



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:	Short Notice Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0004976
Fieldwork ID:	MON-0025600

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 description of this designated centre. This document highlighted that Island House is a residential centre which can facilitate up to five 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 located in a small town in Co. Kildare. The house consists of two large sitting rooms with a quiet room of one of them. A large open plan kitchen, separate utility room and store room. 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 person in charge divides their time between this centre and another and they are supported by a deputy and a core team of 20 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:	5
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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 - 2015 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
Wednesday 8 July 2020	10:30hrs to 16:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The inspector met with five of the residents living in this centre. Residents were supported by staff to communicate with the inspector. The inspector observed that staff were knowledgeable in the communication needs of the residents and how to support these needs.

On the day of the inspection all the residents were heading off for the afternoon to a sensory farm. The inspector was advised of the different elements each of the residents enjoyed at the farm, such as feeding the animals, enjoying sensory sounds and activities and walking in the garden area.

One of the residents was supported to talk with the inspector about their interest in gardening and in particular flower arranging. The inspector observed that many of the flower pots out the front of the house had been planted by the resident.

There was a purpose built swing and trampoline in the garden and staff advocating on residents' behalf advised the inspector how much the residents enjoyed using them.

The inspector reviewed a number of correspondence from families whereby they complimented the staff on the support they provided to their family members and in particular the support and care the staff had provided during the recent restrictions linked to the current health pandemic.

The inspector observed that the residents appeared relaxed in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the provider had arrangements in place to assure itself that overall a good quality service was being provided to the residents. This was demonstrated through good governance and management. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. Further to the annual and six monthly reviews the person in charge carries out weekly, monthly and quarterly audits relating to infection control, residents rights,

keyworking session audits and complaint audits but to mention a few. These audits assisted the person in charge ensure that the operational management and administration of the centre result in safe and effective service delivery. The inspector saw that there was a satisfactory COVID-19 response plan relating to contingency arrangements in place for the centre during the current health pandemic. For example, individual and location risk assessments had been put in place to ensure effective care and support for the residents during the pandemic.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The inspectors found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with management and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents. For the most part there was six staff members supporting the five residents on a daily basis. The inspector was advised that this ratio was in place to support the specific needs of residents. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. The inspector reviewed the staff roster and saw that a core team of staff was in place and where relief staff were required, the same staff members were included on the roster. Staff were familiar with residents' assessed needs and were observed engaging in safe practices related to reducing the risks related to COVID-19 when delivering this support. A specific COVID-19 induction checklist had been put in place to support staff to know what do to to help prevent the spread of COVID-19. For example there was information on hand hygiene, control measures in place, physical distancing, changes in residents' plans, travelling with residents and various systems in place relating to the operation of the centre.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Regulation 15: Staffing

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents. For example, during COVID-19 Staff carried out regular keyworking one to one session with residents to support their education and knowledge around keeping

safe during the pandemic.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. An annual review and unannounced six monthly review had taken place to ensure service delivery was safe and that a good quality service was provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had appropriate systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

From a review of the designated centres' documentation and on briefly meeting all the residents and staff on the morning of the inspection, the inspector found that overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident from conversations that the management team and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Overall, care and support provided to residents was of good quality. However, improvements were required to ensure that behavioural incidents had minimum impact on residents living in the centre.

Residents' healthcare needs were appropriately assessed and care plans were developed in line with these assessed needs. Each resident had access to allied health professionals including regular telephone access to their general practitioner (GP). Residents' healthcare plans had been updated to include extra supports, monitoring and protocols specific to the current pandemic. Residents were provided with a hospital passport to support them if they needed to receive care or undergo

treatment in the hospital. Where appropriate residents' plans had been updated to include information relating to the current pandemic and the use of personal protective equipment (PPE). The inspector reviewed a sample of residents' appointments and saw that where required, residents were supported to attend allied health professionals such as the dentist, optician, dietician and neurologist. The inspector saw that where therapeutic interventions were implemented to alleviate anxieties over attending appointments every effort was being made to source the most appropriate intervention for the resident and that it was in line with national policy.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis. Clear guidance and information to support staff appropriately to safely respond to residents' assessed support needs was included in residents' care plans. All staff received appropriate positive behaviour support training and this enabled them to provide care that reflected up-to-date, evidence-based practice. The behaviour support specialists and team made weekly contact with the centre and ensured the ongoing review of adverse incidents, behaviour support plans including proactive and reactive strategies to prevent and address behaviours that challenge.

