



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

## Issued by the Chief Inspector

Name of designated centre:	Idella Bower
Name of provider:	GALRO Unlimited Company
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	06 December 2021
Centre ID:	OSV-0007768
Fieldwork ID:	MON-0029444

## About the designated centre

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

Idella Bower is located in a rural setting in Co. Offaly within a short drive of the nearest town. It is a detached bungalow with a large front and back garden and includes an area with play equipment. Internally there is an small kitchen and separate dining area and a large living room. The centre is registered for two children and they each have their own bedroom with a shared bathroom. The centre is staffed at all times seven days a week and 52 weeks of the year. The team is comprised of social care workers and health care assistants.

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

Number of residents on the date of inspection:	2
------------------------------------------------	---

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
Monday 6 December 2021	10:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the children 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 the two children who resided in the centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Personalised forms of communication are used within the service including Board Maker and Picture Exchange Communication (PECs). The residents were at school on the morning of inspection so the inspector did not meet them until the afternoon. The residents were very pleasant and welcoming and they interacted happily with the inspector and enjoyed showing them their bedrooms. The bedrooms were decorated in the design of the resident's choice and colour. The rooms were personalised with photos of family members and personal items that the resident had chosen and enjoyed. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the children were involved in the running and decoration of their home. There was an outdoor area in the garden of the house which had a trampoline and play area and was well maintained.

The children had regular contact with family members and were supported to keep in contact with their family on a regular basis, this was primarily through video calls, telephone calls and weekend visits. Residents were supported to buy new technology in order to keep in touch with families and friends. The person in charge advised that family contact has been very good for the residents and they have received phone calls and used video call applications to maintain contact with parents or siblings. The residents attended school daily and also engaged in local activities, went for meals out and for walks and drives in the house vehicle.

On the day of inspection the inspector noted that the house was visibly dirty and there were a number of mouse trap boxes throughout the house. The skirting boards, cupboards, oven, doors were unclean. Staff and management informed the inspector that a specialist company had been contracted to address the issue of the presence of mice in the house but staff also highlighted that this issue had been ongoing for some months. Also the fire doors and the architrave had been significantly damaged and some doors were wedged open.

The inspector observed the residents on the day of inspection and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they were happy in their home and they liked staff. The staff present were knowledgeable about the residents' needs and preferences

and were observed chatting and laughing with the residents. Residents went for meals out, enjoyed TV, having meals together, and also enjoyed listening to music.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the children was to a good standard, was safe and appropriate to their assessed needs. However the person in charge role had changed on three occasions since May 2021, consistency and effective monitoring was not demonstrated on this inspection. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The person in charge demonstrated the relevant experience in management. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the children, the actual and planned rota, statement of purpose and the size of the designated centre. The inspector noted on the day of inspection that there was adequate staff to support the children.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, children first and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training 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 other areas such as manual handling and positive behaviour management.

The provider had also undertaken unannounced inspections of the service in 2020 and 2021 and a review of the quality and safety of service was also completed in 2020. Families were sent questionnaires to complete with their feedback on how they feel their family members are being supported by the service. Families response overall was very positive and the families stated that they were happy with the service, that they felt that their family member was respected and that they were comfortable raising issues if they had any. The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. These audits resulted in action plans being developed for quality improvement however one action was the fire doors were to be repaired or replaced. The fire doors were observed to be defective on the day of inspection. Also there was a cleaning checklist in place but there was no oversight of the cleaning as the premises were dirty. There was a staff member identified in each area as the key person to address any issues in these areas for example fire and infection prevention and control. However the changes in the person in charge role meant that the deficits in these areas were not identified. The person in charge

completes monthly and weekly audits of areas such as complaints. Staff meetings had been completed and dates had been scheduled for the rest of the year.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints 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.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the children.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff received mandatory training as well as other appropriate training. The person in charge had effective systems in place to monitor staff training.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a good standard, was safe and appropriate to their assessed needs. However there had been changes on three occasions to the person in charge role during the year and this posed an issue in terms of consistency and timely responses to issues identified in the annual review and audits completed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

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 children in the centre and found it to be of a good standard.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All children also have a communication



plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the children.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for both children. The assessment of need included support plans in areas of mental health and diagnosis such as ADHD. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for the resident who was diagnosed with ADHD was very comprehensive and staff spoken with acknowledged that support plans and resulting training were very effective. The inspector noted guidance in the care plan regarding how to interact with the resident and how to support them to regulate behaviour.

