Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Galtee View House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0001826
Fieldwork ID:	MON-0045953

About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre provides a home to 10 residents and is based in a community setting in county Limerick. The centre mainly provides care and support to residents who have high support needs, while some residents also had changing complex health care needs. The centre is a purpose-built bungalow with a variety of communal day spaces including a large sitting room, visitor's sitting room and beauty room. There was separate large open plan kitchen and dining room. Many of the bedrooms and bathrooms had assistive devices to support residents to transfer more easily. The centre is in a tranquil setting with large garden spaces.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 (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
Wednesday 5 March 2025	09:30hrs to 14:30hrs	Lisa Redmond	Lead
Wednesday 5 March 2025	09:30hrs to 14:30hrs	Lucia Power	Support

What residents told us and what inspectors observed

This centre is run by St Joseph's Foundation. Due to concerns in relation to overall compliance levels from inspections of St Joseph's Foundation's designated centres and other regulatory engagement throughout 2024, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's designated centres. All inspections conducted for the duration of this programme will be unannounced and will focus on specific regulations. These regulations are Regulation 5 Individualised assessment and personal plan, Regulation 7 Positive behavioural support, Regulation 8 Protection, Regulation 9 Residents' rights, Regulation 10 Communication, Regulation 16 Training and staff development, Regulation 23 Governance and management, Regulation 31 Notification of incidents, and Regulation 34 Complaints procedure. These regulations were reviewed on this inspection and this inspection report will outline the findings under each regulation.

This centre was previously inspected in September 2024. This inspection identified a high level of non-compliance with the regulations which resulted in the registered provider receiving a notice of proposed decision to cancel the registration of the designated centre. The registered provider submitted representation in November 2024 outlining the actions that the registered provider planned to take to increase the quality of care and support provided to residents in the designated centre, and to address the regulatory non-compliance. The Chief Inspector accepted the representation received. Therefore, the purpose of this inspection was to identify if the registered provider had completed the actions outlined in the representation submitted to the Chief Inspector, and to identify if this had resulted in increased regulatory compliance as part of the targeted inspection program.

Overall, inspectors found that the registered provider had addressed a number of regulatory non-compliance which had a positive impact on the quality of care and support provided to residents.

Inspectors had the opportunity to meet with each of the eight residents who lived in Galtee View House. On arrival to the designated centre a number of residents were still resting in bed before getting up and ready for the day ahead. Inspectors met with two residents in the office where they were being supported by a staff member and having a chat with them.

Each resident living in Galtee View House had their own private bedroom which was decorated with their personal belongings. Since the previous inspection, additional shelving had been put in one resident's bedroom to display their teddies which were important to them. The overall cleanliness of the centre had improved since the previous inspection and staff were observed cleaning the centre throughout the inspection day.

One resident living in Galtee View House invited the inspectors to speak with them. This resident told the inspectors that they 'love' where they live and that they

enjoying going for walks in their local community. The resident told the inspectors 'I love going down to the village' and discussed local shops and a café they liked to spend time in.

A number of the residents were unable to verbally express their views on what it was like to live in their home. Inspectors spoke with staff members who provided supports to residents. Staff members discussed goal planning for one resident to go on a holiday to a hotel that they had happy memories of visiting with a family member who had passed away. The resident had been involved in deciding where they would like to go as part of their individual goals.

Staff spoken with told inspectors that a resident who had rarely went on community outings in the past had recently attended a music concert. Prior to this event there was evidence of planning to ensure the goal could be met. Photos of this resident at the concert were available on the day of inspection and it was evident that the resident enjoyed the event. The outcome of this goal also led to this resident experiencing more outings in the community. On the day of inspection the person in charge told the inspectors that staff were very proud of this achievement for the resident. They also planned to bring the residents swimming following the completion of staff training specific to the resident's support needs when swimming.

Photo-books had been developed for each resident which included photographs of them participating in activities including those relating to their personal goals. These included photographs of residents meeting animals at a local pattern festival, a tractor run, birthday parties, and visits with family members and participation in music therapy. Throughout the inspection day residents were observed to be comfortable and content in the presence of staff members and each other. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The registered provider had made representation to the chief inspector in November 2024 stating how they would come into compliance after a notice of proposed decision was issued to cancel the registration of the designated centre. This inspection demonstrated the provider's commitment to increasing regulatory compliance, and the actions they committed to in their response were seen to be implemented and ongoing.There was also increased oversight and monitoring from the provider This was evident as follows;

- Increased quality of information recorded in residents' personal plans
- Regular keyworker meetings between residents and the staff members assigned as their 'keyworker'
- Increased number of allied health care assessments for residents with multi-disciplinary input. This included speech and language, occupational therapy

and physiotherapy.
- Residents were actively being supported to engage in community life and outings. This included nights away and attending concerts.
- An increased focus on advocacy including the establishment of a residents' committee by the registered provider. Residents living in Galtee View House were participating in and attending meetings of the residents' rights committee.