The inspector saw there where restrictive procedures were being used, they were based on centre and national policies and staff took the least restrictive approach. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

The provider ensured that the centre's safeguarding policy was adhered to. All incidents at the centre were investigated in accordance with the centre's policy. Staff had received appropriate safeguarding training. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

The inspector reviewed a sample of incident reports from February until July 2020 and saw that a number of behavioural incidents occurred in communal areas of the house. The inspector found that overall incidents were recorded and followed up appropriately however, some improvements were required to the recording of incidents to ensure that sufficient information to assess the risk and impact of behavioural incidents on other residents was captured.

From the same sample the inspector saw that there was a significant increase of behavioural incidents in the centre during the months of March to April. On the day of the inspection the person participating in management advised the inspector that the environment of this centre did not meet the needs of all the residents. Where this was the case the provider had made arrangements for a clinical report to be compiled and submitted to the Health Service Executive disability services in an

effort to seek a more suitable placement.

The report acknowledged the likely risks and impacts the behavioural incidents had on other residents living in the house including noise levels, disturbed sleep, privacy and dignity, infection control and emotional distress. The report concluded that a single occupancy dwelling would be more appropriate. The inspector was advised that there was plans in place to convert a building at the side of the centre into a single occupancy dwelling however, it was not yet determined if it would be available to any of the residents currently living in the centre.

The centre's infection control policy had been regularly updated throughout the current health pandemic to include information on COVID-19 in line with public health guidelines. The cleaning procedures in place in the centre had been updated and included daily house cleaning and hourly bathroom and en-suite cleaning. The provider completed an infection prevention control audit on a monthly basis and any actions required were followed up promptly. Staff had completed specific training in relation to the prevention and control of COVID-19 such as hand hygiene, breaking the chain of infection, infection prevention control and the use of personal protective equipment. Overall, there were comprehensive contingency arrangements in place for the centre during the current health pandemic.

There were easy to read supportive materials in place for residents should they require to be tested for COVID-19. There was also an accessible format of a COVID-19 policy in place for residents which included information about the virus, symptoms, risks, possible effects on their daily routine, social distancing and hand hygiene but to mention a few. Staff regularly supported residents understand and review these documents through one to one keyworking sessions. Furthermore, the inspector was advised that the current health pandemic and matters relating to COVID-19, including personal protective equipment, was discussed regularly at residents' house meetings so that they could be empowered to have better understanding of the policy.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The inspector reviewed documents which demonstrated that fire drills were taking place at suitable intervals. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. A sample of residents' personal evacuation and escape plans were reviewed and found to be regularly updated.

Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks related to COVID-19. The risk management policy had been amended to include COVID-19. There were plans and risk assessments in place to support residents during the health

pandemic.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guiding staff to prevent or minimise the occurrence of healthcare-associated infections. Staff had completed training in hand hygiene and the use of PPE. Cleaning schedules had been adapted in line with COVID-19. Social stories were available for residents in relation to COVID-19 and matters relating to the current health pandemic and keeping safe was discussed regularly during residents' house meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Practice evacuation drills were occurring and records maintained. Residents had up to date personal evacuation plans in place.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Where appropriate residents' healthcare plans had been updated to include information relating to matters regarding the current pandemic including the use of personal protective equipment.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where

behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

Judgment: Compliant

Regulation 8: Protection

On review of a sample of incident reports the inspector found that there was a significant increase in behavioural incidents from March to May 2020 and a number of them took place in the communal areas of the house. Incident reports had not included sufficient detail to ascertain the impact the behavioural incidents may of had on other residents. However, a clinical report completed in June 2020 acknowledged the likely risks and impacts the behavioural incidents had on other residents living in the house including noise levels, disturbed sleep, privacy and dignity, infection control and emotional distress. The management, staff and behaviour support team had continuously reviewed and updated supports and strategies in an attempt to decrease the number of behavioural incidents however, it was acknowledged that in this case, that the current environment was not meeting the needs of one resident living in this centre.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Island House OSV-0004976

Inspection ID: MON-0025600

Date of inspection: 08/07/2020

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 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: We have lifted the COVID-19 restrictions that were in place in the centre between March to May 2020 in line with the government’s roadmap to recovery. This means all residents can partake in individualised community outings and activity in accordance with their personal which has a positive impact on their wellbeing.</p> <p>We have reviewed the incident report recording process to ensure that sufficient detail is included about the impact behavioural incidents could have on other residents.</p> <p>We have submitted a proposal for approval to the HSE to transfer the resident to a purpose built single occupancy environment. If we receive approval we will immediately progress to the construction phase. In the mean time we followed up with an email to the HSE on 17th July 2020 stating that if the proposal is not accepted we will be discharging the resident. However, to date we have not received approval from the HSE.</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 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	04/09/2020