



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

Issued by the Chief Inspector

Name of designated centre:	Felicity House
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	13 June 2022
Centre ID:	OSV-0007723
Fieldwork ID:	MON-0028362

About the designated centre

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

Felicity House is a designated centre operated by GALRO Unlimited Company. The centre intends to provide full-time residential care for up to seven residents, both male and female, who are over the age of 18 years and who have an intellectual disability. The centre is comprised of a house and an apartment. The apartment can provide accommodation for one resident and offers a kitchen/living area, bedroom and shower room. The house can accommodate six residents, where each have their own bedroom, some en-suite facilities, shared bathrooms and communal use of sitting rooms, play room, kitchen and dining area, laundry facilities and staff office. A well-maintained garden area surrounds both the house and apartment, and includes an enclosed play area for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 13 June 2022	10:00hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This designated centre was very much a resident-led service that ensured residents received the care and support that they required, in accordance with their assessed needs.

Upon the inspector's arrival to the centre, they were greeted by the person in charge and brought to the rear of the centre for temperature checking and to perform hand hygiene. At the time of this inspection, in response to a confirmed case of COVID-19, the provider had implemented the centre's infection prevention and control contingency plan and the person in charge said that, to date, this was working well. Residents' daily routines had not been interrupted by the recent implementation of these additional measures, and the resident who required these specific infection prevention and control arrangements, was reported to be doing well. Over the course of this inspection, the inspector had the opportunity to meet with staff and with some residents who lived here and overall, there was a very friendly, calm and homely atmosphere in this centre.

Most of the residents were in school during the day and the inspector had the opportunity to meet briefly with two of them upon their return. However, due to their communication needs, they were unable to speak directly with the inspector about the care and support that they received. The person in charge spoke at length with the inspector about the assessed needs of these residents and of the specific supports that were in place for them. Both residents that the inspector met with, appeared very comfortable within their home environment and in the company of the staff members supporting them. The design and layout of this centre gave much consideration to the assessed behavioural support needs of the residents who lived there. Many of the rooms in this centre were minimal in design and the person in charge told the inspector that these residents responded better to this type of living environment. For example, for one resident, who previously had a wardrobe in their bedroom, this was replaced with open shelving and this design feature was working better for this particular resident.

The centre comprised of one house and an apartment, which were both located on the same grounds. The house was home to six residents and one resident occupied the apartment. Both provided residents with their own bedroom, some en-suite facilities, multiple recreational rooms, kitchen and dining area and there was also an enclosed garden space available for residents to use as they wished. This garden area had various play areas for the residents to avail of, including, swings and a trampoline, which some of the residents really enjoyed using. The main bathroom was recently renovated, providing residents with spacious and better laid out facilities. There were many homely aspects to this centre, with photos of the residents prominently displayed, and the bedroom of one resident, had tastefully decorated proverbs on the walls, including, scribing of this resident's name placed over their bed. Residents' individual preferences were very much promoted and due to the multiple recreational rooms in this centre, this allowed for residents to spend

time in the company of or independent of their peers, as and when they wished.

Residents' social care was an integral aspect of the service that this provider strived to provide for these residents. In recent weeks, many of these residents celebrated their confirmation and photos of this milestone occasion were proudly displayed in the centre. These residents had also recently enjoyed a group trip to a pet farm in Galway and both staff and the person in charge spoke with the inspector about how much the residents had enjoyed this. These residents lived very active life-styles and the quality of the social care that they received was largely attributed to the staffing and transport services available to them. Many of these residents required specific staff support to access the community and this centre's staffing arrangement was adequate to provide this level of support. In conjunction with this, sufficient transport was available to the centre, meaning residents had the means to frequently engage in the activities they enjoyed doing, such as, swimming, going to nearby parks and accessing other amenities. For some residents, they regularly had home visits to their families and this was very much encouraged by staff.

Over the course of this inspection, multiple examples of good practice were observed by the inspector. This was found to be a very individualised service that endeavoured to promote residents' independence, enjoyment and safety.

The findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This inspection was carried out to inform a registration renewal decision and was facilitated by the person in charge. Overall, the inspector found this was a well-run and well-managed centre that provided residents with a safe and good quality of service. Although the provider was found to be in compliance with most of the regulations inspections against, some minor improvement was required to aspects of positive behaviour support and restrictive practices.

The person in charge was based full-time at the centre, which provided her with the opportunity to regularly meet with her staff team and to engage with residents. She was knowledgeable of each resident's assessed need and of the operational needs of the service delivered to them. She provided support to her staff team through her regular presence at the centre and through regular meetings that she held with them. This provided staff with an opportunity to raise any concerns they had in relation to residents' care and support, directly with her, and she also maintained regular contact with her line manager to review any operational issues.

