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An Áit Chonaithe, OSV-0004977, 29 March 2021

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

Issued by the Chief Inspector

Name of designated centre:	An Áit Chonaithe
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	29 March 2021
Centre ID:	OSV-0004977
Fieldwork ID:	MON-0025331

About the designated centre

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

An Áit Chonaithe provides full time residential care for up to four adults both male and female, in an environment that meets the needs of adults who may present with either an intellectual disability, autism, mental health, or individuals who display behaviours of concern relating to their diagnosis. An Áit Chonaithe is staffed with social care staff on a 24 hour basis with day shifts and waking night staff supporting the residents.

The centre is a four bedroom detached dormer house which is located in a rural setting but in close proximity to a large town in Westmeath. Each bedroom has its own en-suite and the house is laid out to meet the needs of the residents. There is a garden to the front and rear of the centre and there is an outdoor seating area with BBQ area for summer months. An Áit Chonaithe is located close to a host of local amenities such as shops, restaurants, gym, swimming pool, theatre, cinema, bowling alley, and parks.

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

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
Monday 29 March 2021	10:00hrs to 15:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspection was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.

The inspector met with and was welcomed by all four residents who live in the centre. All of the residents commented on how much they liked living in the centre and liked living there together. They expressed their confidence that all of the staff, and the managers, supported them very well, and would address any concerns they had. They said the managers, including the head of care, frequently visited, chatted and checked in with them as to how they were.

The inspector observed that the residents appeared very content in their home. Two of the residents showed the inspector their bedrooms which were very spacious and contained numerous personal possessions, including a well-used piano, IPAD's, pictures and crafts which they had made themselves.

The residents were observed to be in good spirits throughout the day, played games, helped with cooking, and went out for take away coffees with the staff. They also had their own free time, for example, to do literacy and maths work.

The residents had received their COVID-19 vaccine a couple of days before the inspection and were very pleased with this. They said they were looking forward to being able to get back to normal, go home, have visits or, in some cases, return to day service which they missed. However, they said they made up for the restrictions with board games in the house, baking and cooking, going for drives, safe walks, having Zoom calls with families, and doing relaxation on Zoom.

There was a particularly warm atmosphere noted in the centre, and a lot of good natured banter and communication during the day. The staff were observed to be respectful in their interactions with residents and maintained their privacy and dignity. The residents explained how they like animals, especially dogs, and that staff brought in their dogs some days which they really enjoyed, residents said while they were happy staff brought in their dogs they were also happy not to have to look after one full-time. The inspector observed that the staff were adhering to any individual safety measures necessary for the residents, but doing so unobtrusively.

The premises is very comfortable and homely. The provider advised that he has definitive plans drawn up to extend the premises which would then include a second sitting room, larger kitchen, and the conversion of two ensuites to wet rooms. In this way, the future needs of the residents would be accommodated.

It was apparent that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. The provider had ensured that there were sufficient staff with the training and ongoing support to provide for the emotional and healthcare needed for the

residents.

In summary, while there were some minor improvements required in areas such as clarity of healthcare support plans and recruitment procedures, the provider had systems in place to support the health, social and emotional care needs of the residents.

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

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, the arrangements in place to manage the continued COVID-19 pandemic and to inform the decision regarding the renewal of the provider's registration. The centre was last inspected in November 2019 and all of the actions required at the time had been addressed by the provider.

Galro Ltd, an unlimited private company, had effective management and oversight systems in place which ensured that the care and welfare of the residents was prioritised.

The centre was managed on a day-to-day basis by a suitably qualified and experienced person in charge, who had good knowledge of the assessed needs and support requirements for each of the residents and of her role in overseeing this. The head of care was closely involved in the running of the centre.

There were effective reporting and oversight systems evident. These included a range of quality assurance mechanisms, including audits and unannounced visits, as required by the regulations, these systems identified any areas for improvement which were then completed by the person in charge. These included maintenance issues, review of incidents which occurred, training needs for staff and residents support needs. An annual report for 2020 had been compiled. There were good systems, both formal and informal, for consulting with the residents and their families.

