



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

## Issued by the Chief Inspector

Name of designated centre:	Island House
Name of provider:	GALRO Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	25 January 2024
Centre ID:	OSV-0004976
Fieldwork ID:	MON-0033691

## About the designated centre

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

G.A.L.R.O Limited had a statement of purpose in place that outlined the service and facilities provided in this designated centre. This document highlighted that Island House is a residential centre which can facilitate up to six adults on a full time basis, both male and female and who present with Autism and/or intellectual disabilities. The house is a large two storey detached house with an adjacent self contained apartment. It is located in a small town in Co. Kildare. The house consists of two large sitting rooms with a quiet room, large open plan kitchen, separate utility room and store room. Each of the residents have their own bedroom. In the main house, there are three bedrooms downstairs, one of which has an en-suite. There is a ground floor wet room. Upstairs there are two bedrooms, a bathroom, a store room and a staff office. Outside there is a garden and patio area. The self contained apartment has its own enclosed patio and garden area. The person in charge is in a full time position and is not responsible for any other centre. She is supported by a data administrator, a lead staff member on each shift and a core team of staff including social care workers and support workers.

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

Number of residents on the date of inspection:	6
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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
Thursday 25 January 2024	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the six residents living in the centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed. This announced inspection was undertaken to inform an application by the provider to renew the registration of the centre. The centre was registered to accommodate six adult residents and there were no vacancies at the time of inspection.

The inspector met briefly with each of the six residents living in the centre. A number of the residents were unable to tell the inspector their views of the centre. However, two of the residents indicated to the inspector that they were happy living in the centre. On the day of inspection, transmission precautions were being taken as a number of the residents had acquired a norovirus over the preceding 24 hour period but appeared to be recovering well. All staff were observed to be wearing masks and implementing standard and transmission precautions. Warm interactions between the residents and staff caring for them was observed. None of the staff team had acquired the virus. Staff were observed conversing and laughing with a non verbal resident using sign language and visual aids. It was evident that the resident and staff were enjoying their conversation together.

The centre comprised of a two storey, five- bedroomed house and a separate self-contained apartment for one resident. It was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was found to be comfortable, homely and in a good state of repair. Each of the residents had their own bedroom which had been personalised to the individual residents' tastes and was a suitable size and layout for the residents' individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. One of the residents had recently re decorated their bedroom which included a wall mural of their favourite Disney character which they proudly showed the inspector. Each of the residents' bedrooms had family pictures and some memorabilia which had significance for the individual resident. The self-contained apartment was a suitable size and layout and had been designed specifically to meet the needs of the resident living there. It had a minimalist feel which it was reported was the resident's choice and best met their needs.

There was a good sized garden to the rear of the centre with a basket swing, trampoline, goal post, basketball hoop and table and chairs for outdoor dining. The apartment also had a separate enclosed patio area, car parking area and garden with seating, trampoline and swing for use by the resident living there. In addition, there was a small secret garden area with numerous potted plants and a raised herb bed.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The

inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received. A family representative of five of the six residents had completed an office of the Chief Inspector questionnaire which indicated that they were happy with the quality of care that their loved one was receiving.

There was an atmosphere of friendliness in the centre. Positive word affirmations and quotes were painted on walls throughout the centre and on the staff office door. Information on residents rights were displayed on the notice board in the front hall. One of the residents had a different cultural background and ethnicity but had been living in Ireland for an extended period. There was evidence that this resident was supported to buy food products of their choosing and to prepare meals from their country of origin on occasions. However, it was reported that the resident generally preferred Irish cuisine. This resident had story books in english and in their native tongue in their bedroom.

Residents were supported to engage in meaningful activities on an individual basis. Five of the six residents were engaged in a formal day service for a number of days each week. Weekly activity schedules were in place for each of the residents. A number of the residents were members of a local leisure centre and also paid on a usage basis to use a leisure facility in a local hotel. Examples of activities that residents enjoyed included, involvement in two different social clubs and a special Olympics group, arts and crafts, swimming, walks, baking, flower arranging, church visits, massage therapy, bowling, gym work, nature walks, reading, board games, gardening and dining out. A number of the residents had secured work experience and one of the residents had paid employment on a part time basis in a local business which staff supported. A number of residents were engaged in a mindfulness group with the provider's holistic therapist. Overall, residents engaged well in a range of community activities and events. However, it was noted that a small number of residents were reluctant on occasions to engage in community activities. The centre had four cars in total which were used by staff to drive residents to various activities and outings.