Consistency in staffing was an important aspect of the service that this centre provided, with many staff having supported these residents for quite some time. Of the staff who met with the inspector, they spoke confidently about the care and support that residents required. Many of these residents required one-to-one staff

support and the provider had ensured this was available to them. The person in charge was cognisant of the assessed needs of these residents and rostered staff accordingly to ensure a suitable number and skill-mix of staff were always on duty to meet residents' needs. Should this centre require additional staffing resources, a relief panel of staff were available to support this centre. In addition to this, out of hours managerial support was also available to support staff, as and when required.

The centre was adequately resourced in terms of equipment, staffing and transport. The person in charge told the inspector that where additional resources were required, she had a system available to her to request this from the provider. There was a defined management structure in place, which supported the person in charge in managing the centre. For example, along with her staff team, she was also supported by a daily nominated lead staff member and by her line manager in the running and oversight of this centre. The on-going monitoring of the quality and safety of care was largely attributed to the completion of the provider's own six monthly visits. Where improvements were identified as part of this monitoring system, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of submitting an application to the Chief Inspector of Social Services to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. She was knowledgeable of the residents' assessed needs and of the operational needs of the service delivered to them. This was the only designated centre in which she was responsible for and current governance and management arrangements supported her to have the capacity to ensure the centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing levels were subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents. Where additional staffing resources were required from time to time, the provider had

arrangements in place for this. Continuity of care was very much promoted, whereby, many of the staff working in this centre had supported these residents for quite some time. This had a positive impact for residents and it meant they were at all times supported by staff who knew them and their assessed needs very well.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held regular meetings with her staff team, which allowed for regular review and discussion with regards to residents and their assessed needs. She also maintained regular contact with her line manager to review operational related matters. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and trending of all incidents occurring in this centre. She had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

The provider had ensured that suitable arrangements were in place to provide residents with the type of service that they required, in accordance with their assessed needs.

Robust systems were in place to re-assess residents' needs and determine where any changes may be required to their personal plans. This was consistently overseen by the person in charge, which resulted in clear documentation being available to staff to guide them on the level of support that residents required. Personal goal setting was an important aspect of the service delivered to these residents, with

many residents working towards short and long term goals. For example, some residents had identified specific goals around certain life-skills, while others were working towards becoming more independent with regards to their mobility. Staff supported residents to work towards achieving these and had identified specific ways of supporting residents to do so. For example, these residents responded well to visual communication tools and some residents used key-rings with pictures, to remind them of their chosen goals.

Some residents had assessed health care needs and were subject to on-going monitoring and review, particularly in the area of neurological care. For example, for one resident, following recent changes to this aspect of their care, staff were liaising closely with the relevant allied health care professionals and clear personal plans and protocols had been updated to guide staff on how best to support this resident. Overall, this on-going monitoring and review process had a positive impact for residents as it meant timely review of their care interventions, as and when required, and also allowed the provider to be confident in knowing that they were providing residents with the care and support they required.

Upon inspection, the inspector identified where some improvement was required to the fire detection arrangements within the centre's laundry room, and when brought to the attention of management, they put measures in place to satisfactorily rectify this before close of this inspection. To support this centre's fire safety arrangements, fire drills were regularly occurring and records of these demonstrated that staff could support residents to safely evacuate the centre in a timely manner. Each resident had a personal evacuation plan to guide on the level of support they required to evacuate. Furthermore, a fire procedure was available to guide staff on what to do, should a fire occur. There were waking staff members on duty each night, which meant, that should a fire occur, staff were available to quickly respond.

The provider had ensured adequate arrangements were in place to support residents who required positive behaviour support. This centre was supported by behaviour support specialists, who visited the centre regularly to see how residents were doing. In addition to this, they were also involved in the review of all behaviour related incidents and maintained regular contact with staff with regards to any further recommendations to be implemented. At the time of this inspection, some residents' behavioural support interventions were in the process of being reviewed and the person in charge was very much aware of how the centre was to continue to support these residents in the interim. Although behaviour support plans were found to be informative, the inspector found that some would benefit from further review to ensure these gave better clarity on the specific reactive and proactive behaviour support strategies that were routinely carried out by staff each day.

There were some restrictive practices in use in this centre and a system was in place to ensure these were subject to regular multi-disciplinary review. The application of these was closely monitored by the person in charge and records of how often these were used was maintained. Although the inspector observed good practice in relation to restrictive practice management in this centre, some improvement was required to the documentation in place to guide on the appropriate application of

chemical restraint. For example, one protocol supporting this type of restraint, which was reviewed by the inspector, didn't provide clear guidance to staff on the exact presentation of the resident that would need to be observed to warrant the administration of this restraint measure.