Overall, there was very positive changes in the centre since the inspection completed in September 2024 and it was evident that the person in charge and staff were committed to ensuring the residents received a good quality of service. It was also evident on the day of inspection that staff were supporting, caring and engaging with residents. It was also evident that staff members had a sense of pride with respect to residents' achievements.

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training as part of a continuous professional development program. Inspectors reviewed the training matrix for 24 staff working in the centre and noted that all staff had completed the following training;

- Safeguarding of vulnerable adults
- Management of behaviour that is challenging
- Manual handling
- Hand hygiene
- Fire safety
- Epilepsy
- Dementia awareness

In response to a serious incident in the centre and in line with the compliance plan response following the inspection completed in September 2024, staff working in the designated centre had received additional training to support residents' feeding, eating and drinking needs. This included 'dining with dignity', 'feeding, eating and drinking' and 'dysphagia diet'.

Management in the centre told inspectors that they are focusing on providing training to staff in line with the assessed needs of residents. For example, a number of staff members had been supported to have training in diabetes management to support a resident to be able to engage in community activities for a longer period of time without needing to return to the centre for medicines administration by nursing staff. There were also plans for staff members to complete training to support a resident to go swimming.

Judgment: Compliant

Regulation 23: Governance and management

An auditing schedule had been put in place to identify areas for improvement in the centre. Audits included;

- Financial audits
- Medicines audits
- Cleaning audits
- Complaints audit
- Infection prevention and control
- Care planning

Team meetings were completed with staff members on a regular basis. Notes of these meetings noted actions taken in response to the inspection completed in September 2024 to include the review of residents' personal plans, staff training and the completion of documentation relating to the safeguarding of residents. These meetings also noted the completion of actions set out in the representation submitted to the chief inspector for example, the provider's designated officer spoke with staff members about raising a safeguarding concern and the signs of suspected abuse.

Team meeting notes mentioned a risk that had been highlighted to senior management. This escalated risk noted that the night-time staffing level in place meant that there were occasions at night when residents were not supervised as the two staff members on duty were supporting other residents to bed. This risk had been escalated to the registered provider in December 2024. It was also noted that an incident had been recorded on the provider's incident reporting system following the escalation of this risk due to a resident being unsupervised. The person in charge escalated this risk again in January 2025. There had been no response from the registered provider following the escalated of this concern for residents' safety since it was first raised three months before this inspection took place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was given notice in writing within three working days of the adverse incidents occurring in the centre as outlined in Regulation 31. Inspectors reviewed the registered provider's incident reporting system from 27 February 2025 to 30 November 2024 and found that there were no adverse incidents that had not been notified during this period.

Judgment: Compliant

Regulation 34: Complaints procedure

At the inspection completed in September 2024, inspectors identified a complaint that had been made regarding the care and support a resident received in the designated centre. This complaint was acknowledged by the registered provider the day after it had been received. The provider's complaints policy dated December 2023 outlined if the complaint was unresolved after 30 days that the complainant would be advised of the actions taken in response to their complaint every 20 days. Inspectors requested to review documentation relating to this complaint. Evidence and correspondence regarding this complaint were not provided to inspectors to determine if the complaint had been resolved to the satisfaction of the complainant or, that the complainant had been informed of the progress regarding their every 20 days in line with the complaints policy.

Judgment: Not compliant

Quality and safety

Residents' quality of life had improved since the inspection completed in September 2024. This was evidenced through the documentation and speaking with staff members and residents about the development of residents' goals and their increased participation in community activities in line with their likes and preferences. The person in charge ensured that plans were in place to support the resident's goals.

Staff had received specialised training on feeding, eating and drinking and the person in charge had carried out feeding, eating and drinking competency assessments with staff members. The inspector reviewed these and saw that they were comprehensive and if staff required additional support this was put in place to include another review date for a repeat competency assessment.

Regulation 10: Communication

The person in charge had ensured that staff were aware of any individual communication supports required by residents. Inspectors reviewed the personal plans for five of the residents living in Galtee View House. Each of the five residents' files had a communication assessment and a plan. For example, there was individual assessments for each resident in relation to their understanding and the

communication method required. Communication methods included the use of visuals, gesturing and verbal communication. Where required, residents had a speech and language assessment and these were very detailed to including presentation, recommendations and directions for staff.

