



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

Issued by the Chief Inspector

Name of designated centre:	Tall Timbers
Name of provider:	G.A.L.R.O. Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 November 2019
Centre ID:	OSV-0005298
Fieldwork ID:	MON-0025649

About the designated centre

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

The centre provides residential care and support to five residents under the age of 18 years with disabilities. The centre comprises of a large five-bedroom two-storey detached house in Co. Westmeath and in close proximity to a number of towns and villages. Each resident has their own large bedroom (one en-suite) which is decorated to their individual style and preference. Communal facilities include two large fully furnished sitting rooms, a large well-equipped kitchen cum dining room, a utility facility, an entrance lobby, communal bathrooms and a staff office/sleepover room. There is also an outhouse provided to the residents where they can engage in hobbies of interest such as exercise activities and playing drums. The centre has a large private parking area to the front of the property and a two acre back garden which is fully equipped with garden furniture, swings and a trampoline for the residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. Systems are in place so as to ensure the assessed needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a full-time person in charge who is supported in their role by a team of social care and healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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
20 November 2019	11:00hrs to 16:00hrs	Raymond Lynch	Lead
20 November 2019	11:00hrs to 16:00hrs	Liam Strahan	Support

Views of people who use the service

The inspectors met and spoke with four of the residents who use this service. Residents communicated through multiple mediums to include use of pictures and hand signals. One resident spoke with the inspectors for a short period of time and indicated through sign that they were very happy living there.

The centre was observed to be homely, warm and welcoming and very much provided for a home-like environment for each resident. It was observed that all residents appeared relaxed and comfortable in the presence of staff members and staff were seen to interact with the residents in a professional, warm, caring and dignified manner. Throughout the day inspectors observed staff engaging in table top activities with the residents which they seemed to very much enjoy. Residents also liked to spend time interacting and chatting with staff in the kitchen.

The house was suitably set up to support five residents and provided a number of age appropriate activities for each of them. For example, toys were available to each resident, TV channels they liked to watch were available, there was a swing and a trampoline in the back garden and an outhouse provided a separate area where one resident liked to play the drums.

Supports were in place to ensure the assessed needs of each resident were comprehensively provided for. For example, each resident was supported to go to school each day. Residents were also supported to engage in community-based activities of interest to them including feeding ducks, going to the local shops to buy sweets, walking, going to a petting farm and availing of a community-based sensory facility which they seemed to enjoy very much. Residents were also supported to go on holidays and one resident had recently been to a city in the U.K. as part of their person-centred plans.

Written feedback from family members on the service was very positive. For example, family members reported that their loved ones were very happy in the centre, they had a good quality of life, they were very well looked after and the staff team were dedicated and diligent in meeting the residents needs.

Throughout the course of this inspection the inspectors observed that staff understood the needs of each resident very well (to include their communication preferences). Residents were seen to interact with staff in a relaxed and comfortable manner, smiled when staff spoke with them and they appeared very much at home in the centre.

Capacity and capability

This inspection was undertaken as a routine, unannounced monitoring inspection. The inspectors found that this centre was well managed and that the ethos was to prioritise residents' health, wellbeing and quality of life. Systems were in place to comprehensively provide for the assessed needs of the residents and this was evidenced in the very good levels of compliance found with the regulations assessed as part of this inspection.

The provider had ensured that there were suitable management structures and persons employed to direct and oversee the care provided to residents. A suitably qualified and experienced person in charge was employed on a full-time basis within the centre. She was supported and supervised in her role by a more senior manager, who visited the centre routinely. Throughout the inspection both managers demonstrated that they were knowledgeable about residents, their preferences and assessed needs.

The person in charge oversaw the quality of the service provided through a suite of audits. These included quarterly review of complaints, fire safety, infection control, health and safety, finances, risk, notice boards, staff supervision, residents' rights and a general six-monthly audit of the service by the person in charge. An external pharmacist undertook a review of medication-related practices on a six-monthly basis. A person participating in management oversaw that the audits were completed and offered support if and where required. Additionally this person also undertook periodic unannounced inspections on a random basis. Independent of the above, the provider nominated a member of management from outside of this centre to undertake unannounced inspections twice a year. Throughout all of the various audits and inspections action plans were created, as needed, and the provider reviewed the completion of actions to ensure implementation and continuous improvement of the service.

