Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Garden Lodge
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	20 July 2023
Centre ID:	OSV-0005652
Fieldwork ID:	MON-0031623

About the designated centre

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

The service provided was described in the provider's statement of purpose, dated April 2020. The centre provides residential care for up to six residents over the age of 18 years with a diagnosis of autism and or an intellectual disability and behaviours that challenge. The centre consists of a two-storey detached bungalow located in a residential suburb of a medium sized town in county Westmeath. There is a large garden to the front and rear of the centre for use by residents. Each of the residents has their own en-suite bedroom which has been personalised to their own taste and there are large comfortable communal living areas for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 July 2023	10:05hrs to 18:50hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents were receiving a service which met their needs. Some improvements were required in relation to medicines and pharmaceutical services. This will be discussed further in the last section of this report.

The inspector had the opportunity to meet all six residents that lived in the centre. Four residents went for a walk in the morning while two residents went swimming. Everyone met up for a picnic out and then they all attended horse riding lessons.

Some residents independently spoke to the inspector while some did so with support from staff. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home. They comfortably used their environment and were observed to communicate their needs to staff. Some residents communicated that they were happy living in their home and that staff were nice. One resident used a communication device and demonstrated how it worked to the inspector.

In addition to the person in charge, there were seven staff members on duty during the day of the inspection. The person in charge and staff members spoken with indicated that they knew and understood residents' care and support preferences.

The person in charge had arranged for staff to have training in human rights. One staff spoken with said that the training reminded them that the residents have the same rights as everyone else. They said it helped put it to the forefront of their mind especially for residents who use non-verbal communication to ensure their rights were upheld. It strengthened the idea that people should be supported to have choice and that they have a right to change their mind.

The inspector conducted a walk around of the centre, the house appeared tidy and clean. There were suitable in-house recreational equipment available for use, for example televisions, jigsaws and art supplies.

Each resident had their own bedroom and each room had an en-suite facility. There was adequate storage facilities for their personal belongings in each room. Residents' rooms were individually decorated as per their preferences. For example, one resident had some of their preferred football colours displayed.

The centre had a large back garden with a picnic bench. There were also soccer goals, a basketball net, a trike, a built in trampoline and a spider web swing for residents to use.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of staff

representatives. It demonstrated that residents were very happy with all aspects the care and supports provided in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in January 2022 where it was observed that some improvements were required to ensure the centre was operating in full compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the previous inspection had been completed by the time of this inspection.

Overall, it was demonstrated that there were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. In addition, the centre was suitable insured and also insured against injury to residents.

There was a clearly defined management structure in place and staff spoken with felt supported by the person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. For example, provider lead six-monthly unannounced visits to the centre and other local audits in different areas, for example medication.

From a review of the rosters, there was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. The staffing levels in the centre were effective in meeting residents' assessed needs.

There were established supervision arrangements in place for staff and the person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in epilepsy awareness and positive behaviour supports.

The inspector found from a review of the complaints log and discussions with the person in charge and staff members that the provider had suitable arrangements in place for the management of complaints.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They demonstrated a good understanding of their regulatory responsibilities along with a good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster maintained. Staff had the necessary skills to meet residents' assessed needs. Staffing arrangements, such as workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The centre had a high staffing ratio to residents in order to promote choices.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were established formal supervision arrangements in place for staff. The inspector found that the provider had promoted a culture of professional development and that staff had undertaken a range of training courses and development opportunities. For example, staff had training in fire safety, safeguarding vulnerable adults, medication administration and training in infection prevention and control (IPC), for example personal protective equipment (PPE).

In addition, staff were trained in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately insured against risks to residents and property. In addition, the person in charge had arranged for each resident to be informed of the insurance in place during one-to-one key-working sessions.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the head of care for the organisation.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored, for example vehicle and documentation audits.

In addition, there were monthly team meetings taking place and these ensured there was shared learning and consistency amongst the staff team.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place. Complaints was a regular discussion topic with residents to ensure they understood how to make a complaint. From a review of the complaints log in the centre any complaints made were appropriately dealt with and to the satisfaction level of the complainant.

In addition, any learning that came about as a result of a complaint was discussed at team meetings.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with medicines and pharmaceutical services.

Each resident had an up-to-date assessment of need in place which identified residents' health, social and personal care needs. The assessment informed the residents' personal support plans which were up to date and suitably guided the

staff team.

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident.

Residents had access to behavioural support specialists in order to support them to manage their behaviour positively when required. There were positive behaviour support plans in place to guide staff as to how best to support residents when or if required. Staff spoken with were familiar with the strategies within the plans that were discussed. Restrictive practices in place were assessed as necessary for residents' safety and were subject to regular review. Restrictions in place included a locked press that contained cleaning chemicals.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

The premises was very spacious and found to be clean. Any identified areas that required improvement with the premises were dealt with on the day by the provider with evidence shown to the inspector.

