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## **GALRO Residential Mullingar, OSV-0004648, 12 May 2021**

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'GALRO Residential Mullingar, OSV-0004648, 12 May 2021', [report], Health Information and Quality Authority, 2021-05-08, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-03-13 13:38:25
Link to Item	<a href="https://hdl.handle.net/20.500.14765/105913">https://hdl.handle.net/20.500.14765/105913</a>



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

## Issued by the Chief Inspector

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0032748

## About the designated centre

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

Galro Residential Mullingar is a six bedroom detached bungalow in a residential suburb of Mullingar. It provides a residential service for up to five adults in a safe, nurturing and homely environment that meets their behavioural, medical and intimate care needs. Residents may present with a diagnosis of autism and/or intellectual disabilities. It is a residential service that can cater for up to five adults, supported and facilitated by staff on an on-going basis to live full and valued lives in their community and at all times ensuring that stability, good health and well-being is achieved.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

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
Wednesday 12 May 2021	09:00hrs to 14:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspection took pace in a manner so as to reduce the risk of infection to the residents and staff in the centre.

The inspector met with three of the residents, as one resident was at home on the day. They were having breakfast and planning their day, including a visit home for a resident. The residents were unable to communicate verbally or directly with the inspector, but indicated by their gestures, facial expressions and interaction with the staff, that they were happy in their home and looking forward to their day. They appeared to be very well cared for and staff were attentive, supportive and respectful in their interactions with residents.

Staff were observed to be using the communication tools and behaviour support strategies outlined for residents, encouraging them with self-care, getting their own meal, and gently reminding them of each step of their daily plans. They were preparing to go out for walks, and to the providers allotments and eager to get going. They were supported by one-to-one or two-to-one staff and this ensured they were able to participate in their plans.

The premises was very homely and spacious, and each resident had a large large en suite bedroom, with all of their favourite items and personal belongings including iPads, games, toys and comfort items, along with photos of their activities.

From a review of a range of documentation the inspector saw that the residents normally participated in a range of social and community activities including, swimming, bowling, hill walking, helping out in a local shop for short periods, holidays away, and exercise. They were seen to be supported gently in learning skills and gaining confidence, for example, doing some of their own shopping locally. Their activities were trialled and introduced slowly, based on the residents' preferences and the type of preferred environment they were comfortable with.

To compensate for the change during the restrictions, the use of the provider's own day service continued in a carefully planned manner. The staff also ensured that the residents had access to local walks, fresh air and on-line shopping and family contact.

Visits home were being recommenced based on the public health guidelines and these were supported by the staff.

In summary, from this observation, speaking with staff and reviewing the residents records, it was evident that the provider had systems in place to support the health, social and emotional care needs of the residents. It was also apparent that residents and their representatives were consulted and communicated with, about decisions regarding their care, running of their home and their own development.

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. The centre was last inspected in April 2019 and was fully compliant. This inspection indicates that this level of compliance has been maintained by the provider.

Galro Ltd, an unlimited private company, had effective management and oversight systems, combined with internal access to a range of allied health services in place, which ensured the care, welfare and ongoing development of the young adult residents was well supported.

The person in charge who reports to the head of care, was suitably qualified, very experienced, and was very familiar with the residents needs and how to support them.

There were effective reporting and monitoring systems evident. These included a range of quality assurance mechanisms, including detailed audits and unannounced visits, as required by the regulations, which 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. From a review of the complaints records, the inspector saw that any concerns were responded to promptly, and in a fair and transparent manner.

The provider ensured that the centre was well resourced in terms of staff to account for the complexity of needs of the residents. This ensured that their support plans could be implemented effectively to their benefit. Staff had the training and skills to support the residents, with any training which was deferred due to COVID19 restrictions being rescheduled. Where additional training was identified, for example monitoring the residents' blood pressure and LAMH training, this was promptly made available, so as to support the residents.

Staff spoken with demonstrated very good knowledge of the individual residents and how to support them. Every effort was made to maintain consistency of staff. From a review of a small sample of personnel files recruitment practices were safe and there were good induction and supervision systems evident.

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 preventative and appropriate actions taken in response to any incidents which

occurred, which protected the residents.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified, very experienced and effective person in charge who reported to the head of care. Although the person in charge was responsible for three designated centres, the presence of a full time team leader ensured that this was a suitable arrangement.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the centre was well resourced in terms of staff to account for the complexity of needs of the residents. There were up to four staff on during the day and two staff overnight. Nursing oversight was available within the organisation.

The recruitment practices were safe.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had the training and skills to support the residents, with any mandatory training which was deferred due to COVID19 restrictions rescheduled. Where additional training needs were identified these were promptly made available.

There were good quality supervision and induction procedures in place.

Judgment: Compliant

#### Regulation 23: Governance and management

There were effective management and oversight systems, combined with internal access to a range of allied health services in place, and good systems for monitoring the residents care needs. These included good quality audits, reviews of practices, unannounced visits on behalf of the provider and a transparent annual review of the

service, which included the views of the residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was detailed and the care practices observed reflected this.

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 preventative and appropriate actions taken in response to any incidents which occurred, which protected the residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints or concerns raised by, or on behalf of, the residents, were found to be acknowledged and dealt with promptly, transparently and fairly.

Judgment: Compliant

## Quality and safety

The inspector found that the residents' quality and safety of life was prioritised, with a considered approach to enabling them to achieve the best quality of life.

