



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

Issued by the Chief Inspector

Name of designated centre:	Andarta
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	13 September 2023
Centre ID:	OSV-0008363
Fieldwork ID:	MON-0038448

About the designated centre

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

Andarta is a full-time residential service. It can support the needs of up to five adults. The building is a two-storey detached house located on the outskirts of a large town in Co. Westmeath. Residents can access a wide range of amenities. The residents' home is spacious, and each resident has their own room. The service is social care-led, and residents receive care and support twenty-four hours daily.

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
Wednesday 13 September 2023	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival at the service, the inspector was introduced to the four residents as they left to attend a computer class. On their return, the inspector had the opportunity to meet with three of the residents.

One of the residents showed the inspector around their home, which was clean and well-maintained. The resident spoke fondly of their home, the staff team, and the person in charge. They informed the inspector that their long-term goal was to move out of the house and live by themselves with reduced support. The resident spoke of tasks they had engaged in to prepare them for living independently. The resident also chatted with the inspector about their computer course and other learning activities at the provider's educational hub. The resident also showed the inspector their room, designed to their taste, and had pictures of their family and friends.

The second resident introduced themselves to the inspector. The resident chatted about their hobbies, informing the inspector how they engaged in the Special Olympics and loved music. The resident then showed the inspector their piano and played and sang a song for the inspector. The resident again spoke positively regarding their home and the staff team supporting them. They also spoke highly of their peers.

The inspector chatted briefly with the third residents as he spoke with the other residents about a cooking course. The residents explained to the inspector that they took turns cooking meals in the house for one another. The residents also explained that they chose the meals at their weekly meetings, and some days, they cooked for themselves.

The inspector met the fourth resident in the afternoon. The resident had attended the computer classes and their day service programme. The resident appeared relaxed and showed the inspector pictures of them and friends. The resident also spoke fondly of their peers and the house and the staff team.

All residents attended the provider's educational hub. They accessed programmes on topics such as personal safety, food choice and health, literacy, personal care, and pottery, and a barista course was available. All residents spoke positively of this amenity and informed the inspector that they were going to the hub that evening.

Through discussions with residents and the review of records, the inspector was assured that the residents were receiving a person-centred service that was meeting the complex needs of the group of residents. The residents were active local community members and supported by a consistent staff team.

The residents were encouraged and supported to be the decision-makers regarding their daily lives. The residents were communicated to by those supporting them in a clear and age-appropriate manner. Residents were consulted via resident meetings

regarding the running of their house, and there was evidence of residents being active participants in the general upkeep of their home.

Residents had natural discussions and planning sessions with their key workers on a regular basis. There were recordings of staff meeting with residents after challenging incidents and having open conversations with staff to help them gain insight into how the residents were and how the staff could support them.

There were also recordings of residents identifying goals they would like to achieve. For example, one of the residents was keen to begin aqua aerobics; staff members had researched possible classes for the residents, and steps were being taken to support the resident to attend.

In summary, the findings from this inspection were positive. The residents reported being happy in their home and pleased with the support they received by the management and staff team. The review of information also demonstrated that the service was tailored to the individual needs of each resident and that the approach was leading to positive outcomes for the residents.

The next two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspection found that the provider had ensured that effective management and oversight arrangements were in place. A review of information also demonstrated that the provider had developed the required policies and procedures per schedule five of the regulations.

A clearly defined management structure was in place. The person in charge was supported in the oversight and management of the service by a data administrator and a trainee manager; regarding this, the provider had ensured that there were clear lines of authority and accountability regarding all areas of service provision.

A schedule of audits and monitoring practices had been developed. The inspector reviewed records that demonstrated that there were effective monitoring practices. Provider's audits had identified actions and areas for improvement. Action plans had been developed following the reviews, and there was evidence of the actions being promptly addressed by the management team.

An appraisal of current and previous staff rosters identified a consistent staff team in place. The review also showed that the provider had ensured that the number and skill mix of staff was appropriate in meeting the needs of the residents. The inspector observed warm and friendly interactions between the staff members and

the residents. As mentioned earlier, the residents spoke highly of those supporting them.

