



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

Issued by the Chief Inspector

Name of designated centre:	Bridge Lands
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	12 February 2024
Centre ID:	OSV-0005682
Fieldwork ID:	MON-0033279

About the designated centre

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

Bridge Lands is a residential designated centre which can provide full time accommodation for up to six adults, who present with autism and/or an intellectual disability. The centre is a large detached dormer style house situated in County Laois. There is a full time person in charge assigned to the centre. The person in charge reports to a senior head of care manager. The staff team within the centre is comprised of number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents. There are a number of local amenities available to residents, including cafes, shops and clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 12 February 2024	09:30hrs to 16:15hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were well supported in this centre to enjoy a good quality of life. They were active in their local community and residents who met with the inspector stated that they liked staff who supported them and that they were happy in their home. Overall, the inspector found that care was generally held to a good standard, however, some adjustments were required in regards to safeguarding, medications and fire safety. These issues will be discussed in the subsequent sections of this report.

On the day of inspection, the inspector met with four of the five residents who were using this service. On the morning of inspection, the centre had a very pleasant and calm atmosphere. Residents were preparing for the day ahead with one resident heading off for an overnight stay in a hotel. Staff explained that they were really excited about this and it had been a recent goal of theirs. Another resident was preparing for a trip to their home county and they explained that they enjoyed these trips and they were also planning to stop for a bit of lunch. The remaining residents were also out and about on the day of inspection and one resident spoke to the inspector when they returned. This resident was happy to show the inspector their home, including the bedroom. They were very proud of their room and explained how they liked to keep it tidy. They pointed out religious pictures which had a deep meaning for them and also pictures of attending music festivals with their friends. They talked about their life and how they liked their home and that they were well supported with activities and pursuing personal interests.

Residents had a good social life and the opportunities presented by staff, assisted them to development friends and relationships outside of the designated centre. Staff explained that one resident was well known and liked in the local area. They had also engaged in a weight loss and fitness programme in a local gym where they had made additional friends and developed a personal relationship with a another gym member. Residents were also supported with further education with one resident enrolled in local adult education.

The two residents who spoke with the inspector complemented staff in their approach to care. They said that they were very nice and that they had no issues going to them if they had any concerns. The centre had a very pleasant atmosphere and staff were observed to patiently interact with residents throughout the day. They also chatted freely with residents and laughed and joked about the plans for the day ahead. It was clear that residents were relaxed in their company and that they also enjoyed the banter and fun.

The centre itself, was warm, homely and well maintained. Each resident had their own bedroom which they decorated in line with their own preferences. There were also two reception rooms in which residents could relax and there was a large open plan kitchen/dining area. The centre was located on an extensive site and there was ample space for residents to enjoy the outdoor areas. A large patio was located at

the rear of the property and some residents also enjoyed using a polytunnel to grow fruit and vegetables.

As part of this announced inspection, residents completed questionnaires in regards to living in this designated centre. In general, residents reported a high level of satisfaction with the service. They were satisfied with their home including their bedroom and communal areas. The majority of residents indicated that they were happy with the people they live with and the staff who support them; however one questionnaire indicated that staff knowledge of their needs could be better and that some improvements in regards to safety would be welcomed. Although the inspector found that oversight of safety was maintained to a good standard, further consideration should be given by the provider in regards to this response from a resident who used this service.

Capacity and capability

The inspector found that there was good oversight of care practices in this centre and that residents generally enjoyed a good quality of care.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, residents' needs and of the resources which were implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the oversight of safeguarding, the use of restrictive practices and how the rights of residents was promoted.

There was good oversight of care in this centre. The residents who used this service had individualised needs which had the potential to place themselves and others at risk of harm. The provider was well aware of these issues and the systems and governance arrangements which were in place ensured that safety was promoted at all times. The person in charge also had a range of internal audits to monitor day-to-day care practices including personal planning, complaints and trends in incidents and accidents. All audits and reviews required by the regulations were also completed with the audit identifying that some improvements were required.

Staff who were on duty had a very pleasant approach to care and they actively assisted in creating a warm and homely environment. They also discussed with the inspector how the person in charge had a regular presence in the centre and there was ample opportunity to raise issues or concerns which they may have. The person in charge also scheduled house meetings and supervision sessions which facilitated a formal review of both performance and care within the centre.

