



# 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:	Announced
Date of inspection:	15 November 2022
Centre ID:	OSV-0007768
Fieldwork ID:	MON-0029441

## About the designated centre

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

Idella Bower is designated centre operated by GALRO Unlimited Company and is located a few kilometres from a village in Co. Offaly. The centre can provide residential care for up to two male and female residents, who are under the age of 18 years and who have an intellectual disability. The centre comprises of one bungalow dwelling, where residents have their own bedroom, shared bathroom and communal access to a kitchen, dining room, sitting room and staff office. A secure front and rear garden area containing play and recreational areas, is available to residents to use, as they wished. 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:	2
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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
Tuesday 15 November 2022	11:00hrs to 15:40hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and person participating in management, and over the course of the day, the inspector had the opportunity to briefly meet with staff members and with one resident.

Two residents lived in this centre and at the time of the inspector's arrival, both were at school. Throughout the inspection, staff members, the person participating in management and the person in charge all spoke confidently with the inspector about the specific care and support that each resident received. One resident returned to the centre in the afternoon and briefly engaged with the inspector while they played football out in the back garden. They told the inspector that they liked to play out there and that they were planning to go swimming with staff that evening. During this engagement, the inspector observed the resident to communicate freely with a staff member and person in charge and they appeared very comfortable in the company of these staff.

This centre comprised of one bungalow house, located on a few kilometres from a village in Co. Offaly. Prior to this inspection, the provider submitted an application to the Chief Inspector of Social Services to increase the bed number and foot print of this centre, to include a purpose built apartment. This new premises was also visited by the inspector as part of this inspection. Two residents lived in this centre and had their own bedroom, a shared bathroom and communal access to a sitting room, dining room, kitchen and staff office. A secure garden area was available to the residents to use as they wished, and contained multiple play areas, including, swings, trampoline and was grassed for ball games. The design of this centre was very age-appropriate, with soft bean-bags available and colourful easy-to-read information about planned activities prominently displayed in the dining room. Each resident's bedroom was decorated in accordance to their personal preference and assessed needs. For example, in response to one resident' behavioural support needs, their bedroom contained a swing chair, which they frequently used as a reactive strategy to bring their behaviour back to baseline. Their bedroom also contained some wall padding and objects of reference to a particular Disney character that they responded well to. Overall, the centre was well-maintained, comfortably furnished and provided these residents with a warm and cosy living environment.

The adequacy of this centre's staffing and transport arrangements had a very positive impact on the quality of life that these residents received. Both residents led very active lifestyles and outside of school hours, they liked to get out and about in their local community and current staffing and transport arrangements allowed for this. Each resident had their own staff support and transport available to them and the person in charge told the inspector that due to their assessed behavioural needs and general preference, these residents typically liked to take part in activities independent of their peer. Some of the activities that they liked to engage in, included, horse riding, swimming, going for drives and availing of nearby

playgrounds. Family visits were also encouraged with some residents having scheduled day trips each week with their parent. In preparation for these visits, staff used specific objects of reference familiar to the resident, which informed the resident that their family member would be visiting them shortly. Staff very much encouraged personal goal setting with these residents, with some residents learning how to make their own bed and to make sandwiches. Others focused on introducing new activities into their schedule and to increase their use of visual aids in communicating their wishes. Each resident had an assigned key-worker to support them in achieving these goals and the success of these achievements were celebrated with the residents.

A large emphasis was placed with regards to supporting residents with assessed communication needs. For example, for one resident, they predominately liked to communicate their wishes through objects of reference, visual aids and gestures. Staff supporting this resident were very familiar with these communicate cues, enabling them to understand and interpret what the resident wanted. As earlier stated, colourful easy-to-read information was displayed around the centre and due consideration was given to the communication needs of residents to ensure effective visuals were used to aid residents' understanding of this information.

Both residents required daily positive behavioural support and the quality of service they received with regards to this aspect of their care was largely as a result of the continuity and consistency of the staff support provided to them. The provider had ensured that these residents were always cared for by the number of staff that they were assessed as requiring, and also by staff who knew how to effectively implement the recommended interventions set out in their behaviour support plan. This had resulted in positive outcomes for these residents, whereby, peer to peer incidents were not occurring, enabling both residents were able to live together in a safe and positive environment.

Overall, this was found to be a centre that provided residents with a service that was meaningful to them and that strived to promote their developmental needs, to afford them with the best possible quality of life.

