



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

## Issued by the Chief Inspector

Name of designated centre:	Finvola
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	18 October 2021
Centre ID:	OSV-0007767
Fieldwork ID:	MON-0029249

## About the designated centre

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

Finvola comprises of a large detached dormer dwelling with an additional 2-bed bungalow on the same site on the outskirts of a town. One building is designed for single occupancy and the other has capacity for six children with three bedrooms on the ground floor and three on the first floor. The main house which is currently the only one occupied, has three living rooms, and a playroom in addition to a kitchen dining room. There is a large car park to the front of the centre and to the rear is a patio and garden with children's play equipment. Children who live in this centre present with moderate or severe intellectual disability, autism or complex medical conditions. Children who live in Finvola may be in statutory care. This centre is open on a 24 hour a day, year round basis. When fully occupied there are eight staff on duty during core daytime hours and two waking night staff on duty at night along with sleep over staff. The children are supported by a team of social care workers and support workers and there is a centre manager full time who provides support to the person in charge.

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

Number of residents on the date of inspection:	6
--	---

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 18 October 2021	9:00 am to 4:30 am	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with all six residents who resided in the centre. Conversations with the residents took place wearing the appropriate personal protective equipment and was time-limited in line with national guidance.

The residents had regular contact with family members and during the health pandemic was supported to keep in contact with their family on a regular basis. The person in charge advised that family contact has been very good for the residents and they had family contact through phone calls, photos and video calls to parents or siblings. Some residents did not have contact with family as they were in statutory care and this was as per plan of care.

One resident was at home when the inspector called as they had a chest infection and were off school for the day. This resident did not have verbal capacity but the staff were noted to support the resident in a very caring manner and the resident appeared happy and comfortable with this. The other residents returned from school later in the afternoon and the inspector had the opportunity to interact with them. Some residents showed the inspector their bedrooms and these were decorated in line with personal preference. For example one resident who had a particular interest in trains had lots of pictures of different types of trains in their bedroom.

Some of the residents did not have the ability to interact verbally with the inspector but through facial expressions and vocalisations the inspector was able to see that these residents were happy in the centre. The residents indicated their contentment in the centre through gestures, playful behaviour and smiling.

Staff make every effort to get residents involved in making decisions about activities of interest. Residents are observed in their environment and when taking part in activities. Staff note preferred activity through their demeanour to ascertain what individual activity to promote. One resident was involved in supporting the team with the fire management system in the centre. The resident was very proud of their role in checking all the fire extinguishers and showing the inspector the fire doors and fire alarm panel. Another resident was very interested in superheroes and their bedroom was decorated with different images of superheroes on their bedroom walls artwork that the resident did of superheroes was displayed around the house.

The residents had lots of opportunity for meaningful activities in their day, they were all supported to attend school and a local activity hub where they engaged in seasonal activities such as pumpkin carving. A birthday had been held on the day

prior to the inspection and the young people had enjoyed a bouncy castle which the centre had hired for the weekend. All the young people had really enjoyed the birthday party and there was evidence of age appropriate toys around the house and garden to stimulate the young people including a trampoline, swings and bean bags. The resident's daily notes indicated that the residents enjoyed regular walks with staff and went out shopping and for meals on occasion. Staff also complete key working sessions to discuss any concerns or worries the residents may have.

The residents were encouraged and supported around active decision-making and social inclusion. The residents participated in weekly meetings where activities and other matters were discussed and decisions made. The residents were informed about COVID 19, restrictions and testing processes through visuals.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents was made in consultation with the residents' family members. The inspector saw that consent forms, and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. The residents had their own bedroom and seemed happy in their home.

In summary, the inspector found that the resident's wellbeing and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard and was safe. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care

from a core team of staff known to the residents. The person in charge demonstrated the relevant experience in management and was very effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the varying resident's diagnosis such as of social anxiety disorder, Rhetts syndrome and Autism and the strategies to support the residents.

The person in charge had a training matrix for review and the inspector noted that mandatory training had been completed. All new staff had to complete mandatory training before they could commence employment. There was significant training completed by staff in relation to protection against infection such as hand hygiene training, breaking the chain of infection, respiratory hygiene and cough etiquette and infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in February and August 2021 and a review of the quality and safety of service was also carried out on 4th December 2020. This audit included a family survey to ascertain the views and opinions of the resident's family on the quality of care and support received by their family member. The annual report reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that one action was to address low pressure in the water system. Maintenance and builder contacted and a second tank fitted with a filling mechanism to ensure pressure is suitable for the house and number of residents. Also to fix broken wardrobe doors and new post on stairs and install protective screen for television. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

The provider had ensured that all records of the information and documents in relation to staff specified in Schedule 2 were in place and available for the inspector to review.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaint at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

## Regulation 15: Staffing

The inspector viewed the actual and planned rota and the staffing was in line with this and the statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had mandatory training

Judgment: Compliant

## Regulation 21: Records

The provider had ensured that all records of the information and documents in relation to staff specified in Schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. Annual and bi-monthly audits had been completed.