Overall, the centre operated at a level which ensured that residents generally had a good quality of life; however, improvements still were required with regards to staffing and training.

Regulation 14: Persons in charge

The person in charge had a good understanding of the service and also of the resources which were in place to meet the assessed needs of residents. They held responsibility for one other designated centre and they attended this centre regularly throughout the working week.

The person in charge was in a full time role and they were appropriately qualified and experienced to fulfill the duties of this role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which contained full staff names, their start and finish times and also their roles within the centre. The rota clearly outlined the provisions for both day and night time staffing and there was also a planned rota for staff to refer to.

The provider had also complete Schedule 2 documents in place for staff, including vetting disclosures, employments histories and qualifications. A sample of these files were reviewed by the inspector and found that all required information was in place and up to date.

Judgment: Compliant

Regulation 16: Training and staff development

Staff attended regular one-to-one supervision sessions with the person in charge and there were a schedule of house meetings for staff to attend. These measures ensured that staff could discuss care practices and raise any concerns which they may have.

The provider had a schedule of mandatory and refresher training in place in areas such as fire safety, safeguarding and behavioural supported which assisted in ensuring that staff could meet the needs of residents. A review of training records indicated that all staff were up to date with regards to the required training for this centre.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit found that the centre provided a good quality service and they examined areas of care including personal planning, healthcare, behavioural support and safeguarding. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. This review gave a good account of residents' lives and how they were consulted throughout their previous year in regards to their home and decisions about their care. In addition, the review had completed surveys of residents, and their representatives thoughts on the service. The inspector found that these arrangements promoted an open and transparent culture within the centre.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were supported by a senior manager and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Compliant

Quality and safety

The residents who used this service enjoyed a good social life and they were all out and about in their local community on the day of inspection. They were well supported in regards to seeking further education and the provider had a personal goal setting process in place. Although residents were well supported, some areas of care, including medications, safeguarding and fire safety required improvements.

This centre supported residents with complex needs. These needs required prescribed levels of supervision within the centre and also when accessing the community. Due to the nature of these needs some restrictive practices were implemented in order to promote safety and safeguarding. Although there was several restrictions in place, the inspector found that there was good oversight of these practices and that the least restrictive practice was implemented at all times.

Safeguarding was a prominent feature of the care which was provided in this centre. Due to the nature of the residents' collective care needs, careful consideration was given in regards to interactions and a number of safety plans and restrictions were introduced to assist with safeguarding of residents. Although safeguarding, which

was based on residents' needs, was well promoted, some improvements were required from the provider in regards to the response to an isolated incident. A review of records indicated that a serious incident had occurred. This was reviewed by the provider who determined that there were no grounds for concern; however, an external agency found that there were grounds for concern and sought assurances in regards to the implementation of an interim safeguarding plan. Further clarity was sought from the provider on the day of inspection in regards to this plan; however, the provider failed to demonstrate that the interim plan had been agreed with the external agency. Although, there had been no further incidents of concern, and the person in charge had implemented additional measures to safeguard residents, improvements were required in regards to the initial review of this safeguarding concern and also in regards to the prompt implementation of agreed safeguarding plans.

Although some areas of care required improvement, overall the inspector found that residents were well supported to enjoy a good a good quality fo life. Residents had opportunities to make friends and develop relationships outside of the designated centre. A residents had engaged in further education and and they were also supported to complete a curriculum vitae (CV) and they were considering applying for paid employment. In addition, the residents were also assigned keyworkers who assisted them with decision making and supported them to identify and achieve personal goals. Residents met with their keyworkers and a regular basis where they decided on short and long term goals such as holidays, hotel breaks and joining a choir.

Regulation 13: General welfare and development

Residents had good opportunities to engage in hobbies and leisure interests. There was ample staff and transport in place which promoted their access to community activities and events. Residents were supported to join local fitness centres, pursue hobbies like golf and bowling and also to partake in organised events like the special Olympics.

Where residents identified an interest in personal development this was also well supported. A resident had enrolled in a community based adult education programme where they studied arts and computers. A resident had also completed their CV and they had set a goal for themselves to apply for paid employment.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained responsibility for the management of risk in this

centre and the inspector found that there were robust risk management procedures in place. Risk assessments had been introduced in regards to safeguarding, falls, aggression and also self harm. The inspector found that these assessments assisted in ensuring that these issues did not have a negative impact on care and they promoted safety within the centre.

