

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

## Issued by the Chief Inspector

Name of designated centre:	Downton
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	28 November 2022
Centre ID:	OSV-0008299
Fieldwork ID:	MON-0037592

## About the designated centre

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

Downton is a designated centre operated by GALRO Unlimited Company. The centre can cater for the needs of up to five male and female adults, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large two storey house located in a village in Co. Laois and provides residents with their own bedroom, some en-suite facilities, shared bathrooms and communal use of a kitchen and dining area, sitting room, utility, games room, conservatory and there are external grounds for residents to also 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:	4
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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
Monday 28 November 2022	10:50hrs to 16:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was the first inspection of this centre since it opened, it was facilitated by the person in charge and person participating in management. Over the course of the day, the inspector had the opportunity to meet with staff who were on duty and three of the residents who lived there who came and went from the centre for the duration of the inspector's stay.

Upon the inspector's arrival, they were greeted by three staff members and three residents, who were just about to leave the centre to go for a walk. Until the person in charge arrived, one of these staff members and a resident remained at the centre with the inspector, before heading on their walk. This staff member spoke with the inspector about the care and support that the resident they were supporting received. They told of how this resident liked to go for short walks around the estate and although this resident had minimal verbal communication skills, the inspector observed this staff member to effectively understand and interpret what this resident wanted. While speaking with the inspector, they prepared a hot drink for this resident and spoke with them using short sentences, which this resident appeared to understand and respond well to. Once the person in charge arrived to the centre, this staff member and resident went for their walk and later returned to the centre where the inspector again briefly observed how other members also effectively supported and communicated with this resident. The other two residents also later returned to the centre and retreated to the games room, where they liked to play video games. The fourth resident who lived at this centre, had already gone to their day service, which they attended each week and staff told the inspector that this resident got on well there and took part in many of the activities on offer at this service. This resident had a particular routine which they liked to carry out when they got back to the centre and staff were very familiar with this routine and accommodated the resident to do so.

This centre comprised of one large two-storey house, located within a village in Co. Laois. These residents had transitioned to this centre from another nearby designated centre and most of the staff team that supported them in that service, also transferred to this centre when it opened. Staff who spoke with the inspector said that each resident had transitioned well and had settled into their new surroundings. This centre provided each resident with their own bedroom, some of which were en-suite and they had communal access to a kitchen and dining area, utility, sitting room, conservatory, games room and there was a large external garden also available for residents to use as they wished. Staff told the inspector that one particular resident, had resided in an upstairs bedroom in the previous designated centre they lived in, and that in this centre, they now had a downstairs bedroom which was working much better for them. There were many homely aspects to this centre, with cosy furnishings, the Christmas tree and decorations were proudly displayed and each room was bright and spacious. Of the bedrooms visited by the inspector, these provided ample space for residents, with most containing televisions as some residents liked to spend recreational time in their

bedrooms. The provider had only recently purchased additional storage units for residents' bedrooms and these were awaiting to be assembled at the time of this inspection.

These residents were socially active and liked to get out daily, with the support of staff, to do the things they liked doing. Many liked to go swimming, go to the shop to collect their magazines and to go for regular walks. Staff told of how residents hosted a house warming party when they moved in and also held a Halloween party in recent weeks. The provider had sufficient staff on duty each day to facilitate residents' social care and residents also had access to adequate transport to get out and about in their local community. These residents also enjoyed regular visits with their family and staff told of how all residents were planning on spending a few days with family members, over the Christmas period. Due to the behavioural support needs of some residents, monthly activity planning was integral to promoting positive behavioural strategies for them and staff took time each month to sit with individual residents, to decide on what activities they wanted to plan for, and these plans were finalised with the full agreement of the resident.

Over the course of this inspection, there were many friendly and warm interactions observed between residents and staff. Staff spoke confidently about each residents' assessed needs, preferences for routine and their various social interests. Overall, this was a centre that put residents needs first, and ensured the centre was operated at all times with due consideration given to what these residents wanted and what they responded well to.

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

## Capacity and capability

This was an unannounced inspection to assess the provider's compliance with the regulations and overall, this was found to be a well-run and well-managed centre that ensured residents received a good quality and safe service. The provider was found to be in compliance with many of the regulations inspected against, with some improvements required to aspects of restraint and risk management practices.