The inspector found there was a residents' guide that contained the required information as set out in the regulations.

The centre had appropriate risk management procedures in place. For example, there were policies and procedures for the management, review and evaluation of adverse events and incidents and any incidents were suitable reviewed by the person in charge.

The inspector reviewed matters in relation to infection prevention and control management in the centre and there were suitable procedures in place. For example, there were periodic audits and there were colour coded systems in place for chopping boards, mops and buckets in minimise the risk of cross contamination.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Emergency lighting, fire fighting and detection equipment was available, and regularly serviced. In addition, staff had received online and in-house fire safety training.

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, disposal, administration and for the most part storage of medicines. However, improvements were required with regard to storage of some equipment related to medicines and with the assessment documents for self-administration.

Regulation 17: Premises

The premises had lots of space for recreation and privacy for residents. It was found to be clean and in a good state of repair.

The inspector observed one tile in an en-suite shower required repair to ensure the area was conducive for cleaning and another en-suite door was not closing properly. The person in charge arranged for both to be repaired on the day of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. A copy was made available to each resident in their bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. Risks specific to individuals, such as self-injuries behaviour, had also been assessed to inform care practices.

All incidents were signed off by the person in charge and they completed a monthly review of all incidents with learning discussed at team meetings. For example, the inspector observed that the centre's boiler had been serviced in September 2022. One of the parts malfunctioned in April 2023 which resulted in a individual receiving a burn injury. The individual was supported to receive appropriate medical attention. The provider arranged for the boiler to be serviced again and all necessary parts replaced. Learning outcomes were discussed with the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There were hand washing and sanitising facilities available for use and infection control information to help guide

staff and residents.

There was a contingency plan in the event of an outbreak of an infectious illness which included a staffing contingency plan and isolation plans for residents. The person in charge had completed a self-assessment tool against the centre's current infection prevention and control (IPC) practices and the provider had arranged for an appropriately trained auditor external to the centre to complete an audit in June 2023.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire.

On the day of the inspection, two fire containment doors would not close fully by themselves and one fire containment door did not have a self-closing device fitted. The provider arranged for both of these issues to be addressed either on the day of or the day after the inspection and evidence provided to the inspector.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and for the most part storage of medicines. Medicines within the centre were appropriately labelled and also had the date of opening recorded were appropriate. In addition, there were a range of audits in place to monitor medicine management.

However, not all equipment used in the administering of medicines was stored in a clean and dry manner. For example, there was medication residue observed on some syringes and on a tablet crushing device. Therefore this could result in medicine which was prescribed to be administered to a particular resident accidentally being administered to another resident through cross contamination.

While an assessment of capacity had been conducted with regard to residents participating in self-administering their own medication, improvement was required to the document to ensure the assessment was robust. In addition, the document did not assess if the person wanted to self-administer and what follow on steps or

educational work they would require in order to promote their capacity in this area. Furthermore, the person in charge had not ensured that a risk assessment had been conducted for each resident with regard to them self-administering medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. Residents were facilitated to attend appointments with health and social care professionals as required. For example, residents had access to speech and language therapy and psychiatry.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. For example, with regard to specific seating arrangements in the vehicle or the use of a safety seat belt device. Where residents presented with behaviours that challenge, the provider had arrangements in place to ensure these residents were supported and received regular review.

Judgment: Compliant

Regulation 8: Protection

There were systems in place for safeguarding residents. The inspector reviewed a sample of recent incidents which demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. Staff spoken with were clear on what to do in the event of a concern or allegation.

There was an identified designated officer, and it was found that concerns or allegations of potential abuse were investigated and reported to relevant agencies.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents rights, and that arrangements in place supported residents to exercise their rights as individuals. For example, staff conducted regular residents' meetings, monthly advocacy meetings and each resident received individual key-working sessions with a staff member.

Key-working sessions were completed with residents as a way of explaining things that may impact on their lives. For example, one session was completed with a resident to discuss changes to one of the restrictive practices that affected them and another was conducted to gain insight into how another resident would like their room decorated.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Garden Lodge OSV-0005652

Inspection ID: MON-0031623

Date of inspection: 20/07/2023

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A protocol detailing the cleaning process for all reusable equipment used to administer medication will be implemented into the centre. The template for assessing a resident's ability to self-administer medication will be updated to promote their capacity in this area and a corresponding risk assessment will be completed for each resident.	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	25/08/2023
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for	Substantially Compliant	Yellow	01/09/2023

	his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			