The provider also had procedures for recording, monitoring and responding to incidents and near misses. Again, the person in charge held responsibility for the daily monitoring of incidents and a review of records indicated that they were no trends of concern.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Staff were completing scheduled cleaning and there was suitable guidance in place for the cleaning and sanitisation of both communal and private areas of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that fire safety was promoted and fire safety equipment such as fire doors, alarm system, emergency lighting and fire extinguishers were installed. Up-to-date service schedules for in place for this equipment and staff completed regular checks to ensure that all was in good working order. Fire evacuation drills were also occurring which assisted in ensuring that residents could be supported to leave the centre in the event of a fire. However, the recorded drills for when minimal staffing were available did not reflect the potential scenarios or equipment which staff should use and impacted on the prompt evacuation of residents. In addition, a number of fire doors were not functioning properly which impacted upon fire containment in this centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage for medicinal products and there was complete medication prescription sheets in place which promoted the safe administration of

medications. Although there were several examples of good practice, some areas of medication management required review. For example, a resident had been assessed to manage their own medications which was a positive example of care; however, this assessment required review to give specific detail in relation to the self administration of a subcutaneous injection. In addition, a suitable risk assessment was not in place for this practice.

The provider's policy on medication management also required review to include the administration of subcutaneous rescue medication and also on the process for recording medications which had been self administered by residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which set out their care needs and the supports they required to enjoy a good quality of life. Personal plans were reviewed on an ongoing basis and there was a formal annual review which residents attended.

Residents were also assisted to identify and achieve personal goals throughout the year. Residents choose short and long term goals and were planning various holidays, trips and developing their personal interests in sports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support was held to a good standard in this centre. Staff who met with the inspector had a good rapport with residents and they could clearly articulate resident's individual behavioural needs. Residents who could exhibit behaviours of concern had clear guidance in their person plans for staff to follow.

There were a number of restrictive practices which had been implemented in response to safeguarding and safety concerns. These were subject to regular review by the provider's rights committee and there was a clear rationale for their use. In addition, a member of the rights committee had attended the centre to discuss these arrangements with the affected residents which promoted their awareness and inclusion in regards to their use.

Judgment: Compliant

Regulation 8: Protection

Although improvements were required in this area of care, safeguarding was actively promoted in this centre. Safeguarding was discussed with residents at their keyworking sessions and all staff had undertaken safeguarding training.

However, a review of records indicated that there was a poor initial response to a safeguarding concern which also impacted upon the implementation of an agreed safeguarding plan.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was clear that the centre was a pleasant place in which to live and staff were observed to chat freely with residents and kept them informed when they were assisting them with their individual care needs.

Residents attended regular keyworking sessions where they discussed their individual care. and staff used these sessions to discuss topics such as rights, safeguarding and safety in the centre. In addition, residents also attended scheduled house meeting where they discussed the running and operation of their home.

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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bridge Lands OSV-0005682

Inspection ID: MON-0033279

Date of inspection: 12/02/2024

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To prepare for the promptest evacuation, fire drills will be conducted when minimum staff are on duty to reflect the different scenarios in the event of a fire and to practice using the specialized ski sled equipment in place for one resident.</p> <p>Fire doors in the centre will be inspected daily for functionality and a maintenance plan put in place to ensure all doors close fully upon spring release.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The GALRO medication self-assessment tool will be reviewed to incorporate a section specific to self administration of a subcutaneous injection and the GALRO medication management policy will be reviewed in line with the change to the medication self-assessment tool.</p> <p>A risk assessment will be devised for the self administration of a subcutaneous injection.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The safeguarding system across GALRO will be reviewed to centralize all safeguarding concerns to the safeguarding coordinator for initial review prior to allocating the concern to an assigned DO. The centralized system will provide oversight to the decision making of the DO at the preliminary screening stage and will ensure that safeguarding data submitted to the national safeguarding team is always accessible to professionals such as PICs on a need to know basis until such time as the safeguarding matter is closed to the external agency</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	18/03/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	13/03/2024

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	29/02/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	13/03/2024