



# 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:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0004976
Fieldwork ID:	MON-0031978

## 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 and facilities provided in this designated centre. This document highlighted that Island House is a residential centre which can facilitate up to six 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 with an adjacent self contained apartment. It is located in a small town in Co. Kildare. The house consists of two large sitting rooms with a quiet room, large open plan kitchen, separate utility room and store room. Each of the residents have their own bedroom. In the main house, 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 self contained apartment has its own enclosed patio and garden area. The person in charge is in a full time position and is not responsible for any other centre. She is supported by a deputy and a core team of 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
--	---

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 23 February 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the five residents living in the centre received quality care in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed.

The centre comprised of a two storey, five bed-roomed house and a separate self-contained apartment for one resident. It was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate six adult residents and there was therefore one vacancy at the time of inspection. The inspector met with four of the five residents living in the centre. These resident indicated to the inspector that they were happy living in the centre and that the staff team were kind to them. Warm interactions between the residents and staff caring for them was observed. The resident living in the self contained apartment was reluctant to engage with the inspector but appeared in good spirits. Staff reported that the resident had settled well in their new surroundings which it was considered better met their individual needs.

The centre had originally been registered to accommodate five residents. However, at the time of the last inspection it was identified that the environment did not meet the specific needs of one of the residents. Consequently, the provider built a self-contained apartment adjacent to the main house which was specifically designed and furnished to meet the needs of the resident. As part of the providers, registration renewal application in July 2021, the provider sought to increase the foot print of the centre to include the new apartment and to increase the capacity of the centre from five to six residents. This application was granted.

The centre was found to be comfortable, homely and overall in a good state of repair. However, there was a small amount of worn and chipped paint in some areas and the surface of the kitchen table was worn. Maintenance were in the centre on the day of inspection replacing tile grout and a seal in the bathroom. Flooring in a number of areas had recently been replaced and plans were in place for a number of the residents to do up their bedrooms and have wardrobes replaced. Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. Each of the resident's bedrooms had family pictures and some memorabilia which had significance for the individual resident. One of the resident's rooms had larva mats and lamps which it was reported that the resident enjoyed. The new self-contained apartment was a suitable size and layout. It had a minimalist feel which it was reported was the resident's choice. There was a good sized garden to the rear of the centre with a basket swing, trampoline, goal post, basketball hoop and table and chairs for out door dining. The apartment also had a separate enclosed patio and garden area with seating, trampoline and swing for use by the resident living there. In addition, there was a

small secret garden area with numerous potted plants and a raised herb bed.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support that the residents received.

There was an atmosphere of friendliness in the centre. One of the residents had recently celebrated their birthday in the centre with a party, which was coordinated by the centre's two social event officers. It was reported that friends from other designated centres had attended for a football match and party food which was greatly enjoyed by all. Upcoming events planned included a party for pancake Tuesday, work shop in a local garden centre for St Patrick's day and a planting party for the start of spring, with friends invited to plant seeds in the garden. Positive word affirmations and quotes were painted on walls throughout the centre and on the staff office door. Information on residents rights were displayed in each of the resident's bedrooms. One of the residents had a different cultural background and ethnicity. There was evidence that this resident was supported and encouraged to buy food products of their choosing and to prepare meals from their country of origin. Some common words and phrases from this residents native language had been translated and were on display on the kitchen notice board.

Residents were supported to engage in meaningful activities on an individual basis. On the day of inspection, each of the residents went out for planned activities with their assigned staff members. Four of the five residents were engaged in a day service operated by the provider. At other times an individualised service was provided for each of the residents. Weekly activity schedules were in place which included involvement in two different social clubs and a special Olympics group. Examples of activities that residents enjoyed included, recycling, arts and crafts, swimming, cycling, golf, baking, church visits, bowling, gym work, nature walks, flower arranging, board games, gardening and dining out. A number of the residents had secured work experience in local businesses. One of the residents was planning a family holiday abroad and had recently learned to swim in preparation for the trip. A number of the residents were involved in the local tidy towns committee and were completing work experience in local businesses. In line with national guidance regarding COVID-19, the centre had eased all restrictions which had impacted the residents access to certain activities in the community. It was reported that the residents had coped well with the COVID- 19 restrictions on community activities whilst they were in place. However, now were re-engaging well in a range of community activities and events. The centre had three cars in total which were used by staff to drive residents to various activities and outings.