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 children. There was evidence that children had regular health care reviews, access to GP and other clinical professionals such as occupational therapists, speech and language therapists and opticians.

The person in charge had ensured that the children had a communication plan in place however visuals were not being used consistently by the staff team as recommended by a clinician. The menu board and daily activity board were not being used consistently and as such were not effective. The children had access to television and Internet and an electronic device was available to facilitate the children to video call their family members.

A behaviour support plan was noted to be in place by the inspector although it was not fully complete. This included an in depth functional analysis of the child's behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated some knowledge of how to support children to manage their behaviour however they required to be more familiar with the behaviour support strategies that were in place.

The provider ensured that the children received appropriate care and support in accordance with assessed needs. There was evidence that the children had meaningful activities in their community. The children were active in their community, attended school and went for meals out and shopping.

The inspector reviewed the risk management system in the centre. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had a risk management policy in place however some risks had not been identified such as the risk of the damaged fire doors in the event of a fire occurring. The risk in terms of poor infection prevention and control and one of the young people being at risk of infection had not been identified.

The provider had some infection prevention and control measure in place and staff and management were observed to practice hand hygiene, cough etiquette and wore face masks. Training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper

towels, posters for hand hygiene and cough etiquette in place. However given the poor cleanliness in the centre and presence of vermin, effective infection prevention and control measures could not be maintained.

The provider had ensured that the premises were laid out to meet the needs of the residents and the centre was warm. The centre was decorated in line with the children's preference and there were photographs and personal items around the house. However on the day of inspection the inspector noted that the house was visibly dirty and there were a number of mouse bait boxes throughout the house. The skirting boards, cupboards, oven, doors and walls were unclean and the house required repainting. The bathroom was dirty and the sealant around the shower had black mould on it. Staff and management informed the inspector that a specialist company had been contracted to address the issue of the presence of mice but staff informed the inspector that this issue had been ongoing for some months.

The person in charge had ensured that there was a fire management system in place. The extinguishers and emergency lighting were maintained and there was an L2 fire alarm system in place. Personal egress plans were in place for the children. However the fire doors were broken, cracked and the architrave was damaged, none of the fire doors closed properly and they did not have magnetic closing arms. These were addressed on the day of inspection by maintenance staff. Also some fire doors were wedged open. Fire evacuation drills were completed and these indicated that the children could all be evacuated in a safe time frame

The inspector observed that there were systems and measures in operation in the centre to protect the young people from possible abuse. Staff were facilitated with training in Children First training. The inspector spoke with the person in charge and staff members regarding safeguarding of the children. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the children had the freedom to exercise choice and control in their daily life. There was evidence of regular house meetings where the children decided on activities for the week and meals choices however as recommended by a clinician the visuals were required to be used for decision making and communication.

## Regulation 10: Communication

The person in charge had ensured that the residents had a communication plan in place however visuals were not being used consistently by the staff team as recommended by a clinician. The residents had access to TV, Internet and had an electronic tablet for the purpose of video calls with family and friends.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities recreation, attended school and engaged in meaningful activities.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents. However the house was visibly dirty and there were a number of mouse trap boxes throughout the house. The skirting boards, cupboards, oven, doors were unclean. Also the fire doors and the architrave had been significantly damaged and the house required repainting.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and identified risks had a risk management plan in place including the risks attached to COVID-19. However some risks had not been identified. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Given the poor cleanliness in the centre and presence of vermin, effective infection prevention and control measures could not be maintained.

