



## Office of the Chief Inspector

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

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	02 April 2019
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0022576

## About the designated centre

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

The service is described as offering long-term residential care to five adults, both male and female with medium to high support needs, autism and behaviours that challenge. The residents will be provided with a comfortable, homely and well maintained environment, conducive to their behavioural needs and in-keeping with a low arousal approach to care.

The provider recognises the importance of working alongside families and professionals involved. The service provides an individualised person-centred service to the residents of Galro Residential Mullingar. This will be tailored in accordance with the resident where practicable, their families and input from the multi-disciplinary team. Staffing levels are assigned to be appropriate to the needs of the residents and a number of therapeutic supports are also available to the residents from within the organisation. Day services and activities will be individually tailored to the resident's needs and preferences. The premises comprises a single-story house detached house which has been significantly altered and extended to accommodate the residents. There is good access to all local facilities and amenities. The house has ample space, personalised bedrooms, is very well maintained and filled with the residents' personal possessions. There is a suitable garden which is used by the residents.

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

Current registration end date:	18/09/2019
Number of residents on the date of inspection:	4

## 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
02 April 2019	09:00hrs to 17:00hrs	Noelene Dowling	Lead

## Views of people who use the service

The inspector met with three residents as they went about their daily routines and prepared for the day's activities. The residents communicated in their preferred manner and the inspector observed that they were comfortable with their staff and in their home. Staff were observed to be supportive of the residents' routines and preferences for participating in their plans and activities and supporting them sensitively with their care.

The inspector also reviewed information received by the provider and HIQA from relatives, in regard to the service provided. This was very positive in regard to the service, the care provided and the level of consultation.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre.

The inspector found that this centre was well managed, with good systems and levels of oversight evident. These systems ensured that the residents' complex needs were identified and their well being and quality of life was prioritised. There were suitable structures and persons employed to direct and oversee residents' care including a suitably qualified and experienced person in charge who reported to the head of care. The commitment to and competence of the governance arrangements is demonstrated by the level of compliance with regulations and standards identified on this inspection. This ensured that residents received the care and support they needed as young adults. There were effective on-call systems implemented for advice and direct support to the staff at all times.

There were robust reporting and quality assurance systems in place which supported the resident's quality of life and safety. These included the provider's unannounced visits to the centre, and frequent audits undertaken on a range of relevant issues including medicines, incidents and accidents. In addition, the provider undertook frequent visits to the centre and reviewed relevant matters such as risk assessments and the residents' personal goals. Actions were identified in all cases and these were seen to be addressed as a result. Any accidents or incidents were carefully and promptly reviewed with remedial actions taken to address them. There were effective systems also for oversight of the management of residents' finances and complaints which helped to ensure their safety.

The annual report for 2018 was available. This was a comprehensive review of the service and there was evidence that the views and preferences of parents were actively solicited and listened to.

The service was well resourced to account for the complexity of needs of the residents with 1:1 or 2:1 staff available to support the residents. This ensured that their support plans could be implemented effectively to their benefit. Staff had the training and skills to support the residents. Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. Every effort was made to maintain consistency of staff. For example, staff had moved with the residents from their children's services to provide stability and continuity for them.

There were effective systems for communication with regular team meetings which were focused on the residents' development and welfare, which again their well being. There was evidence of a commitment to mandatory and other training necessary to ensure the residents' needs were being met.

From a review of a sample of staff files, the inspector saw that recruitment procedures were satisfactory and safe. Effective staff supervision and induction programmes were in place. Staff spoken with confirmed the oversight and support of the management team. All staff and the managers demonstrated a sound knowledge of the resident's needs and preferences, commitment to supporting them and residents were observed to be comfortable and interacting easily with the staff in their home.

Inspectors found that complaints were managed transparently and promptly with consultation with the complainant.

The statement of purpose and all of the documents required for the renewal of the registration of the service were forwarded and the findings of the inspection indicate that the care is delivered according to this statement.

#### Registration Regulation 5: Application for registration or renewal of registration

All of the documents required for the renewal of the registration of the service were forwarded within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The provider employed a suitably qualified and experienced person in charge who undertook the role and responsibilities competently.

Judgment: Compliant

### Regulation 15: Staffing

There was a high ratio of staff employed to support the resident care needs..

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had the training and skills to support the residents and were further supported by the the ongoing guidance of clinical staff.

Judgment: Compliant

### Regulation 21: Records

Detailed records pertaining to residents, staff and all other relevant documents were maintained.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of current and satisfactory insurance was forwarded as part of the application for registration.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that this centre was well managed, with good quality assurance systems, levels of oversight and the direct provision of relevant therapeutic interventions which supported the residents well-being and quality of life.

Judgment: Compliant

<b>Regulation 24: Admissions and contract for the provision of services</b>
Admission processes were transparent, safe and all residents had a contract for the service, signed on their behalf, where necessary.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was satisfactory and the care was delivered to the residents according to this statement.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All of the required notifications had been forwarded to the Chief Inspector as required.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
There were suitable arrangements made for any absence of the person in charge and HIQA had been informed of these.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Any complaints made were managed transparently and promptly with consultation with the complainant.
Judgment: Compliant



## Regulation 4: Written policies and procedures

All of the required polices were in place and reviewed.