There was one staff vacancy at the time of inspection. However, the hours were being filled by the staff team and on occasions regular relief staff. The majority of the staff team had been working in the centre for a prolonged period. This meant that there was consistency of care for each of the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the resident's needs and preferences were well known to staff met with, and

the person in charge on the day of this inspection.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to each resident's needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each resident. The person in charge held a degree in applied social care and a module of which included management. She had more than three years management experience. She was in a full time position and was not responsible for any other centre. 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 completed some shifts within the centre but also had protected management hours. She reported to the head of care who in turn reported to the director of care. The person in charge and head of care held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service. However, it did not effectively provide for consultation with residents and or their representatives as per the requirements of the regulations. Unannounced visits to review the quality and safety of care had been completed on a six monthly basis as per the requirements of the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, health and safety checks, fire safety, medications, key working, meal planners, care planning, restrictive practices and finance. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills and experience to meet the assessed needs of each residents. At the time of inspection, there was one staff vacancy but this was being filled by the staff team and on occasions regular relief staff member. This provided consistency of care for each of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and

coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

#### 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 staff team were found to have the right skills, qualifications and experience to meet the assessed needs of residents. At the time of inspection, there was one staff vacancy but this was being filled by the staff team and on occasions regular relief staff member.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

#### Regulation 23: Governance and management

There were suitable governance and management arrangements in place. However, the provider's annual review of the quality and safety of the service did not effectively provide for consultation with residents and or their representatives as per the requirements of the regulations.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. It was noted that the behaviour of some of the residents on occasions could be difficult to manage but that they were provided with appropriate emotional and behavioural support.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan 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 care needs and choices. An annual personal plan review had been completed in the last 12 months in line with the requirements of the regulations. Long term and fun goals had been set for each of the residents and there was evidence of monitoring and support to assist residents to reach their goals.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments and management plans 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 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. Overall there were a low number of incidents reported in the centre.

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified to an area to the front and the rear of the centre. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place. Fire drills involving each resident had been undertaken at regular intervals and it was noted that the centre was

evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. All areas appeared clean. However, there was some worn and chipped paint on a small number of walls and woodwork and the kitchen table surface was worn. This meant that these areas were more difficult to effectively clean from an infection control perspective. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities and posters for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Temperature checks for staff and residents were undertaken at regular intervals. Disposable medical grade face masks were being used by staff whilst in close contact with residents, in line with national guidance.

### Regulation 17: Premises

The centre comprised of a two storey house with a separate attached apartment, which was found to be homely, suitably decorated and overall in a good state of repair. The house and apartment were found to be a suitable size and layout for the residents. Each of the residents had their own bedroom which they had personalised according to their individual tastes and preferences.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, there was some worn and chipped paint on a small number of walls and woodwork and the kitchen table surface was worn. This meant that these areas

were more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Self closing devices had been installed on doors. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of a residents, in the event of fire was prominently displayed.

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. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

### Regulation 6: Health care

Each resident's health care needs appeared to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Each of the residents had their own GP who they visited as required. A healthy diet and lifestyle was being promoted for the residents. There was an exercise bike in the centre for residents use and residents were supported and encouraged to lead an active lifestyle. An emergency transfer sheet was in place with pertinent information on residents should a resident require unexpected transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same. There was a restrictive practices register in place which was subject to regular review. It was noted that a small number of the residents could present with complex behaviours which could on occasions be difficult for staff to manage in a group living environment. However, overall it was felt that residents were appropriately supported by staff.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding six month period. There were intimate and personal care delivery plans in place which provided sufficient detail to guide staff in providing intimate care for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service and information about same was available for residents in the residents guide and on the notice board in the kitchen. One of the residents was engaged with an independent advocate of her choosing. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available for residents. Positive word affirmations and quotes were painted on walls throughout the centre and on the staff office door. Information on residents rights were displayed in each of the resident's bedrooms. One of the residents had a different cultural background and ethnicity. There was evidence that this resident was supported and encouraged to buy food products of their choosing and to prepare meals from their country of origin. Some common words and phrases from this residents native language had been translated and were on display on the kitchen notice board.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Island House OSV-0004976

Inspection ID: MON-0031978

Date of inspection: 23/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have revised the the provider's annual review of the quality and safety of the service to demonstrate the consultation with residents and or their representatives.This will now be documented in the providers annual review within the 8.1 Use of Information section.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: We have painted the few areas where there were worn and chipped paint and we have sanded and varnished the kitchen table surface.	

## 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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022