Judgment: Not compliant

## Regulation 28: Fire precautions

The provider had an effective fire management system in place in the designated centre. Fire evacuation drills were carried out, however the fire doors and the architrave had been significantly damaged and some doors were wedged open. These were addressed on the day of inspection by maintenance staff.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

## Regulation 6: Health care

Overall the health and well-being of the residents were promoted in the centre.

Judgment: Compliant

## Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspector. Staff demonstrated some knowledge of how to support residents to manage their behaviour however they required to be more familiar with the behaviour support strategies that were in place.

Judgment: Substantially 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 Children First and were aware of how to protect the young people in their care.

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 (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 23: Governance and management	Substantially 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	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Idella Bower OSV-0007768

Inspection ID: MON-0029444

Date of inspection: 06/12/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The centre was registered in May 2020 with a PIC in place. The centre did not open until February 2021 and at this time the PIC was on maternity leave. An experienced PIC from within GALRO managed the centre from February to October 2021 when that PIC also went out on maternity leave. Another experienced PIC from within GALRO stepped into the role for 9 weeks until the original PIC returned from maternity on 29th November 2021. On the day of the inspection, the original PIC was absent due to COVID. The PIC who had been in place from October to November was in the centre on the day of the inspection and met with the inspector. This PIC provided managerial oversight until the actual PIC returned to work following COVID.</p> <p>Going forward the original and existing PIC will remain in place.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>A review of the communication system in use was completed. Documentation has been put in place to record and monitor the use of visuals for the residents and the effectiveness of the visuals. O.T. and behaviour support have provided clear and concise instructions for staff around the use of visuals and the system is under monthly review.</p>	



Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The bait boxes are in place as a control measure to prevent vermin in line with infection, prevention and control measures. They are placed strategically throughout the centre by the specialist pest control company. The bait boxes are monitored for effectiveness by the contracted company.</p> <p>At the time of the inspection there was construction work in progress on the grounds of the property which generates dust. The windows in the house were open to aid ventilation in the interest of COVID prevention. Also on the morning of the inspection the staff had been getting the children ready for school and completing two separate school runs. They had just returned to the centre at the time of the unannounced inspection and were taking a break before commencing cleaning and tidy up duties. There would have been 4 staff completing these duties while the children were in school.</p> <p>A new system has been put into place where one staff will remain in the centre to tidy up after the morning routine and the other 3 staff will take the children on the two separate school runs. The staff designated for cleaning duties is now identified on the roster.</p> <p>Fire doors and architrave are being replaced throughout the centre in order to prevent further damage from reoccurring due to the behaviours of concern that the children present with.</p> <p>The centre has been repainted.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk of damaged doors in the event of a fire has been added to the environmental risk assessment along with the additional control measure of the new fire doors and architrave that is being installed throughout the premises.</p> <p>The risk of infection, prevention and control is assessed on the environmental risk assessment. There is also a COVID 19 individual risk assessment in place for each resident. These collectively cover the risk of poor infection prevention and control. We have added an additional control measure of assigning a designated staff to cleaning and tidying duties.</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The bait boxes are in place as a control measure to prevent vermin in line with infection, prevention and control measures. They are placed strategically throughout the centre by the specialist pest control company. The bait boxes are monitored for effectiveness by the contracted company.</p> <p>A new system has been put into place where one staff will remain in the centre to tidy up and clean after the morning routine and the 3 staff will take the children on the two separate school runs. The staff designated for cleaning duties is now identified on the roster.</p> <p>The centre has been repainted.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire doors and architrave are being replaced throughout the centre in order to prevent further damage from reoccurring due to the behaviours of concern that the children present with.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The staff monthly operational supervision includes a section to cover behaviour support knowledge and learning. We have amended the document to include a section where staff are tested on their knowledge of the resident's behaviour support plans.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	17/01/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	07/12/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Substantially Compliant	Yellow	06/12/2021

	all areas of service provision.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	07/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	07/12/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	04/02/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	13/12/2021

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
--	--------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--