The person in charge held a full-time role and was based at the centre, enabling them to have regular oversight of care practices. They knew the residents very well and had ensured that each resident had access to the supports they required, in accordance with their assessed needs. They held regular meetings with their staff team, allowing for discussions to be had about specific resident care and welfare. They were supported in their role by their line manager, whom they met frequently with, to review any operational matters. This was the only designated centre operated by this provider in which they were responsible for, and the effectiveness of current governance and management arrangements gave them the capacity to

ensure this centre was well-managed.

As earlier mentioned, many of the staff who supported these residents in the centre they previously lived in, now supported these residents in their new home. This continuity of care had a positive impact for these residents and towards their successful transition, ensuring they were at all times care for by staff who knew them well. The skill-mix and number of staff was subject to regular review by the person in charge and residents at all times, had the staff support they required to do activities that they liked doing. Should this centre require additional staff support, the provider had arrangements in place to allow for this. Staff training in areas appropriate to their role held was scheduled as required by the person in charge, and staff also received regular supervision from their line manager.

This was a well-resourced centre, where residents had adequate access to transport, staffing and equipment. Where additional resources were required, the provider had a process in place for the person in charge to request this. The first six monthly provider-led audit was completed prior to this inspection and where improvements were identified, the person in charge had addressed these. In addition to this, the quality and safety of care was also monitored by the on-site presence of the person in charge, who engaged regularly with her staff team and with the residents around any improvements that could be made to the service. Where incidents occurred, there was an incident reporting system in place and the person in charge had ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

#### Regulation 14: Persons in charge

The person in charge held a full-time role and was based at this centre and regularly met their staff team and with the residents. They were very familiar with these residents and their assessed needs and was also aware of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager. This was the only designated centre operated by the provider in which they were responsible for and current governance arrangements gave them the capacity to ensure the centre was effectively managed.

Judgment: Compliant

#### Regulation 15: Staffing

There was a consistent staff team working in this centre and staffing levels were maintained under very regular review by the person in charge, ensuring a sufficient number and skill-mix of staff were at all times on duty. Where residents required a specific level of staff support while out in the community, the provider ensured this

was available to them. Where additional staff support was required by this centre, the provider had suitable arrangements in place to accommodate this.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had suitable arrangements in place, ensuring all staff received the training they required appropriate to their role. Staff were also subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had suitable persons appointed to manage and oversee the running of this centre. The centre was adequately resourced and the provider had arrangements available to the person in charge, should further resources be required. Regular meetings were held between the person in charge and their staff team to discuss residents care and support. The person in charge also maintained regular contact with their line manager to discuss operational matters. The first six monthly provider-led visit of this centre had occurred and where actions were required in response to improvements identified, these were addressed.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place that ensured all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Quality and safety

This was a service that fully supported residents to transition well into their own home, and these effective arrangements resulted in these residents settling in very

well, with minimal disruption to residents' daily routines during this transition period.

A key-worker system was in operation, which supported the regular re-assessment of residents' needs and review of their personal plans, to ensuring these plans were updated, as and when required, to detail how staff were to support residents with various aspects of their care. Key-workers also met with residents to identify various personal goals and plans were then put in place to support residents to achieve these. Some goals which residents were currently working towards, included, outings to do their Christmas shopping, going swimming, while some residents were working towards weight loss targets. There were some residents with assessed health care needs and required support with their nutritional and neurological care needs. Some required emergency medicine as part of the overall management and response to these needs and the inspector observed staff to bring this medicine with them, when leaving the centre with these residents. A wide variety of allied health care professionals supported this service, and staff maintained good contact with these professionals in the review of residents' specific health care needs.

Some of these residents required on-going positive behavioural support throughout the day, and both staff and the person in charge who spoke at length with the inspector about this, were very aware of the triggers and reactive and proactive strategies to be implemented to support these residents. There was good support from multi-disciplinary teams in the review of behavioural support interventions and clear behaviour support plans were available to guide staff on the implementation of these. Where behavioural incidents occurred, these were reviewed and responded to, as and when required. In response to some behaviours of concern, there were some restrictive practices prescribed and although there were protocols in place for these, the inspector observed these would benefit from additional review to provide better clarity to staff on their appropriate application in practice.

