



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

## Issued by the Chief Inspector

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	19 July 2022
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0037332

## About the designated centre

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

Galro Residential Mullingar is a six bedroom detached bungalow in a residential suburb of Mullingar. It provides a residential service for up to five adults in a safe, nurturing and homely environment that meets their behavioural, medical and intimate care needs. Residents may present with a diagnosis of autism and/or intellectual disabilities. It is a residential service that can cater for up to five adults, supported and facilitated by staff on an on-going basis to live full and valued lives in their community and at all times ensuring that stability, good health and well-being is achieved.

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

Number of residents on the date of inspection:

5

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 (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
Tuesday 19 July 2022	09:50hrs to 18:20hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, residents' health and wellbeing was being monitored and reviewed by a team of staff members who appeared to know the needs of the residents well. The person in charge and staff were striving to ensure that residents lived in a supportive environment, were consulted in the running of the centre and played an active role in the decision making within the centre. However, improvements were required in relation to individual assessment and personal plan, healthcare, positive behaviour support, and risk management. These improvements are discussed in section two of this report: Quality and Safety.

The inspector had the opportunity to meet with all five of the residents living in the centre. Residents with alternative communication methods, did not share their views with the inspector however, these residents were observed in their home at different times of the inspection.

High staffing levels in the centre facilitated residents to receive opportunities for individualised activities based on their preferences and residents were observed to make choices about their day. For example, one resident was researching places on the internet about where they would like to eat out when they were out for a walk later that day. Another resident had made a plan with a staff member to go out for the day. However, after being out for a brief time they changed their mind and were supported by the staff member to return home as per their wishes. Some residents participated in equine therapy and another resident went to the hairdressers and had lunch out afterwards. They appeared very pleased with how their hair looked on their return.

One resident spoken with said that the staff were nice and that they felt listened to. They said they chose what activities they do each day and they can change their mind if they want to.

The inspector observed some interactions between staff and residents to be person-centred, friendly and considerate. The inspector spoke with three staff members on duty and found that they demonstrated a good understanding of the residents' needs and how to respond to and support them.

From walk-around of the premises, the inspector saw that the centre was clean, tidy and in a good state of repair. The centre's the back garden had an archery target on the wall, a trampoline, a web swing and a seating area for residents' use. In addition, due to the recent good weather, two paddling pools were set up to give residents the opportunity to cool down in the heat. There was a barbecue in the back garden and the inspector was informed that the residents had a barbecue the evening prior to the inspection.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and

management affects the quality and safety of the service being provided.

## Capacity and capability

This was a risk based inspection, carried out following the receipt of unsolicited information to the Health Information and Quality Authority (HIQA) outlining a number of concerns about this centre to include personal plans, healthcare, and general welfare and development. This information informed some lines of enquiry for this inspection.

Overall, the governance and management arrangements in place were ensuring for the most part that a safe and quality service was being delivered to residents. However, as stated above, some issues were identified with some regulations which are discussed in section two of this report..

There was a clearly defined management structure in place which consisted of a newly appointed person in charge who was employed on a full-time capacity with the organisation. They facilitated the inspection process and were supported on the day by the person participating in management.

The provider was working with relevant external professionals and agencies as applicable, in order to ensure they were responding to any changes in residents' assessed needs and to ensure residents were receiving care as per those needs.

From a review of the compliments and complaints log for the centre, the inspector found that since the last HIQA inspection, the centre had received two complaints. One complaint was found to be closed and dealt with to the satisfaction of the complainant. The other complaint was on-going at the time of this inspection and the provider was seeking to meet with the complainant to discuss the complaint. However, a date for this meeting was yet to be arranged at the time of this inspection.

## Regulation 23: Governance and management

There was a defined management structure in place which included a person in charge employed in a full-time capacity. They facilitated the inspection and were supported on the day by the person participating in management who held the role of head of care.

The provider was actively liaising with relevant external professionals and agencies as applicable, in order to ensure residents were receiving appropriate care as per their assessed needs.

Judgment: Compliant

## Quality and safety

Overall, residents were receiving good quality care and supports that were individualised and focused on their needs. However, as previously stated, improvements were required in relation to individual assessment and personal plan, healthcare, positive behaviour support, and risk management.

Residents' needs were assessed on at least an annual basis. There were personal plans in place for the majority of identified needs and there were arrangements for personal plans to be reviewed at planned intervals for effectiveness. However, improvements were required as some plans did not include all applicable information and one resident did not have a personal plan for all identified needs. These plans related to recent changes that developed for the resident. While the provider was ensuring that the resident was referred to applicable professionals in order to receive appropriate support, they had yet to put in place personal plans to guide staff in the interim. This was brought to the attention of the provider on the day of the inspection.