The centre was very well resourced in terms of staff with three staff on duty during the day and waking night staff overnight. From a review of a sample of the personal files and the training records the inspector saw that the provider ensured that the staff had the training and skills to support the residents with all mandatory training completed. In addition, training had been provided which was of particular relevance to one of the residents.

While recruitment practices were safe, and there was a thorough induction programme for new staff, one file did not have the required last employer reference

sourced. Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. There were effective systems for communication, with evidence of good handovers and staff supervision systems which focused on the resident's care and support.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector, with appropriate actions taken in response to any incidents which occurred, which protected the residents.

Regulation 14: Persons in charge

The centre was managed on day-to-day basis by a suitably qualified and experienced person in charge, who was very familiar with the residents needs and the responsibilities of the post.

Judgment: Compliant

Regulation 15: Staffing

The centre was very well resourced in terms of staff with three staff on duty during the day and waking staff overnight. However, one personnel file of the sample reviewed did not have a reference from the last employer.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider ensured that the staff had the training and skills to support the residents with all mandatory training completed. In addition, training had been provided which was of particular relevance to one of the residents, and this additional training was reflected in the residents support plan.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management and oversight systems in place which ensured the

care and welfare needs of the residents was identified and supported. A range of effective auditing and oversight systems were implemented, including an annual report on the quality and safety of care. Issues were self-identified and addressed by the provider.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspector noted that all of the required notifications had been forwarded to the Chief Inspector, with appropriate actions taken in response to any incidents which occurred, to protect the residents.

Judgment: Compliant

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

There were suitable procedures in place in the event of any absences of the person in charge, to ensure that the centre continued to be effectively managed. These had been notified to the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspector found that the resident's quality and safety of life was prioritised, and their social care needs were very well supported, based on their preferences and need for support.

There were a number of minor improvements needed in the support plans for managing a specific dietary and mobility risk, as they were not comprehensive to allow for detailed monitoring of these concerns. Overall however, the residents' healthcare needs, some of which were chronic and enduring, were carefully monitored and additional resources or referrals necessary were sourced. The residents were supported to understand and in so far as possible, manage their healthcare needs. For instance, some residents had successfully completed a weight loss programme online, and staff were supporting a resident with specific physiotherapy exercises to ensure mobility was maintained.

The residents had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, occupational therapy, psychology and medical care. A number of these specialists were integral to the company and therefore easily accessed. The residents support plans were informed by these assessments and the residents care was reviewed frequently which ensured they had the best opportunity for a good quality and safe life. The residents and their representatives were involved in this process, in so far as they wished to be.

Appropriate pre-admission assessments had been undertaken, prior to a recent admission, to ensure that the resident's needs could be met in the group environment. Residents social care needs, hobbies and developmental needs were actively promoted so as to ensure a meaningful life. This included developing life, personal and social care skills, which the staff encouraged and supported. Prior to the pandemic, one resident had undertaken voluntary work at a local club and told the inspector they enjoyed this. They made plans for holidays and breaks and had good access to the local community.

The residents were supported to communicate with their friends and families via technology. They had access to tablets and other technology. It was apparent from observation that the staff and the residents communicated well and warmly.

There were a number of systems used to promote residents' rights. These included regular meetings where their views were actively elicited. The inspector saw that they were kept informed of the COVID- 19 developments, complaints were addressed and they were consulted in regard to a new resident moving in to live with them. One resident had ongoing access to an advocate for personal support, as needed. They had individual financial accounts, and although some of the residents required support with this, it was managed in a consultative manner, with good oversight, to ensure their monies were protected.

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented as needed. Specific plans to address the residents' particular vulnerabilities in the community or via the Internet were implemented. The staff supported residents to understand these vulnerabilities and how to protect themselves. There were detailed guidelines in regard to supporting the residents with personal care which protected their privacy and dignity.

There were pro-active systems in place to support residents with their emotional needs with good access to clinical supports and direction for the staff. These demonstrated an awareness of each residents particular anxieties and mental health supports needed.