Fire precautions were in place, including, a fire alarm system and fire doors were fitted throughout the centre, regular fire safety checks were occurring and a waking staff member was on duty each night. These residents had a good understanding of the fire procedure, with fire drills frequently occurring, and records of these showed that staff could support these residents to evacuate in a safe and timely fashion. The timely identification of risk in this centre was largely attributed to the incident reporting system and the person in charge's regular engagement with staff and oversight of care practices. In the days prior to this inspection, two incidents had occurred whereby the provider was putting immediate measures in place to mitigate against the risk of re-occurrence. Although there were a number of risk assessments in place in relation to risks specific to this centre, these would benefit from additional review to ensure better clarity on the specific control measures that the provider had in place in this centre.

The safeguarding of residents was an important aspect of this service and the provider had ensured that all staff had the training they required to identify and respond to, any concerns regarding the safety and welfare of these residents. These residents got on well together and often spent time together in each others company, which to date, had not led to any peer-to-peer related incidents. At the

time of this inspection, there were no safeguarding concerns in this centre.

### Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured suitable arrangements were in place to support these residents to express their wishes. These residents were supported, like their peers, to be involved in the running of this designated centre and were consulted through daily engagement with staff about how they wished to spend their time. All residents had access to television and electronic devices.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to accept visitors to their home and were equally encouraged to have overnight stays with family. The layout of this centre was spacious to allow residents to receive visitors in private, if they so wished.

Judgment: Compliant

### Regulation 17: Premises

The centre was well-maintained and its spacious layout and design allowed for these residents to spend recreational time away from their peers, if they so wished. Each resident had their own bedroom, which was personalised with items of interest to them and communal rooms were clean and suitably decorated. In response to the interests of some residents, a games room was available, which was fitted with various electronic equipment and comfortable seating.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had arrangements in place for the identification, assessment, response and monitoring of risk in this centre. In response to a recent incidents in the centre, the provider had put immediate measures in place to protect the safety and welfare of residents. However, some improvement was required to the assessment of risk to

ensure risk assessments clearly identified the control measures that the provider had put in place in response to specific risk, for example, risks relating to behavioural support, staffing and fire safety.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, internal and external emergency lighting, all staff had up-to-date training in fire safety and regular fire safety checks were occurring. Fire drill records reviewed by the inspector demonstrated that residents could be safely evacuated, with staff support in a timely manner. A waking night staff arrangement was also in place, ensuring that should a fire occur at night, staff were available to quickly respond. Each resident had a personal evacuation plan and there was a fire procedure available and both documents were in the process of review by the person in charge at the time of this inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed for and personal plans were then developed to guide staff on how best to support residents. Residents were supported to successfully transition to this centre and were supported by their keyworker, to identify personal goals that they wanted to work towards achieving.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured they were receiving the care and support they required. Residents had access to a wide variety of allied health care professionals and residents' health care was considered and re-assessed for as part of their overall assessment of need.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The provider had suitable arrangements in place to ensure they could cater for residents who required positive behavioural support. Residents had access to the relevant multi-disciplinary professionals that they required with regards to this aspect of their care and received regular review of their behavioural support interventions. Although the use of restrictive practices was subject to regular review, protocols in place supporting the use of chemical restraint would benefit from further review, to ensure better clarity on its appropriate use in practice, to ensure the least restrictive practice was at all times used.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had arrangements in place for the identification, response and monitoring of any concerns relating to the safety and welfare of 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 by this provider through their daily engagement with staff regarding how they wished to spend their time. Where residents had specific interests, preferences and wishes, these were considered in the running of this centre. Residents were involved in the planning of their own activities and were supported to exercise choice about the care and support that they received.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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	Substantially compliant
Regulation 28: Fire precautions	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 Downton OSV-0008299

Inspection ID: MON-0037592

Date of inspection: 28/11/2022

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>We have amended our operational system to ensure that risk is reviewed following each incident that affects the safety and welfare of residents, staff and others. The risk assessments now reflect the control measures implemented to mitigate risks.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>We have reviewed the prescribed restrictive practice protocols in use in the centre to make them resident specific with clear descriptions and instructions in place for staff to adhere to.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2022
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	29/11/2022