The annual report for 2018, which the provider had produced based on self assessment, was made available to inspectors. This reviewed the quality and safety of care provided to residents and included consultation with residents and their families and or representatives. Consultation with families and relatives was undertaken through questionnaires, annual reviews, complaints and compliments logs and routine weekly communication. At the time of inspection the provider was in the process of completing the 2019 annual report. Monthly management meetings were held. Minutes of these demonstrated that meetings reviewed each resident and how their needs were currently being met, as well as other operational matters.

The skill-mix and staffing levels were appropriate to the assessed needs of the residents. Each resident had been assessed as benefiting from one-to-one staff support throughout the day and rosters reviewed reflected this. Provision of same was also observed by inspectors on the day of inspection. At night there were both a waking night staff and a sleep-over staff member and this service did not avail of relief staff or agency staff. This ensured that the residents had continuity of care provided by a cohort of familiar staff. In the months preceding this inspection two staff had moved to opportunities outside of this centre, however recruitment practices within this centre saw these staff being replaced immediately. The person participating in management stated that this was also to ensure continuity of care

due to the complex needs of residents. In addition to the person in charge being based in the centre, the roster indicated which member of staff was leading the shift on any particular day. This ensured clear lines of accountability and responsibility for the overall care of residents. On call management was available to support staff when the person in charge was not on duty.

Staff had the training and skills to support the residents with all mandatory training up to date. Additional training was also provided to staff to ensure the changing needs of residents were met. Systems were also in place for formal supervision and appraisal of staff. A review of documentation indicated that supervision meetings were meaningful in terms of staff development, staff responsibility and provision of person-centred care.

Systems were in place for communication between staff to ensure the needs of residents were met. Monthly staff meetings were held. A memo system was in place to rapidly communicate pertinent information and staff signed these off once they read them. A daily hand-over system was also in place. The handover template was resident-centred, seeking handover of any incidents, any learning from the run up to incidents and any appointments that may be scheduled for residents. This ensured transfer of learning and pertinent information to maintain the quality of life for, and wellbeing of, residents.

An in-date complaints policy was in place and reviewed periodically. An easy-to-read version was made available to residents and stored in their bedrooms. Residents have access to advocacy through monthly advocacy meetings. Suitable procedures were in place for the receipt and management of complaints. While there had been no recent complaints a review of older complaints indicated that where complaints arise a swift and appropriate resolution is sought. A person nominated under Regulation 34(3) reviews the complaints log as part of the six-monthly unannounced inspections by the provider. The complaints and compliments log indicated that several compliments were received by the service with regard to the staff team and service provided.

Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was in post. Staff were aware as to whom the person in charge was and the person in charge was knowledgeable about residents, staff, regulation and their own responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skill mix of residents was appropriate to meet the

needs of residents. Continuity of care was evident throughout the centre and rosters matched the needs of residents and the staffing arrangements outlined in the statement of purpose.

On this occasion staff files were not reviewed. These had been reviewed at the previous inspection and found to meet the requirements of regulation.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were found to have access to a range of training to meet the particular needs of residents. A system was in place to ensure delivery of refresher training, as required. Appropriate supervision arrangements were in place, both in terms of daily supervision on duty and formal supervision and appraisal.

Judgment: Compliant

Regulation 23: Governance and management

A clear management structure was in place to ensure accountability and delivery of care in accordance with the needs of residents and the statement of purpose. Lines of accountability were evident. A range of audits was conducted on a routine basis and these were reviewed by the provider to ensure completeness of audits and the implementation of any resultant actions. The provider undertook unannounced inspections on a six-monthly basis, as required by regulation and a person participating in management undertook unannounced basis regularly and at random times. A strong resident-centred focus ran through the management oversight processes.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was available within the centre. This was kept under regular review. Practice was found to match the description of the service in that statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents and incidents found that notifications were being submitted to the chief inspector, as required by regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

In the months preceding this inspection the person in charge had returned from a planned absence from work (of a duration greater than 28 days). The provider had submitted suitable notification to the chief inspector in relation to the commencement and completion of that leave.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

In the months preceding this inspection the person in charge had returned from a planned statutory absence. The provider had informed the chief inspector as to the procedures and arrangements for covering that absence.