Judgment: Compliant

## Quality and safety

The inspector found that the residents care was delivered in accordance with their assessed needs and with a view to enabling them to achieve the best quality of life.

The residents had frequent access to, and support, from a range of multidisciplinary assessments including psychiatry, psychology, behaviour supports, speech and language, occupational therapy and relevant medical clinicians. Many of these were integral to the organisation and so were readily accessible and provided detailed guidance for the staff. Comprehensive support plans were implemented for all of the residents' health, psychosocial and developmental care needs. These plans were frequently reviewed to reflect changes to the residents' needs and assess the benefit to the residents. As young adults with complex care needs the focus was on developing fundamental life and self-care skills and changing behaviours which impacted on their life and social experience.

To this end, the residents' day time activities and plans were individually tailored to support them. For example, one resident attended a formal training service and also had supported employment experience. Where such activities were found to be unsuitable for the residents, they had structured activities with staff which included access to social activities, local amenities, art work, music or drama and holidays away. Their views and preferences for such activities were found to be carefully monitored by staff. In all cases relatives were also consulted as appropriate.

Residents had access to mobile phones, and other technology, and they were also supported with pictorial images, social stories, and sensory supports which were implemented by staff. Staff were helping a resident to learn sign language to help with communication although it was observed that they understood the residents' non-verbal communication very well. This was also addressed via detailed support plans.

Residents' nutritional needs were identified and monitored, with dietary advice sought and implemented. Residents and staff shared meals together, and with staff support the residents helped with meal preparation.

Residents had frequent key working sessions that were relevant to their needs, ability to communicate, and the need for a low-arousal environment.

There were effective systems in place to protect residents from abuse. Detailed impact assessments had been undertaken which ensured admission decisions protected residents and that the residents' needs were compatible.

The provider was seen to take appropriate action to address any safeguarding issues which occurred and provide effective supports to the residents to protect themselves and others. Such matters were managed in a sensitive and appropriate manner. Residents' personal possessions and monies were managed carefully, by, or with staff support as needed. Each resident had a detailed intimate care plan, pertinent to their particular needs and preferences. Staffing arrangements were organised to ensure these were carried out in accordance with these plans.

There were also good systems implemented to support residents with behaviours that challenge including self-harm and aggression. There was detailed clinical therapeutic guidance on the prevention of and management of such incidents. All incidents were clinically reviewed. Restrictive practices were minimal, and implemented for the residents own safety. Where these were implemented they were assessed and carefully reviewed. Where such measures were no longer deemed necessary they were discontinued. The use of medicines on a PRN (administer as required) basis was also carefully monitored and reviewed to avoid harm to the residents.

Risk management systems were effective, centre specific and balanced. There was a detailed and current risk register which included clinical and environmental risks, with pertinent plans made to manage risks. There were pertinent risk assessments and management plans for each of the individual residents' identified needs, including personal safety and self harm. The high staffing levels also helped to manage risks to residents while ensuring they had access to their preferred social activities.

Fire safety systems were satisfactory. All of the required fire safety management equipment was available and serviced regularly. There were appropriate fire containment systems in place. In-house checks were undertaken to ensure the systems were working. Residents had appropriate personal evacuation plans in place and staff diligently undertook regular drills with residents and any issues noted were addressed.

The premises had been significantly upgraded in 2017 and it was spacious, comfortable and suitable for the needs of the resident. Medicine management systems were safe and medicines were regularly reviewed for impact and effectiveness for the residents.

## Regulation 10: Communication

Residents had access to mobile phones, and other technology, and they were also supported with pictorial images, social stories, and sensory supports which were implemented by staff.

Each resident who required this had a detailed communication support plan implemented.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to their personal possessions and detailed inventories were maintained.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents' day time activities, training for life skills, and recreation were implemented in a manner most suitable to the residents. These arrangements were kept under review to ensure they were meeting the residents current needs.

Judgment: Compliant

### Regulation 17: Premises

The premises had been significantly upgraded in 2017 and it was spacious, comfortable and suitable for the needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The residents' nutritional needs were identified and monitored, with dietary advice sought and implemented. Residents and staff shared meals together, and with staff support the residents helped with meal preparation.

Judgment: Compliant

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

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management systems were effective, centre specific, balanced and under constant review.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety systems were satisfactory. All of the required fire safety management equipment was available and serviced regularly. There were appropriate fire containment systems in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine management systems were safe, monitored and medicines were regularly reviewed for impact and effectiveness for the residents.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The residents had frequent access to, and support, from a range of multidisciplinary assessments, detailed support plans were implemented and their care was frequently reviewed via multidisciplinary team.

Judgment: Compliant

## Regulation 6: Health care

Residents healthcare needs were identified, carefully monitored and responded to.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There detailed clinical therapeutic guidance on the prevention of and management behaviours that challenge available to staff. All incidents were clinically reviewed. Restrictive practices were minimal, and implemented for the residents own safety. Where these were implemented they were assessed and carefully reviewed.

Judgment: Compliant

## Regulation 8: Protection

There were effective systems in place to protect residents from abuse. The provider was seen to take appropriate action to address any safeguarding issues which occurred and provide effective supports to the residents, to protect themselves and others where necessary, in a sensitive manner.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents were consulted in a manner appropriate to their needs and their preferences, however expressed, for routines, activities and care were listened to and responded to by staff.

Judgment: 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 9: Residents' rights	Compliant