There were a number of restrictive practices implemented, based on individual residents need for safety and their vulnerability. These included, restricted access to foods due to high risk, restricter's on some windows, some limited access to monies and the Internet. These were however, implemented in a proportionate manner and the staff worked with the residents to enable them to understand the need for these. They were frequently reviewed and removed when no longer necessary. For example, access to doing the laundry was restricted for safety reasons in one

instance. In order to address this, the staff undertook a programme of desensitisation and enabled supported access, which reduced the need for the restriction.

Risk management systems were effective, centre specific and proportionate to the risk, while not unduly impinging on the residents' freedom or increasing the risk of harm. The residents safety was also promoted by the fire safety management systems implemented, including systems for fire containment, with fire alarms and equipment available and serviced as required.

However, the boiler house, directly attached to the main house, contained numerous combustible materials. While there was a fire extinguisher in the room the inspector could not ascertain from staff how this worked, or if they would be alerted in the event of a fire in this room. The provider agreed to have this reviewed.

Staff undertook regular fire evacuation drills with the residents who all had suitable personal evacuation plans in place which identified their individual need for support. Records also showed that fire drills were held when new staff commenced or when residents were admitted.

The policy on infection control had been revised to reflect the increased risks and challenges of COVID-19 and the systems had been effective in containing an outbreak in the centre. A number of strategies were deployed; these included: restrictions on any visitors to the centre, increased sanitising processes during the day, the use of and availability of suitable personal protective equipment (PPE).

Contingency plans were in place such as specific training in relation to COVID-19, proper use of PPE and effective hand hygiene had been provided for staff and they outlined this to the inspector. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible.

Regulation 13: General welfare and development

The resident own wishes, age and health were were considered in their daily activities, training and community access they participated in.

Judgment: Compliant

Regulation 17: Premises

The premises is suitable for purpose, and currently meets the needs of the residents living there, with each resident having a large bedroom and ensuite, suitable communal and recreational space, a garden and patio area.

The provider advised of definitive plans to extend the premises to include a second sitting room, larger kitchen, and the conversion of two ensuites to wet rooms. In this way, the future needs of the residents will be accommodated.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre specific and proportionate to the risk, reviewed regularly and there was evidence of learning from any untoward event.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre, there was liaison with the public health bodies and this had been effective when an outbreak of the virus occurred.

Judgment: Compliant

Regulation 28: Fire precautions

There were good fire safety management systems implemented, including systems for containment, with fire alarms and equipment available and serviced as required. Residents participated regularly in fire drills. Clarification was required in relation to the fire management system in the boiler house which was directly attached to the centre. The provider agreed to have this reviewed .

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had frequent access to a range of multidisciplinary assessments and reviews of their care needs. Their own wishes and preferences were considered, and they were fully involved in these decisions. Their social care needs were well

supported, taking their age and individual preferences into account.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, some of which were chronic and enduring, were carefully monitored and any additional resources or referrals necessary were sourced. However, in one instance the support plan for managing a specific dietary and mobility condition was not sufficiently comprehensive to allow for detailed monitoring of the these.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were pro-active systems in place to support residents with their emotional needs with good access to clinical supports and direction for the staff. These demonstrated and awareness of each residents' particular needs and how to support them which enhance the quality of their lives.

Judgment: Compliant

Regulation 8: Protection

There were effective systems, policies and procedures in place to protect residents from abuse and these were implemented as needed, including plans to address the residents' particular vulnerabilities in the community or via the Internet. The staff supported the residents to understand these vulnerabilities and how to protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of systems used to promote the residents' rights. These included regular group and meetings and key worker meetings, where their views were actively elicited. One resident had ongoing access to an advocate for personal

support, as needed. Staff worked with the residents to ascertain if they wished to, or were able to move to independent supported accommodation.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Áit Chonaithe OSV-0004977

Inspection ID: MON-0025331

Date of inspection: 29/03/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We will ensure that the staff members file reviewed has a reference from the last employer placed on it.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will implement recommendations from our Fire experts in relation to the fire management system in the boiler house attached to the centre	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: We will review the support plan of the resident in question to ensure there is sufficient detail in the plan for managing the specific dietary and mobility condition and enhanced systems for monitoring this	

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2021