As young adults with complex care needs, the focus was on developing fundamental life and self-care skills while changing behaviours, which impacted on the quality of their life and social experience. To this end, the residents had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, occupational therapy, psychology, psychiatry and medical care. The residents

support plans were informed by these assessments. The residents and their representatives were involved in this process, in so far as they wished to be.

The provider operated a multipurpose recreational/ training complex which included formal training and learning, along with access to the allotments, and the animals. These programmes were tailored to the individual preferences and developmental needs of the residents, devised by the allied care teams. Their support plans were frequently reviewed to reflect changes to the residents' needs and assess the benefits to the residents, and their responses to these, thus enabling a meaningful quality of life.

The residents' healthcare needs, were carefully monitored and any additional resources or referrals necessary were sourced, with detailed support plans available for them. These included healthy eating and weight management.

The inspector saw that detailed pre-admission assessments and support plans had been implemented prior to a recent admission, so as to ensure that the residents' needs could be supported and that all of the residents were compatible to live together.

The residents' communication needs were prioritised with good assess to, and review, by speech and language therapists. This intervention had a beneficial effect, as it reduced periods of anxiety and frustration for the residents.

There were a number of systems used to promote the residents rights. These included regular residents meetings but primarily good key worker supports, the use of the communication plans and responding to the residents non-verbal communication. For example, a resident had declined the COVID-19 vaccine and dental procedures. This was respected, but the staff implemented a number of de-sensitisation strategies to help the resident with their anxieties regarding these procedures. The residents finances were managed safely, and they had access to their own monies, with appropriate supports and consultation, and could spend as they wished.

The provider had effective systems to prevent and respond to any situations of potential abuse. Each resident had a detailed intimate care plan, pertinent to their particular needs and preferences. Staffing arrangements were organised to ensure these were carried out in accordance with these preferences, which respected their dignity.

There were good systems in place to support residents with their emotional needs, with clinical supports and direction for the staff in managing issues such as self-harm, or aggression and anxiety. These were person- centred. All incidents were seen to be carefully reviewed by the person in charge and the behaviour support team. From the records available and observation on the day, this process could be seen to have benefited the resident in the quality of the day-to-day life, supported their choices, and enabled them to better participate in meaningful recreation and activities. Restrictive practices were minimal, and implemented for the residents own safety, assessed and carefully reviewed. Where such measures were no longer deemed necessary they were discontinued. The use of medicines on a PRN

(administer as required) basis was seen to be carefully monitored and reviewed to avoid harm to the residents.

Risk management systems were effective, centre-specific and proportionate to the risk and frequently reviewed while not unduly impinging on the residents' freedom or placing them at harm. The residents safety was also promoted by the fire safety management systems implemented including systems for containment, and alerting of fire. The resident were supported to participate in practice drills so that they were used to the evacuation procedures and the alarm going off.

The procedures on infection control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. This has been effective in containing any potential outbreak in the centre. The public health and infection control guidance was followed. Contingency plans were in place. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff and they outlined this to the inspector. The provider was revising the procedures in line with the revised restrictions and continued public health advice regarding activities and visitors.

#### Regulation 10: Communication

The residents' communication needs were prioritised with good access to, and review, by speech and language therapists and staff were observed to be using the strategies to help the residents. This intervention had a beneficial effect as it reduced periods of anxiety and frustration for the residents.

Judgment: Compliant

#### Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific, proportionate to the risk and frequently reviewed, while not unduly impinging on the residents' freedom or placing them at harm.

Judgment: Compliant

#### Regulation 27: Protection against infection

The procedures on infection control had been revised to reflect the increased risks and challenges of COVID-19 and to protect the residents. This has been effective in containing a potential outbreak in the centre. The guidance continued to be followed

to reflect the changes, and there were contingency plans in place. The residents were being supported to access the vaccination programme.

Judgment: Compliant

### Regulation 28: Fire precautions

The residents safety was promoted by the fire safety management systems implemented including systems for containment, and alerting of fires, fire training for staff and practice drills with the residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The young adult residents had access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, occupational therapy, psychiatry and medical care. The residents' support plans were guided by these assessments and staff were observed to be implementing them. Their social care and developmental needs were supported and encouraged with tailored training programmes and good access to the community,

The residents and their representatives were involved in this process, with significant supports from their key workers.

Judgment: Compliant

### Regulation 6: Health care

The residents health care needs were known, monitored and promptly responded to.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents were supported with their emotional needs, with clinical supports and direction for the staff in managing issues such as self-harm, or aggression. These demonstrated an awareness of each residents particular needs, causes of anxiety

and subsequent behaviours. All incidents were carefully reviewed by the person in charge and the behaviour support team. This could be seen to have benefited the residents' in their day-to-day life, supported their choices, and enabled them to better participate in meaningful recreation and activities.

Judgment: Compliant

### Regulation 8: Protection

The provider had effective systems to prevent and respond to any situations of potential abuse. Each resident had a detailed intimate care plan, pertinent to their particular needs and preferences. Staffing arrangements were organised to ensure these were carried out in accordance with these preferences, which respected their dignity. Compatibility of the residents was also carefully considered, prior to admission.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems used to promote the residents rights included regular residents meetings, but primarily good key worker support, communication plans and strategies, and responding to the residents non-verbal communication. Their participation in their routines was monitored to ensure they were happy with them and their finances, with which they required full support were managed safely, and they had access to their own monies, with appropriate supports and consultation, and could spend as they wished. If they declined any intervention this was respected, but the staff implemented a number of de-sensitisation strategies with the residents to relieve potential anxieties which may impact on their well being.

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
<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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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