## Capacity and capability

This was an announced inspection to assess this provider's overall compliance with the regulations and to also inform a registration renewal decision. Overall, the inspector found that this was a well-run and well-managed centre that ensured residents received a good and safe quality of service. Of the regulations inspected against as part of this inspection, these were found to be in full compliance.

The person in charge held a full-time role and was based at the centre, which meant she regularly met with residents and with her staff team. She knew the residents and their assessed needs very well and was also very aware of the operational needs of the service delivered to them. She held regular meetings with his staff

team, which allowed for discussions to be had about the care and support that residents received. She was also in frequent contact with her line manager to ensure operational issues were also reviewed and discussed. This was the only designated centre operated by this provider that she was responsible for, and current governance and management arrangements gave her the capacity to ensure this centre was effectively managed.

There was a consistent staff team working in this centre, which had a positive impact on the continuity of care for residents. Where residents required a specific level of staff support, this was consistently provided for them. Although the use of relief staff was minimal in this centre, the provider had these arrangements available, should this centre require additional staff support. Staff received various training relevant to their role and arrangements were in place to provide refresher training in these areas, as and when required. All staff also received regular supervision from their line manager, which promoted positive staff development and performance within the organisation.

This centre was well-resourced with regards to staffing, equipment and transport. Where additional resources were required from time to time, the person in charge told the inspector that the provider had a process in place to facilitate her request this. The monitoring of the quality and safety of care in this centre was largely attributed to the completion of six monthly provider-led visits. A copy of the most recent report was reviewed by the inspector and it was found to review relevant aspects of this service and identify where specific improvements were required. This resulted in a time bound action plan being developed and at the time of this inspection, the person in charge had completed the actions required to address the issues raised. The reporting, review and response to incidents occurring was also overseen by the person in charge, who had ensured that all incidents were notified to the Chief Inspector of Social Services, in accordance with the requirements of the regulations.

#### Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was based full-time at the centre and was familiar with the residents' needs and of the operational needs of the service delivered to them. She was supported in her role by her staff team and line manager. This was the only

designated centre in which she was responsible for, giving her the capacity to ensure it was effectively managed.

Judgment: Compliant

### Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review, ensuring an adequate number of staff were at all times on duty to support residents. Where additional staffing resources were required, the provider had arrangements in place to provide this. Staff were also supported by an on-call arrangement, should they require additional assistance from a member of management during these hours.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring all staff received the training they required appropriate to their role. Where refresher training was required, the person in charge ensured that this was scheduled. In addition to this, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. Regular local and management meetings were held, which gave opportunity for resident care and operational specific matters to be discussed. Along with an internal audit programme, the provider was also conducting six monthly provider-led visits. Where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, containing all information



as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were reported, responded to and reviewed. She had also ensured that all incidents were notified to the Chief Inspector of Social Services, in line with the requirements of the regulations.

Judgment: Compliant

### Quality and safety

In this centre, residents were found to receive an age-appropriate and individualised service that was cognisant of their assessed and developmental needs, and of the specific care and support that they required. Social care was an integral aspect of the service delivered to them, with residents having multiple opportunities to engage in their preferred activities.

The two residents that lived in this centre led very active lifestyles, attending school during the day and also regularly getting out and about in their local community in the evening and at weekends, with the support of staff, to engage in activities of their choice. Personal goal setting was important to these residents, with long-term, short-term and fun goals identified for them to work towards. Some residents were working towards goals relating to life-skills, increasing their engagement in sensory activities, while others were focusing on reducing nail biting and introducing new activities such as go-karting. Staff were allocated with responsibility for supporting these residents towards achieving these goals and the progress made was routinely overseen by the person in charge. Residents' needs were regularly assessed for and personal plans were then developed to guide staff on the specific care and support that residents required. In addition to this, where residents had preferred morning, afternoon and night-time routines, the inspector observed that these routines were well-documented for staff to refer to. Although residents' health care needs were minimal in this centre, where residents had assessed health care needs, clear guidance was in place, outlining the specific support that these residents required. There was also good multi-disciplinary support available to residents and staff linked in with the relevant professionals about residents' health care interventions, as and when required.