Judgment: Compliant



### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of care received by the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for the residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of behaviours that challenge and diagnosis such as Autism and ADHD. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a resident may present in crisis or ill health and gave clear

guidance to staff on how to respond in such situations. The support plan for ADHD was detailed and outlined the supports the resident required, this was created by the the behaviour specialist, staff and consultant. Staff spoken with acknowledged that the support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

Annual care planning review meetings were conducted and this was also a forum for discussion with families and residents about the quality of the service. Any changes to the plan as informed by the Care Planning Review Meeting were recorded in the plan. Minutes of care planning meeting were recorded and kept on file. Child in care reviews took place every month via teleconference due to COVID-19 visiting restrictions for each of the children who are in statutory care. The review was conducted appropriate to their age and ability. This provided a forum for all people involved in the child's life to have input and participate in the child's care. Family and professionals involved in the child's care are invited to these meetings to provide input and receive updates. Behaviour monitoring charts are in place for children and these indicate if a child is unhappy and this is addressed to effect improvement. For example, if it is noted that environmental factors are a cause for concern, every effort is made to adjust the environment.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by the resident. There was evidence that a young person had been referred for a hearing and sight test to Temple Street Children's Hospital. Also the resident that remained home from school on the day of inspection had had a check-up with the GP and had a COVID 19 test, this indicated that the health of the residents was being supported and maintained. There was also evidence that the young people were receiving support from an occupational therapist for sensory support.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place. The inspector observed the staff effectively and positively supporting the resident's needs during the day.

The person in charge had ensured that the residents were assisted and supported to communicate however; visuals (visual menu) were noted not to be in use on the day of inspection and were required to be used as recommended by clinical professionals. The residents had access to television and Internet and an electronic device was available to facilitate the residents to video call their family members.

The provider had ensured that the residents had access to facilities for occupation, recreation and opportunities to participate in activities in accordance with their interests and capacities. The residents were active in their community. They utilised local shops, local amenities such as parks, the activity hub, went for walks and drives, utilised the Internet and video chats. The residents went to school daily also

and were at school on the day of inspection.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Person protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and infection prevention and control were completed. Supplies of alcohol based hand sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national infection prevention and control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19.

The provider ensured that there was an effective fire management system in place. The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 29 seconds. However when the inspector reviewed the fire doors in the adjoining annexe it was noted that closing arm mechanisms were not attached to the doors. The person in charge contacted the maintenance manager who had closing arms installed on the annexe before the end of the inspection.

The provider had ensured that the premises were laid out to meet the needs of the residents and overall the centre was clean and warm. There was adequate communal and private space for the residents. The centre was decorated to the resident's personal taste. However the bathroom had plaster coming away from the wall and the side of the bathroom was broken. The garden also needed tidying as there were toys strewn around the garden which could pose a falls risk. The person in charge ensured that all areas identified were addressed before the inspection ended.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff spoken with indicated that they were fully aware of the measures in place to protect the residents. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge and staff regarding safeguarding of the residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life. The residents are involved in weekly resident meetings. Staff set out a number of different visuals which support the residents to choose daily activities and weekly meals. The residents will choose what meal they would

like and on which day and then the staff put this on the resident's meal planner.

### Regulation 10: Communication

The person in charge had ensured that the resident was supported to communicate however visual supports which had been recommended by a clinician were noted not to be in use.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

### Regulation 17: Premises

The premises were warm, clean and homely however the bathroom had plaster coming away from the wall and the side of the bathroom was broken. The garden also needed tidying as there were toys strewn around the garden which could pose a falls risk. The person in charge ensured that all areas identified were addressed before the inspection ended.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place. Fire doors had been installed since the last inspection. However when the inspector reviewed the fire doors in the adjoining annexe it was noted that closing mechanisms were not attached to the doors. The person in charge contacted the maintenance manager who had closing arms installed on the annexe before the end of the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was a comprehensive behaviour support plan in place.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Finvola OSV-0007767

Inspection ID: MON-0029249

Date of inspection: 18/10/2021

## 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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Following inspection, a check of the weekly meal planner being available on the notice board for all residents has been added to a weekly checklist. This checklist is to be completed by Staff and followed up with by PIC. The staff member responsible for ensuring that this has been completed is identified weekly on the roster. This is done to prevent any oversight around responsibility for ensuring it is available. We are currently working towards making all relevant visuals real life reference, taking on board suggestions made by Inspector on day of inspection. Behaviour support we notified of suggestions and have also worked with PIC to ensure that the relevant visuals are in place within Finvola to ensure that they are specific to the resident, their ability and level of understanding.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	29/10/2021