks in

the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

In general, the registered provider had ensured that effective fire management systems were in place. Fire fighting equipment, detection systems and emergency lighting was observed around the centre that were subject to regular servicing. All residents had a personal emergency evacuation plan in place.

A concern was raised on the day of inspection in relation to containment measures in the designated centre. A maintenance team addressed this concern on the day of inspection. A full report from a structural specialist was then furnished to the inspector, following the inspection date, with details of compliance with regards to containment measures in the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

In general, appropriate systems were in place for the safe administration of residents medication. However, some recommendations and observations made by the residents pharmacist in July, had not been reviewed by a GP or implemented. Furthermore, the emergency protocol in place for one resident for the management of epilepsy was not corresponding with the residents prescription.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There was an appropriate and comprehensive assessment of need completed for all residents. Personal plans were then devised following these assessments to meet the residents health, personal and social care needs.

Judgment: Compliant

### Regulation 6: Health care

Overall, residents were supported to maintain their health. Residents had access to appropriate multi-disciplinary support and referrals were made by staff when appropriate.

Judgment: Compliant

### Regulation 7: Positive behavioural support

All residents were supported to manage their behaviours. Staff had the skills and knowledge to respond to behaviours that were challenging.

Judgment: Compliant

### Regulation 8: Protection

The registered provider was ensuring the residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults. Management and staff spoken with were familiar with reporting systems and national policy for the protection and welfare of the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Some practices were highlighted on the day of inspection that needed further review to ensure residents were protected against infection

Judgment: Substantially compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Carriglea OSV-0003553

Inspection ID: MON-0025237

Date of inspection: 14/10/2019

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Outstanding paintwork on the internal walls has been completed by 21/10/2019. Floorboards on the stairs and landing area will be sanded and varnished by 10/12/2019.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All recommendations and observations made by the resident's pharmacist in July have been reviewed by the GP and implemented. We have made changes to the medications weekly audits to ensure all recommendations going forward are completed within a prompt timeframe. The emergency protocol for the management of epilepsy is now corresponding with the residents prescription. The revised weekly medication audit will capture these issues going forward and prompt action will be taken. These actions were completed by 18/10/2019.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

The small utility room is no longer used for food preparation. Centre managers and oncall managers conduct weekly on the spot and or planned audits for infection control and to ensure centre is clean. Centre now has a cleaner on a weekly basis to deep clean where needed, this is along with the daily cleaning schedule in place in the centre. All staff have received refresher training on in house Infection Control. These actions were completed by 30/10/2019



## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	10/12/2019
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/10/2019
Regulation	The person in	Substantially	Yellow	18/10/2019

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Compliant		
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