Judgment: Compliant

Regulation 34: Complaints procedure

Suitable processes were in place for the resolution of complaints and for oversight of the complaints process. Residents had access to monthly advocacy meetings and easy read versions of the complaints process. The complaints process and complaints officer were identified on the house notice board.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. However, an issue was identified with Regulation 28: Fire Safety, which is discussed later in this report.

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences and the individual social care needs of each resident was being supported and encouraged. From viewing a sample of files, the inspectors saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community.

Residents were also being supported to achieve personal development goals such as attending school, going on holidays overseas, work experience placements and learning independent living skills. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented community-based amenities such as trips to parks to feed the ducks, outings to petting farms, use local shops, attend community-based sensory facilities and go on drives.

It was observed that one resident would soon transition from the centre in 2020. The person in charge and provider representative had ensured that the resident (and family representatives) were provided with all the required information on the proposed new service, the transition was being discussed with the resident and systems were in place to ensure it happened in a timely, planned and safe manner.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied healthcare professionals formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, dietitian and occupational therapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and where required, had access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required.

Systems were in place to ensure that each resident was safe in the centre. Staff also had training in safeguarding of vulnerable adults and Children's First. From

speaking with two staff members, the inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. There were also systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, there was an increase in staffing levels to ensure their safety.

All fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in April 2019. A sample of documentation informed the inspectors that staff undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in August 2019, informed that all residents left the premises promptly when the alarm was sounded. From a sample of files viewed, the inspectors observed that staff also had training in fire safety awareness.

However, at the time of this inspection it was observed that a route identified for one resident to exit the building in the event of a fire required review. In order to exit the building from their bedroom, they had to enter the laundry room which meant that the arrangements in place for this resident to evacuate the building were not adequate (at the time of this inspection). When this was discussed with the Head of Care they assured the inspectors that the issue would be addressed as a priority.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicines, where in use, was kept under review and there were protocols in place for its administration. Some of the protocols required review however, and when this was brought to the attention of the person in charge they assured the inspector they would be addressed as a priority. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre.

Overall, residents spoken with by the inspectors reported that they were happy with the service and on completion of this inspection the inspectors observed that their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for. Written feedback from family members informed that residents had a good quality of life and they were very well looked after.

Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in their personal plans. Staff also understood the communication style of each resident very well.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. However, one upstairs bathroom required some minor refurbishments.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident was preparing to transition from the centre in 2020. The person in charge and provider representative had ensures that the resident (and family representatives) were provided with all the required information on the new service, the transition was being discussed with the resident and systems were in place to ensure it happened in a timely, planned and safe manner

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

However, at the time of this inspection it was observed that route identified for one resident to exit the building in the event of a fire required review. In order to exit the building from their bedroom, they had to enter the laundry room which meant that the arrangements in place for this resident to evacuate the building were not adequate (at the time of this inspection).

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into residents' personal plans.

Residents were also supported to attend school and enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to behavioural support therapy and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking two staff members, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tall Timbers OSV-0005298

Inspection ID: MON-0025649

Date of inspection: 20/11/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will complete the minor refurbishments required to the upstairs bathroom</p> <p>Completion date: March 2020</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As per the fire regulations, the window size of the downstairs bedroom meets the required 400 mm width for fire escape. A Personal Emergency Evacuation Plan has been updated for the resident residing in that bedroom that reflects the window as a fire exit. Visual fire exit signs have been placed on the window of this bedroom to clearly guide the resident in the event of a fire.</p> <p>This is an interim measure and we are currently in the process of building a laundry room to the rear of the property. We expect this to be complete by March 2020</p> <p>Completion Date: November 2019</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/11/2019