



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

Name of designated centre:	An Áit Chonaithe
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	22 May 2018
Centre ID:	OSV-0004977
Fieldwork ID:	MON-0021492

About the designated centre

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

The service provided was described in the providers statement of purpose. The centre provided residential care for up to four residents over the age of 18 years. At the time of inspection, there were no vacancies in the centre. The centre consisted of a two storey bungalow which was located in a rural setting but in close proximity to a large town. There was a garden to the front and rear of the centre for use by residents. The last inspection in the centre had been completed in November 2017. The purpose of this inspection was to inform a registration renewal decision.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

To prepare for this inspection the inspector or 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
22 May 2018	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with three of the four residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. The inspector observed warm interactions between the residents and staff caring for them. Two of the residents told the inspector that they enjoyed living in the centre and of the many activities that they were involved in. Two of the residents proudly showed the inspector their bedrooms which had been personalised to their own taste. A third resident told the inspector that they would rather be living in a different setting nearer to their family home but that staff in the centre were good to them. Each of the residents had completed a HIQA questionnaire about their views of the centre. These were generally positive.

There was evidence that residents and their family representatives were consulted with and communicated with about decisions regarding their care and the running of their house. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents it was reported that they were happy with the care and support their loved ones were receiving.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person who had an in-depth knowledge of the needs of each of the residents. The person in charge was in a full time position but was also responsible for another three centres located nearby. She was supported in this centre and each of the other centres by a deputy manager. She held a bachelors of arts in social studies and applied social studies and a diploma in child mental health. At the time of inspection, she was in the end stages of completing a masters in advanced social care practice. She was found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn reported to the director of care. There was evidence that the head of care visited the centre at regular intervals.

At the time of the last inspection, an annual review of the quality and safety of care as required by the regulations had not been appropriately undertaken. This had since been completed. The provider had completed six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. There was evidence that the person in charge and or her deputy had undertaken a number of audits in the centre on a regular basis. Examples of audits completed included, the new HIQA framework, medication practices, residents rights, fire safety, key working, infection control and a safety audit. There was evidence that actions were taken to address issues identified in these audits.

There were effective recruitment and selection arrangements in place for staff. The inspector reviewed a selection of staff files and found that all of the documents as required by schedule 2 of the regulations were in place. There was a recruitment and selection policy, dated July 2017. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. There had been one new staff member join the staff team since the last inspection following a suitable induction.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy, dated July 2017. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 19: Directory of residents

There was an accurate directory of residents maintained in the centre which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the

regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. None of the residents were engaged in a formal day programme. However, each of the residents had a busy weekly activity schedule in place which included regular activities such as swimming, art, drama and other outings. A number of the residents had jobs in local business, on either a voluntary or paid basis. The provider had subscribed to a local gym which each of the residents had access to. A monthly participation log was maintained to record activities that residents had engaged in.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own bedrooms which had been personalised to their tastes and choices. This promoted the resident's independence, dignity and respect.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A weekly menu was agreed with residents. One of the residents was being supported to engage in a healthy eating programme and attended a group meeting on a weekly basis in the local community.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions were taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve

services and prevent incidences.

There were measures in place to protect residents from being harmed or suffering from abuse. Residents were provided with appropriate emotional and behavioural support. However, the behaviours of a small number of residents were sometimes difficult for staff to manage in a group living environment and this had the potential to have a negative impact on other residents living in the centre. The inspector found that the assessed needs of residents were being appropriately responded to. Multi-element support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that plans in place were regularly reviewed by the provider' behaviour specialist and psychologist. Mind fullness psychiatry sessions had been provided for residents identified to benefit from same.

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each resident. A number of areas had recently been re-painted with new furniture purchased in some rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met. A global health assessment was completed at regular intervals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a small number of residents were sometimes difficult for staff to manage in group living environment and had the potential to have a negative impact for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Substantially compliant

Compliance Plan for An Áit Chonaithe OSV-0004977

Inspection ID: MON-0021492

Date of inspection: 22/05/2018

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: We are in ongoing contact with the HSE with regard to the suitability of two of the residents to reside together. One of the residents is a Ward of Court and the committee of the ward is aware of the issues while the other resident is expressing their desire to live in a supported independent setting and we are advocating for them in that regard.</p> <p>In the meantime psychiatric and psychological support is available to all residents in the centre. Intensive behaviour support input is also available to the residents. Counselling support is available to any resident who wish to avail of counselling services and the residents are enrolled in CBT program to support group living. Regular contact is maintained with the HSE and Ward of Court office to resolve this issue.</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.	Substantially Compliant	Yellow	14/01/2019