



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:	10 August 2023
Centre ID:	OSV-0004976
Fieldwork ID:	MON-0040779

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 data administrator, a lead staff member on each shift 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:	6
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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
Thursday 10 August 2023	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 six 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. However, there were some areas of improvement identified in relation to the maintenance of the premises which had an impact from an infection control perspective.

This unannounced inspection was undertaken following a significant allegation or suspicion of abuse in the centre. Written reassurances had been provided, additional monitoring and an internal review had been undertaken by the provider. In addition, an investigation by an external expert had been completed. This found that the specific allegation made was not upheld or substantiated.

The centre comprised of a two storey, five- bedroomed 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 were no vacancies at the time of inspection. The inspector met briefly with each of the six residents living in the centre. A number of the residents were unable to tell the inspector their views of the centre but some residents indicated 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 a content mood.

The centre was found to be comfortable, homely and overall in a good state of repair. However, there was some worn paint on walls and woodwork in some areas. In addition, floor and wall tiles, and grouting in a downstairs toilet and upstairs en suite shower were worn in areas and the surface of some of the presses in the kitchen was broken. This meant that these areas were more difficult to effectively clean from an infection control perspective. Each of the residents had their own bedroom which had been personalised to the individual residents' tastes and was a suitable size and layout for the residents' individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Each of the residents' bedrooms had family pictures and some memorabilia which had significance for the individual resident. One of the residents' rooms had larva mats and lamps which it was reported that the resident enjoyed. The self-contained apartment was a suitable size and layout and had been designed specifically to meet the needs of the resident living there. 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 outdoor 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 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 evidence that the family of the resident associated with the recent allegation had indicated that they were happy with how the allegation had been managed and ultimately had no concerns regarding the quality of care which their loved one received.

There was an atmosphere of friendliness in the centre. 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 available for the staff and resident to access. On the day of inspection, residents were observed to enjoy a lunch meal of omelette and salad together. One of the residents spent time on the basket swing in the garden with staff which was reported to be their favourite activity. Another resident was excited to be going to their family home for the night which was a regular occurrence. Staff also supported one of the residents to attend a beauty nail appointment within the community.

Residents were supported to engage in meaningful activities on an individual basis. Each of the residents were engaged in a formal day service for a number of days each week. Weekly activity schedules were in place which included involvement in two different social clubs and a special Olympics group. A number of the residents were members of a local leisure centre. Examples of activities that residents enjoyed included, arts and crafts, swimming, walks, cycling, baking, flower arranging, church visits, bowling, gym work, nature walks, reading, flower arranging, board games, gardening and dining out. A number of the residents had secured work experience in local businesses and one of the residents had paid employment on a part time basis in a local business which staff supported. A number of the residents were involved in the local tidy towns committee. Overall, residents engaged well in a range of community activities and events, although a small number of residents were reluctant. The centre had four cars in total which were used by staff to drive residents to various activities and outings.

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 provider had acted decisively and promptly to a recent allegation or suspicion of abuse in line with the provider's policy.

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 five 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 full time data administrator in the centre who supported the person in charge in relation to the administrative part of their role.

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 and 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. The full complement of staff were in place at the time of inspection. A small number of new staff had commenced working in the centre in the preceding period. However, 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 residents' needs and preferences were well known to staff met with, and the person in charge on the day of this inspection. 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, the full complement of staff were in place.

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. The provider had completed an annual review of the quality and safety of the service and unannounced visits as per the requirements of the Regulations. The provider had acted decisively and promptly to a recent allegation or suspicion of abuse in line with the provider's policy.

Judgment: 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. However, some maintenance was required in the centre which had an impact from an infection control perspective.

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 paint on walls and woodwork in some areas, floor and wall tiles and grouting in a downstairs toilet and upstairs ensuite shower were worn in areas and the surface of some of the presses in the

kitchen were broken. 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 infection control had been provided for staff.

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. However, there was some small maintenance required in areas which had an impact from an infection control perspective and is discussed under Regulation 27.

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 paint in walls and woodwork in some areas, floor and wall tiles and grouting in a downstairs toilet and upstairs ensuite shower were worn in areas and the surface of some of the presses in the kitchen were broken. 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. 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. Overall resident in this centre presented with minimal behaviours that challenge. There was a restrictive practices register in place which was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. Allegations or suspicions of abuse in the preceding period had been promptly and appropriately responded to in line with the providers policy. An investigation by an external expert had been completed following a recent allegation of abuse. This found that the specific allegation made was not upheld or substantiated.

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 available in the centre.

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
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 31: Notification of incidents	Compliant
Quality and safety	
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-0040779

Date of inspection: 10/08/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>We have a work schedule devised with the maintenance department to include the following:</p> <ul style="list-style-type: none"> Paint the walls and woodwork in need of upgrade. Replace the floor and wall tiles in the downstairs toilet with marmoleum flooring and PVC wall covering. Re-grout the tiles in staff ensuite. Fix the presses in the kitchen that were broken. 	

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 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	27/10/2023