On the day of inspection, one of the residents was observed to enjoy playing a puzzle game on the floor with a staff member before departing for a visit with their family. Another resident was observed having a massage from staff while they completed some educational work. Three of the residents were observed to choose and enjoy a healthy snack with staff. One of the residents enjoyed a walk in a local park, followed by lunch out and shopping before returning to the centre and spending time on the basket swing in the garden which was reported to be their favourite activity. Another resident was excited to be going to their family home for the evening which was a regular occurrence. One of the residents spoke with the inspector about their birthday party some months previous which had been attended by family and friends from the centre and other centres. It was evident that they had really enjoyed their day and they were already looking forward to their next party.

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

affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each resident. The person in charge held a degree in applied social care in social care practice and a module of which included management. She had more than seven years management experience. She was in a full time position and was not responsible for any other centre. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager. There was a full time data administrator in the centre who supported the person in charge in relation to the administrative part of their role. A shift leader was identified from the staff team for each shift.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn reported to the director of care. The person in charge and head of care held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care had been completed on a six monthly basis as per the requirements of the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, health and safety checks, fire safety, medications, key working, meal planners, care planning, restrictive practices and finance. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of each residents. The full complement of staff were in place at the time of inspection. A small number of new staff had commenced working in the centre in the preceding period. However, the majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for each of the residents and enabled relationships between the residents and staff to be maintained. It was noted that one staff member was due to resign from their post the following week but that recruitment was underway for this position. The inspector noted that residents' needs and preferences were well known to staff met with, and the person in charge on the day of this inspection. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff

training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. At the time of inspection, the full complement of staff were in place.

Judgment: Compliant

#### Regulation 19: Directory of residents

A directory of residents had been established and maintained in the centre. It was found to contain the information required by the regulations.

Judgment: Compliant

#### Regulation 22: Insurance

A suitable contract of insurance was in place in the centre against injury to residents.

Judgment: Compliant

#### Regulation 23: Governance and management



There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits as per the requirements of the Regulations. There was a clearly defined management structure in place that identified lines of accountability and responsibility.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed and contained all of the information required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations. Long term and fun goals had been identified for each of the residents and there was evidence of monitoring and support to assist residents to reach their goals.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk

assessments and management plans for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences. Overall there were a low number of incidents reported in the centre.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. The most recent servicing of the fire alarm and fire fighting equipment had been undertaken in January 2024. There were adequate means of escape and a fire assembly point was identified to an area to the front and the rear of the centre. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving each resident had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. Logs were maintained for staff members attendance at fire drills and required all staff to attend a fire drill on a monthly basis.

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. The provider had contingency plans in place for infection control which were in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities and posters for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff.

## Regulation 10: Communication

Residents' communication needs were met. There was a policy on communication. Individual communication requirements were highlighted in residents' personal plans and reflected in practice. Communication passports were on file for residents who required same. Four of the six residents were non-verbal. There were communication tools, such as picture exchange and object of interest in place, to assist residents to choose diet, activities, daily routines and journey destinations. On the day of inspection staff were observed to effectively use sign language to communicate with one of the residents. There was access to a number of televisions, radios and local papers in the centre.

Judgment: Compliant

## Regulation 17: Premises

The centre comprised of a two storey house with a separate attached apartment. The premises was found to be homely, suitably decorated and in a good state of repair. Each of the residents had their own bedroom which had been personalised to the individual residents' tastes and was a suitable size and layout for the residents' individual needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas were in a good state of repair which meant that all areas could be effectively cleaned from an infection control perspective. All areas appeared cleaned. There were cleaning schedules in place and adequate resources in place for cleaning.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of a residents, in the event of fire was prominently displayed.

Fire drill involving residents and staff were undertaken at regular intervals and it was noted that centre was evacuated in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

### Regulation 6: Health care

Each resident's health care needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for the residents. Residents were supported and encouraged to lead an active lifestyle. An emergency transfer sheet was in place with pertinent information should a resident require an unexpected transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same. Overall resident in this centre presented with minimal behaviours that challenge. There was a restrictive practices register in place which was subject to regular review.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding six month period. It was noted that previous allegations or suspicions of abuse had been appropriately responded to. Staff presented with a good knowledge of safeguarding requirements and procedures in place.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the residents guide and on the notice board in the kitchen. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available for residents. Positive word affirmations and quotes were painted on walls throughout the centre and on the staff office door. Information on residents rights were displayed on a notice board in the front hall. One of the residents had a different cultural background and ethnicity. There was evidence that this resident was supported to buy food products of their choosing from their country of origin. Residents' rights and advocacy services were discussed at regular intervals at residents house meetings.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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