The inspector reviewed the arrangements in place to support residents' healthcare needs and they were seen to be assessed and monitored. Residents had access to a range of allied health professionals, which included a general practitioner (GP), occupational therapist (O.T), and a psychiatrist as required. At the time of the inspection, one resident was under the care of their G.P with regard to a health-related issue. While there was difficulties in accessing a dietitian for the resident, a referral had been sent by the provider as required and, the G.P had also been requested to also send a referral.

However, some improvement was required with staffs adherence to following through on recommended recording of certain healthcare management plans. For example, the accurate recording of a resident's daily food and fluid chart.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. These included behavioural support specialists and there were regularly reviewed positive behaviour support plans in place, as required to guide staff as to how best to support the resident. In addition, restrictive practices were logged and regularly reviewed.

However, improvements were required to one behaviour support plan, to ensure all identified behaviours and potential warning signs that a behaviour may occur were captured in the plan. This information was observed by the inspector in some other files and assessments but not captured in the behaviour support plan.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and regular

one-to-one key-working sessions completed with residents. Information was provided to them in a format that would support their understanding, such as pictures and easy-to-read documents. Residents had opportunities to make choices about their care and how they spent their day.

The registered provider had provided residents the opportunity to participate in activities in accordance with their interests and developmental needs. Residents were supported to make weekly plans for their recreational, leisure and educational needs. Residents were observed to make and change their daily plans as they sought fit. They were supported to enrol in different educational classes of possible interest to them, such as computer and woodwork classes.

Residents were facilitated to receive visitors in accordance with their wishes and suitable communal facilities to receive visitors in private were available. In addition, residents were also supported to meet family members in local parks.

Risk management arrangements for the most part ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available, and a risk register in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Learning from incidents was a standing agenda item at team meetings.

However, improvements were required to ensure all new risks for residents were assessed, as the inspector found that some new risks had been identified for one resident with no assessments in place.

### Regulation 11: Visits

Residents were facilitated to receive visitors per their wishes and suitable private areas in order to receive visitors were made available.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements for the most part ensured that risks were identified, monitored and regularly reviewed. However, improvements were required to ensure all new risks for residents were assessed, as the inspector found that several new risks were identified for one resident with no formal risk assessments in place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed annually and there were personal plans in place for the majority of identified needs. However, improvements were required as not all plans included all relevant information and one resident did not have a personal plan for all recently identified needs. While the provider had ensured that the resident was referred to appropriate professionals in order to receive further support, there were no formal personal plans to guide staff in the interim. This was brought to the attention of the provider on the day of the inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a range of allied health professionals as required. At the time of the inspection, one resident was under the care of their G.P with regard to their weight. There had been difficulties in accessing a dietitian and the provider had sent a referral to acquire their services and in addition the G.P was requested to also send in a referral. However, some improvement was required with staffs adherence in completion and accurate recording of a resident's daily food and fluid chart as per recommendations.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where required, residents had access to behavioural support workers in order to support residents' positive behaviour support needs. Each resident had a positive behaviour support plan if required and they were regularly reviewed. In addition, restrictive practices were logged and regularly reviewed. However, one behaviour support plan required improvement to ensure all identified behaviours and potential warning signs that a behaviour may occur were documented in the plan. The

inspector observed this information in some other files and assessments and found that the information was not captured in the behaviour support plan. Therefore, the plans may not accurately guide staff to adequately support the resident.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There were adequate mechanisms in place to uphold residents' rights. For example, there were weekly residents' meetings and regular one-to-one key-working sessions completed with residents. Information was provided in easy-to-read documents and by using pictures. Residents had opportunities to make choices about their care and how they spent their day.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for GALRO Residential Mullingar OSV-0004648

Inspection ID: MON-0037332

Date of inspection: 19/07/2022

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: We have completed all outstanding risk assessments around the recently changed needs of a resident. A review of all resident's assessment of needs and Personal Plans has been complete to ensure all risk assessments are in place which correlate to each residents assessed needs	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: We have revised all relevant healthcare plans pertaining to residents to ensure the information is clear and accurate to guide staff in supporting residents. We have reviewed all resident's assessment of needs and personal plans to ensure all residents have the necessary healthcare plans pertaining to their assessed and changing needs	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: We will retrain staff on the systems for the recording of resident's food and fluid charts	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: We will ensure one residents behaviour support plan is reviewed to ensure it includes all behaviours and potential warning signs when behaviours may occur	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/08/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	20/08/2022
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	20/08/2022

	care for each resident, having regard to that resident's personal plan.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	20/08/2022