The registered provider had ensured that residents had access to appropriate media. This included telephone, television and Internet.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a personal plan that reflected their assessed needs. Inspectors reviewed the personal plans for five of the residents living in Galtee View House. There was an easy-to-read plan which was individual to each resident. There was very good evidence of meetings between the staff assigned as each resident's keyworker and the resident. Notes of these meetings evidenced these meetings were conducted to ensure the participation of each resident.

The residents' goals were clearly documented to include the steps required to meet their goals. It was noted that the goals in place for residents were either met or ongoing. It was evidenced that this was done with the participation of each resident. For example, one resident went on a visit to the zoo. It was outlined what steps were taken to support this goal. When the goal was achieved, this was evidenced in a photograph and it showed the resident's enjoyment of having reached their goal. Residents had been supported to attend concerts, and there were further plans for residents to engage in swimming and hotel breaks. There was also evidence that when goals were achieved the resident was supported to review a new goal.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date knowledge and skills to respond to behaviour that is challenging. Behavioural support plans were in place for residents who required this support in line with their assessed needs. In total, three behavioural support plans were reviewed by an inspector.

All plans were subject to regular review at a minimum of annually, with one resident's plan which was developed in November 2024 being reviewed again in February 2025 in response to changing needs. The plans contained clear guidance for staff. For example, in one plan it gave a step-by-step guide on how to avoid a

particular situation and in another plan it provided guidance for staff in how to direct repetitive questions. In relation to repetitive questions it was observed on the day of inspection that staff members used this approach. The person in charge had also advised the inspectors in relation to this if the resident engaged in this pattern to that the inspector could adhere to the guidance.

A restrictive practice log and review was in place with evidence of reviews and updates.

The registered provider had identified a restriction in relation to resident finances and this will be discussed under regulation 9 rights.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse. Safeguarding plans had been developed for three residents and these were reviewed in November 2024 with a review scheduled for May 2025. These safeguarding plans remained open as there was presenting risks to the safeguarding of these residents which required monitoring and review. The person in charge had a very good knowledge of these plans and spoke about the residents' needs and the supports required in a respectful manner.

Safeguarding formed part of the agenda at the resident meetings and there was visuals on display in the centre on how to raise a concern. There was also evidence that the designated officer had called to the centre and reviewed the safeguarding plans as part of an audit. Safeguarding was also discussed at the staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had access to information about their rights. It was evident that residents were supported to make choices in this designated centre and this was evident from the goals identified, keyworker meetings and resident meetings. There was also evidence that the provider had set up a residents' advocacy group and residents were represented on this group. The first meeting was held in February 2025 and another one was scheduled to take place in local hotel in March 2025.

In relation to night time checks there was clear rationale as to why this was in place for certain residents including the medical needs of a resident.

The residents' keyworker meeting records did highlight though that access for residents to their personal financial care accounts was restricted. Such financial arrangements were reflected in the centre's restrictions log and was the subject of regular multidisciplinary review. Such arrangements were also not consistent with the provider's policy on residents' finances. This stated that the provider would "respect a resident's right to control their finances" and was "committed to supporting residents who use our services to use and manage their money". Given that the restrictions in place relating to residents' finances, improvements were required by the provider to come into compliance in relation to residents being able to exercise their legal rights around their finances.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Galtee View House OSV-0001826

Inspection ID: MON-0045953

Date of inspection: 05/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider wishes to acknowledge to the Chief Inspector the lack of response to the escalated risk from the centre. The Provider wishes to assure the Chief Inspector that such escalated risks will be responded to in a timely manner going forward. The Provider wishes to assure the Chief Inspector that a Business Case is to be submitted to the HSE for consideration for additional funding for night staff for the centre.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Provider wishes to confirm that since the inspection held on the 5th March 2025 the complaints officer has since corresponded with the complainant regarding the progress of the complaint. Going forward the Provider wishes to assure the Chief Inspector that all complaints will be responded to as per the Provider's Policy.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: St Joseph's Foundation is actively reviewing it's practices in terms of supporting residents managing and accessing their finances. This involves reviewing and updating the policies impacting our residents, particularly our Finance and Restrictive Practice Policies, mindful of our responsibilities of implementing the Assisted Decision-Making Act 2015 and the	

Health Act 2007.
The Foundation is also engaging with another service provider, who have conducted a review of their practices and are willing to share their learning with us.
The Foundation has scheduled a meeting with our resident's bank, to discuss more accessible accounts, which will uphold our residents' rights to access their funds, while also being mindful of safeguarding our residents.
Any new practice will be in line with legislation and best practice.
It is envisaged that the full implementation of changes to our current practice will take eight to ten months.

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 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	15/05/2025
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	10/04/2025
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	31/12/2025