Both residents required daily positive behavioural support and suitable arrangements

were put in place by this provider to ensure they could meet the behavioural support needs of these residents. Where behavioural incidents occurred, these were reviewed by the person in charge and behavioural support specialist and additional interventions were put in place, as and when required. This centre's staffing arrangement played an integral part in ensuring these residents received the care and support they required with this aspect of their care, with both residents consistently having a two-to-one staff ratio during the day. Of the staff who met with the inspector, they spoke confidently about the specific behaviours that each resident presented with, and of the proactive and reactive strategies that worked well in supporting them. There were some environmental restrictive practices in use in this centre and these were subject to regular multi-disciplinary review.

Both residents had a good understanding of the procedure to be followed in the event of fire and records of fire drills clearly demonstrated that staff could support residents to evacuate in a timely manner. There was a clear fire procedure in place, which outlined the steps to be followed by staff, in the event of fire. A walking staff arrangement was in place at night, meaning that should a fire occur, staff were available to quickly respond. The timely identification and response to risk in this centre was primarily linked with the full-time presence of the person in charge at the centre, frequency of staff team meetings and on-going engagement between staff and residents. Where risk was identified, it was responded to quickly so as to ensure the safety and welfare of residents was protected. Of the incidents that were occurring, these were trended by the person in charge and where it was identified that additional control measures may be required, these measures were promptly put in place.

The safeguarding of residents from harm was monitored on an on-going basis by the person in charge. There was effective oversight of peer to peer engagement, and staff were also cognisant of the specific measures that were in place to safeguard residents, which had positive outcomes for these residents. At the time of this inspection, there was no safeguarding concern in this centre.

## Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that they received the care and support that they required to express their wishes. Personal plans gave due consideration to residents' individual communication supports and various communication aids were available for residents to use, if they so wished.

Judgment: Compliant

## Regulation 11: Visits

Residents were facilitated to have visitors in their home and were also encouraged to have day trips with family members. The centre had suitable communal facilities available for residents to receive visitors.

Judgment: Compliant

### Regulation 17: Premises

This centre comprised of one bungalow dwelling which was maintained to a high standard, clean and comfortably furnished. Its layout and design was considerate to the assessed needs and number of residents, with an age appropriate outdoor play and recreational area also available. Residents' bedrooms were tastefully decorated with resident's various objects of reference and communal areas offered comfortable seating and rest spaces.

Judgment: Compliant

### Regulation 26: Risk management procedures

Where risk was identified, it was quickly responded to and measures put in place, as and when required to ensure the safety and welfare of residents and staff was protected. All resident specific and organisational risks were monitored by the person in charge, who had an escalation pathway available to her, should she require the input of senior management in the response and monitoring of risk in this centre.

Judgment: Compliant

### Regulation 27: Protection against infection

In response to public health safety guidelines, the provider had put a number of measures in place to ensure all staff and residents were maintained safe from the risk of infection. Contingency plans were in place, should the centre experience an outbreak of infection. In addition to this, a staff contingency plan was also in place, should the centre require additional staffing resources, in the event of an outbreak of infection. Infection prevention and control (IPC) was regularly discussed at staff team meetings and staff also individually supported each resident to understand IPC measures and to practice performing regular hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire precautions in place, including, fire detection and containment arrangements, emergency lighting, all staff had received up-to-date fire safety training and there was waking staff on duty each night. Fire drills were regularly occurring, which demonstrated that staff could support these residents to evacuate in a timely manner. Each resident had a personal evacuation plan in place, which guided on the specific support that they required to safely evacuate, in the event of fire in this centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal goal setting was conducted with each resident, resulting in meaningful goals being identified and action taken to support residents to achieve these. Residents' needs were regularly re-assessed and clear personal plans were put in place to guide staff on the level of support each resident required with their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Although these residents had minimal health care needs, the provider had arrangements in place to ensure each resident had access to a wide variety of allied health care professionals, as and when required. Arrangements were also in place to ensure this aspect of their care was regularly assessed for.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured these residents received the care and support that they required. Regular multi-disciplinary input was sought to review the effectiveness of behavioural support

interventions and clear behaviour support plans were in place to guide staff on how best to support these residents with this aspect of their care. Where restrictive practices were used, the provider had ensured that these were also subject to very regular review.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to ensure staff were supported in the identification, response, and monitoring of any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with staff giving due consideration to the needs, wishes and preferences of these residents in all aspects of the service delivered to them. Residents' meetings were regularly occurring, giving these residents an opportunity to be involved in activity and meal planning. Due consideration was given to those with assessed communication needs, to ensure that they were supported as much as possible to communicate their wishes with regards to the running of this centre.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant