



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

## Issued by the Chief Inspector

Name of designated centre:	Tall Timbers
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	09 November 2021
Centre ID:	OSV-0005298
Fieldwork ID:	MON-0026884

## About the designated centre

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

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

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

Number of residents on the date of inspection:	4
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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 - 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
Tuesday 9 November 2021	08:40hrs to 17:10hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The inspector had the opportunity to meet with all four of the residents living in the centre. Two of the residents spoke to the inspector independently. One of the residents showed the inspector their room and it was decorated with 3D art work and personal pictures. The resident told the inspector that they had chosen what way their room was decorated and showed off new bed covers that had been bought for them as a gift. The resident had a television and games console in their room which they liked to play. They appeared relaxed in the company of their support staff and were observed relaxing in their room chatting to staff discussing their plans for the day and smiling. They had made a list of things they had wanted to do for the day and the plan was to tick them off the list as they completed them. Later that day when the resident arrived back to the centre following their day out the inspector was informed that they went to the airport to watch the planes, had lunch out, visited a relatives grave and were supported to buy items in the shop such as a new video game. Soon after they arrived home they were due to start their home tuition which had recently commenced with a dedicated teacher.

A second resident spoke to the inspector independently after they arrived back from school and they said that they liked the house, that the staff were nice but that school was 'only okay'. The resident and a staff member then joked with each other that school wasn't always the most exciting thing to do. They appeared to like this interaction with staff as they smiled and laughed.

The third resident spoke to the inspector with support from staff through the use of some Lámh signs and gestures. They had returned from a morning drive with staff and they told the inspector that they were going on a home visit in the afternoon to see their parents and dog. They shared jovial interactions with staff about the dog and how big he was.

The fourth resident did not wish to share their views or spend time with the inspector. They were briefly observed interacting with staff before going to school for the day. Staff were observed to interact with the resident in a respectful and kind manner supporting them to finish getting ready for school.

Each resident had their own bedroom that was individually decorated to their personal preferences with some having preferred a more minimally decorated environment to others and other rooms were presented with personal pictures, canvases or murals on the walls. Residents had adequate space for their personal belongings and clothes.

The house consisted of other living/relaxing areas that the residents could chose from if they wished for time alone other than in their bedrooms. These included a

chill out room that had a sensory mat and sensory wall, the main sitting room which contained many dvds, games and a television, another sitting room which had a television, and an additional building to the side of the house that residents could have family over to visit or just relax in.

To the front of the house there were tyres decorated to look like characters from the film Minions. The centre's back garden was very large and contained many areas for play, exercise and relaxation. For example, there were different types of swings, a trampoline, football goals, a hammock, a picnic bench, a punch bag and a slide. There was a path around the extensive garden put in as per a parent's request and this was used for walks and cycling by the residents.

There were five staff on duty in the centre on the day of inspection and staff spoken with were knowledgeable on the residents' preferences, care and supports needs required. Staff were observed to communicate with residents in a respectful manner and residents appeared relaxed in their company as observed to smile and respond positively to interactions with staff members.

In advance of the inspection residents' representatives completed a questionnaire on their behalf to gather their thoughts on the service provided to them. Family representatives were complimentary of the service and said their family member was happy, settled and healthy living in the centre. Staff were described as nice, kind and patient. Family representatives praised the goals and independence training that residents were supported to work on.

The inspector also had the opportunity to speak with a parent of one resident on the phone. They felt the house was 'fantastic' and that the staff were aware of supports their loved one required. They felt that if they had an issue they could discuss it with the person in charge. They had some suggestions for additional supports they would like explored for their family member and they were advised to bring those to the person in charge.

Overall, from what the inspector observed, residents received person centred care and support in the centre. However, there were improvements required in relation to protection against infection and this will be discussed further in section two of the report.

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

## Capacity and capability

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective

monitoring systems in place to oversee the consistent delivery of quality care.

There was a statement of purpose available that was updated regularly. It contained the majority of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any omitted information in the statement of purpose prior to the end of the inspection and evidence of this was presented to the inspector.

There was a defined management structure in place which consisted of a person in charge who was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They appeared to know the residents well and were knowledgeable of the centre.

The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. From a review of the annual review and the six-monthly visits any actions identified had been followed up on. The annual review of the service had included consultation with residents and family representatives.

There were other local audits, reviews and unannounced visits conducted within the centre in areas, such as safeguarding checks, finance, infection prevention and control, and health and safety audits. There were arrangements for a person in charge from another centre to call and review a different aspect of the centre each weekend.

The inspector reviewed a sample of staff files and found that the provider had ensured all of the required documents and information under Schedule 2 of the regulations were present for employees.

From a review of the rosters the inspector saw that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge. The centre was adequately resourced with sufficient staff on duty to meet the assessed needs of the residents.

The person in charge ensured that staff had access to necessary training and development opportunities in order to carry out their roles effectively. Training was made available in areas to meet residents' assessed needs. For example, staff training included, children's first, safeguarding of vulnerable adults, intimate care, fire safety training, medication management, first aid, management of actual or potential aggression (MAPA) and infection prevention and control trainings.

There were formalised supervision arrangements in place and from a sample viewed the person in charge was providing supervision to the staff team on a monthly basis and there were monthly staff meetings occurring in the centre.

The inspector reviewed the most recent admission to the centre and found that the resident had the opportunity to visit the centre for lunch, to play in the garden and had a video call with the centre prior to admission. The provider ensured that on admission that terms and conditions were agreed and signed by a family

representative and included any fees to be charged.

### Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role. They appeared to know the residents well and were knowledgeable of the centre.

Judgment: Compliant

### Regulation 15: Staffing

All Schedule 2 information required for staff files were present. There was a proposed and actual roster in place maintained by the person in charge. There was sufficient staff on duty to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff were also in receipt of training and refresher training deemed necessary to perform their role. Staff were in receipt of formal supervision as per the organisations policy.

Judgment: Compliant

### Regulation 23: Governance and management



Governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care. The centre was adequately resourced to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

In the case of the most recent admission they had the opportunity to visit the centre prior to admission, had a transition plan in place and a contract of care that laid out terms and conditions relating to residency was signed by the person's family.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available that was updated regularly. It contained the majority of the information required by Schedule 1 of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The person in charge rectified any omitted information in the statement of purpose prior to the end of the inspection and evidence of this was presented to the inspector.

Judgment: Compliant

## Quality and safety

Overall, residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously mentioned there were some improvements required in relation to protection against infection.

Residents had an annual assessment of need completed and they were reviewed in line with changing needs and circumstances. There were personal care plans in place for any identified needs. Personal care plans were reviewed at planned intervals for effectiveness. These included intimate care, financial management and communication plans.

The health care needs of residents had been comprehensively assessed, and from a

sample viewed each resident had attended an annual medical review in the last 12 months. Residents had access to a range of allied health professionals. These included a general practitioner (GP), occupational therapy (O.T), chiropody, and psychiatry as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where required, residents had access to members of a multidisciplinary team to support them to manage behaviour positively. These included a behavioural support specialist and a psychologist. There were positive behaviour support plans in place as required to guide staff as to how best to support the resident and staff spoken with were familiar with the strategies within the plans.

There were some restrictive practices in place and consent was sought from families. Where restrictive practices were in use, they were assessed as necessary for a resident's safety and wellbeing. For example, child locks on vehicle doors and some window restrictors in use on the first floor of the house to prevent residents falling from the window. Restrictive practices were reviewed monthly in the centre by the person in charge and behavioural support worker and an annual review by the organisation's rights committee. There was evidence of removal of a restrictive practice when it was considered no longer necessary.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy, a centre specific intimate care policy and staff were appropriately trained. There was a safeguarding statement displayed in the kitchen. Any potential safeguarding risk was reviewed and where necessary a safeguarding plan was developed and necessary actions taken.

The inspector found that there were adequate systems in place to promote residents' rights and that arrangements in place did support residents to exercise their rights as individuals. These included, a monthly advocacy group meeting, weekly key worker meetings where residents completed sessions on making choices, there was a suggestion box in the centre, and a choice board in place.

There was a residents' guide prepared for the centre that was made available to residents and it contained all the required information as set out in the regulations.

From a walkabout of the centre the inspector found it to be spacious with lots of areas for privacy and areas to play. There were some areas that required minor attention, for example, a wardrobe door and part of the wooden walkway that surrounded the trampoline needed to be fixed. These were identified by the person in charge and addressed by the provider the day after the inspection.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available, the centre had a risk register in place and each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Risk assessments were reviewed on a quarterly basis by the person in charge and a behavioural support worker. The centre's three vehicles were taxed, insured and had an up-to-date national car tests (NCT). There were also arrangements in the centre for

weekly vehicle checks that included engine, lights and tyre thread depth checks.

The inspector reviewed arrangements in relation to infection control management in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19 with a contingency plan in place and isolation of residents if required. Staff had been provided with several relevant trainings such as infection prevention and control, hand washing techniques and donning and doffing personal protective equipment (PPE). PPE was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards, colour coded cloths for cleaning the centre, and colour coded mops and buckets. However, improvements were required in some areas such as to the storage of mops and buckets to ensure appropriate drying of the mop head and to prevent stagnant water pooling. There were some minor gaps to the centre's cleaning schedule identified.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. Easy-to-read fire safety guidance with pictures was also displayed in the centre to guide residents. Some fire containment doors had not closed fully by themselves but this was rectified by the provider on the day of inspection and assurances given by the provider's fire safety expert.

### Regulation 17: Premises

The inspector found the premises to be spacious with lots of areas for privacy and areas to play. There were some areas that required minor attention, for example, a wardrobe door needed to be fixed and part of the wooden walkway that surrounded the trampoline. These were identified by the person in charge and addressed by the provider the day after the inspection.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide prepared for the centre that was made available to residents and it contained all the required information as set out in the regulations.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were risk management arrangements in place, including a risk management policy, procedures and guidances. Risk in the centre was assessed and there were comprehensive control measures in place. The centre's vehicles were taxed, insured and had up-to-date national car test (NCT).

Judgment: Compliant

## Regulation 27: Protection against infection

Mops and buckets used for the centre's cleaning were inappropriately stored that would not promote adequate drying and stop water from pooling and becoming stagnant. There were some minor gaps to the centre's cleaning schedule identified. It was not evident from the frequently touched surfaces cleaning schedule, that were due to be cleaned every two hours as per the centre's guidance, if staff were completing the tasks more than once per day due to the layout of the documentation.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were suitable fire safety management systems in place. These included emergency lighting and signage, servicing of fire detection and firefighting equipment, and staff were trained in fire safety. Regular fire drills were practiced in the centre and each resident had a personal fire evacuation plan in place to guide staff as to assistance required.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had an annual assessment of need completed and care plans in place were based on this assessment. Residents were supported to work on goals that were fun to them and also goals that promoted their independence and life skills.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner service, and a range of allied health professionals. These included annual health checks, general practitioner (G.P), occupational therapy (O.T), chiropody, and psychiatry as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had access to members of a multidisciplinary team to support them to manage behaviour positively and there were positive behaviour support plans in place as required. There were some restrictive practices in place with consent was sought from families and there were restrictive practice protocols in place. Restrictive practices were reviewed monthly in the centre by the person in charge and behavioural support worker and an annual review by the organisations rights committee. There was evidence of removal of a restrictive practice when it was considered no longer necessary.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was safeguarding policy and statement in place. There was a centre specific intimate care policy and staff were appropriately trained. Safeguarding was often discussed at resident meetings and key worker sessions. There were arrangements for night stewards to call unannounced to the centre at least monthly during the night to ensure residents are safe.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that there were adequate systems in place to promote residents' rights and that arrangements in place did support residents to exercise

their rights as individuals. These included, a monthly advocacy group meeting, weekly key working meetings where residents completed sessions on making choices, there was a suggestion box in the centre, residents' meetings, activity and food planner, and a choice board in place.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 Tall Timbers OSV-0005298

Inspection ID: MON-0026884

Date of inspection: 09/11/2021

## 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 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 will ensure that the centre's cleaning equipment is stored in a suitable place which allows adequate drying. Timeframe: 22th November 2021</p> <p>We will review the frequently touched surfaces section as part of the centre's cleaning schedule to evidence frequent cleaning of certain surfaces. Timeframe: 22nd November 2021</p> <p>We will ensure that further auditing of the cleaning schedule will be complete on a weekly basis by the PIC and lead staff to eliminate the likelihood of any gaps in the cleaning schedule. Timeframe: 22nd November 2021</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	22/11/2021