The timely identification of risk in this centre was influenced by the regular presence of the person in charge, information discussed at handover, regular staff and resident interaction and also with regards to the incident report system that was in place. Where resident specific risk was identified, appropriate action was taken by the provider to ensure residents' safety was maintained. For example, where behaviour related incidents had occurred, these were trended and used to inform where residents may require further behaviour support interventions. The oversight of centre specific risks was the responsibility of the person in charge and at the time of this inspection, she was in the process of updating the centre's risk register, to ensure it better demonstrated her oversight of some aspects of the service delivered to residents.

Regulation 17: Premises

The design and layout of this centre was considerate to the assessed needs of the residents who lived there. Each resident had their own bedroom, some en-suite facilities, shared bathrooms and multiple communal areas were available for residents to use as they wished. Given the nature of this service, numerous play areas, including, an enclosed garden space was available to the residents to use as they wished. The centre was well-maintained, clean and spacious and provided a comfortable living environment for the residents who lived there.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, it was quickly responded to and the measures put in place were subject to-going review to ensure their continued effectiveness. For example, in response to behavioural related incidents occurring in this centre, these were trended on a monthly basis to inform any additional behavioural support interventions that residents may require. The assessment and monitoring of organisational risk was supported through the centre's risk register and at the time of inspection, the person in charge was in the process of further reviewing this document to ensure it continued to support her in the monitoring of specific risks relating to this centre.

Judgment: Compliant

Regulation 27: Protection against infection

At the time of this inspection, the provider was in the process of implementing specific infection prevention and control measures, in response to the needs of residents. Appropriate PPE was worn by staff at all times, hand hygiene was routinely practiced and residents and staff were subject to frequent temperature and symptom checks. Should an outbreak of infection occur in this centre, contingency plans were in place to support and guide staff on how to respond to this. Furthermore, arrangements were also in place, should this centre experience decreased staffing levels, on foot of an outbreak of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, staff were regularly conducting fire safety checks and clear fire exits were available in the centre. Fire drills were regularly occurring and records of these demonstrated that staff could support residents to safely evacuate the centre in a timely manner. A waking staffing arrangement was also in place, which meant that should a fire occur at night, staff were available to quickly respond. Each resident had a personal evacuation plan in place and there was also a fire procedure available to guide staff on what to do, in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe prescribing, administration and storage of medicines. Should a medication related incident occur, systems were in place to ensure these were reported, reviewed and responded to in a timely manner. Of the medication records reviewed by the inspector, these were found to be well-maintained and legible.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place for the assessment of residents' needs and development of personal plans to guide staff on how to support residents. This process was overseen by the person in charge, which ensured timely updates to residents' personal plans, as and when required. This centre was supported by a team of multi-disciplinary professionals, who were involved in the review of residents' assessed needs, which had a positive impact on supporting the development of comprehensive personal plans to guide staff.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required. For example, for residents with assessed neurological health care needs, clear personal plans and protocols were in place to guide staff on how best to support these residents. Furthermore, all residents had access to a variety of allied health care professionals, who were involved in the regular review of residents' health care interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured adequate arrangements were in place to support residents who required positive behaviour support. Where behaviour related incidents occurred, these were regularly reviewed and trended to inform where additional behaviour support interventions may be required. However, the inspector found that some behaviour support plans would benefit from further review to ensure these gave better clarity on the reactive and proactive strategies that were routinely carried out by staff each day, to support residents with their behaviour support needs.

Where restrictive practices were in place, these were subject to regular review to ensure that the least restrictive practice was at all times used. However, some improvement was required to the documentation in place to guide staff on the appropriate administration of chemical restraint. For example, for one resident, who was prescribed this form of restraint, the protocol supporting this required further review to ensure it gave better guidance to staff on the exact presentation of this resident, which may warrant the application of this restraint measure.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to ensure the timely identification, response and monitoring of any concerns relating to the care and welfare of residents. Its important to note that there were no active safeguarding plans in this centre at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that this centre was operated in a manner that was considerate of residents' rights. their preferences and individual interests. Regular meeting were held with residents to ensure their involvement in the running of the centre and that their wishes were captured.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Felicity House OSV-0007723

Inspection ID: MON-0028362

Date of inspection: 13/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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 Clinical team in conjunction with the Person in Charge is reviewing and amending behaviour support plans to ensure that there are clear and concise reactive and proactive strategies documented for staff to follow in order to aid residents with behaviour support needs.</p> <p>The Person in charge, The GP and the clinical team revised the chemical restraint protocols to give robust guidance to staff on the appropriate use of chemical restraint for the residents.</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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	15/07/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	16/06/2022