The person in charge had ensured that the staff team had received appropriate training. The team's training needs were under regular review, and the inspector was provided with evidence to show this. The staff team had completed the mandatory training but also training specific to the residents' needs or diagnoses.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and

staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

The inspector found that the provider had completed comprehensive assessments of the residents' health and social care needs. Care plans had been devised regarding the residents' needs, and the review of these showed that the care plans were under regular review and reflected the changing needs of the residents. As noted above, the provider was supporting residents with complex needs.

The provider had established a multidisciplinary team (MDT team) with a range of healthcare and behavioural support professionals. The inspector found that residents had accessed the MDT team when required. Some residents had regular input from the MDT team, which was necessary to best support the residents.

Behavioural support plans had been devised for each resident. Following incidents, the staff team recorded the behaviours displayed, which the provider's MDT team members reviewed. There was also evidence of MDT members completed assessments with staff members regarding the residents' presentation. This information supported the development of plans focused on each resident's needs.

The inspector reviewed a sample of the resident behavioural support plans. The plans were specific to each resident's needs. The plans provided the staff team with clear guidance on the potential reasons for the residents' behaviours, direction on how to react to the behaviours and how to support the residents after the behaviour.

The provider, to maintain residents' safety, had introduced several restrictive practices in the residents' home. A restrictive practice register had been created, which described the residents' behaviour and why the restrictive practice had been introduced. These practices were under regular review, and the least restrictive

practice was utilised first.

There were numerous examples of the residents being communicated to in a manner fitting their individual needs. The communication was age-appropriate, and their views and opinions were respected by those supporting them.

Residents had access to and retained control of their personal property. Financial management plans had been developed for the residents that captured the support residents required. The inspector found that daily checks of residents' finances were carried out along with audits completed by the person in charge and further audits conducted by the provider's compliance auditor—the audits and checks, where required, identified areas that required improvement.

Following the above reviews, the provider had identified some enhancements required, and there was evidence of the provider responding appropriately. The provider had also responded to safeguarding concerns and initiated investigations where needed. The provider had informed the required parties of the inquiry and had responded appropriately.

The review of information identified that there were appropriate risk management procedures. There were arrangements for identifying, recording and, investigating, and learning from serious incidents or adverse events involving residents. A risk register has been developed that captures environmental and social risks. Residents' presentations and diagnoses were reviewed, and individual risk assessments were created for each resident. These were under regular review and guided staff on maintaining safety and reducing risk for each resident.

The provider had developed a contingency plan regarding planning for instances such as an outbreak of a respiratory virus in the service. There were clear guidelines for staff members and thresholds for when clinical support was required. The inspector also found that the staff team had received appropriate infection prevention and control practices (IPC) training.

Regulation 10: Communication

The provider had devised communication support plans for each resident. The plans gave the reader concise information regarding the residents' communication skills and areas where they needed support.

Staff members were observed to interact with the residents appropriately. Further evidence was found through the review of key working sessions.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that residents retained control over their personal property. Residents were also supported regarding their personal finances, and systems were in place to safeguard them.

Judgment: Compliant

Regulation 13: General welfare and development

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 18: Food and nutrition

Some of the residents purchased and cooked their meals and, on certain days, cooked for their peers. Residents were also supported to maintain a healthy diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had also received appropriate IPC training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

As mentioned earlier in the report, the residents had accessed the provider's MDT team. The inspector found that the resident's medication had been reviewed when necessary to reflect the changing needs of the residents. The provider also ensured suitable practices regarding managing and administering the residents' medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' information and found that the provider and person in charge had ensured that assessments of the residents' health, personal and social care needs had been completed. Care plans had been created that were individual to each resident, and there was evidence of these being updated to reflect the changing needs of the residents. Support for residents was developed through a person-centred approach with the staff team encouraging residents to be the lead decision-makers.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that the staff team had been provided with appropriate training and support to aid them in responding to residents' incidents of challenging behaviours. As noted, earlier behaviour support plans had been developed for residents, and the review of these found that steps had been taken to understand the resident's behaviours and to reduce the re-occurrence of the behaviours.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had ensured that there were suitable arrangements for responding to safeguarding concerns. Investigations had been initiated, and the provider had taken the appropriate measures if required. The person in charge had also ensured that the staff team had completed the relevant training.

A review of residents' meeting minutes showed that residents had been assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant