



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

Issued by the Chief Inspector

Name of designated centre:	Finvola
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	18 November 2022
Centre ID:	OSV-0007767
Fieldwork ID:	MON-0038431

About the designated centre

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

Finvola comprises of a large detached dormer dwelling with an additional 2-bed bungalow on the same site on the outskirts of a town. One building is designed for single occupancy and the other has capacity for six children with three bedrooms on the ground floor and three on the first floor. The main house which is currently the only one occupied, has three living rooms, and a playroom in addition to a kitchen dining room. There is a large car park to the front of the centre and to the rear is a patio and garden with children's play equipment. Children who live in this centre present with moderate or severe intellectual disability, autism or complex medical conditions. Children who live in Finvola may be in statutory care. This centre is open on a 24 hour a day, year round basis. When fully occupied there are eight staff on duty during core daytime hours and two waking night staff on duty at night along with sleep over staff. The children are supported by a team of social care workers and support workers and there is a centre manager full time who provides support to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Friday 18 November 2022	12:30hrs to 17:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that children who availed of this service were supported by a kind and considerate staff team and they enjoyed a good quality service. The inspector met with five children and six staff members during the inspection.

Throughout the inspection, the inspector observed extremely warm and pleasant interactions between children and staff. Some children were attending their respective schools and other children were in the centre when the inspection commenced at lunch time. Staff members assisted two children with their mobility needs and they walked with them as they moved between their bedrooms, kitchen and communal living areas. One child required one-to-one support due to their health needs and again a staff member was present at all times with them and they chatted warmly with them as they moved about the centre.

Three children returned home from school in the early evening and they seemed delighted to be back in the centre and they hugged and spoke with the person in charge and other staff members as they met them. One child spoke with the inspector for a period of time and they discussed their school, the class they were in and how they had some homework to do. When they had finished their homework, a staff member sat at eye level with them at the kitchen island and they both played a maths game which the resident really enjoyed. The child also spoke about Christmas and how they were looking forward to getting presents.

Another child went straight outside when they returned from school to play on the various scooters and bikes which were available in the spacious back yard. They chatted briefly with the inspector as they were too busy playing, but they were enjoying themselves and they chatted with their supporting staff member as they played. The remaining child sat and enjoyed watching a movie while they had a snack.

The centre was warm, spacious and had a modern yet cosy feel. It was decorated colourfully with art work and pictures which the children had completed and there was an ample external play area and garden for children to enjoy. Each child also had their own bedroom and there were a number of shared bathrooms for children to use. There was also a number of separate reception and sitting rooms where children could sit and relax by themselves if they so wished.

Overall, the inspector found that children enjoyed the company of staff and they were supported in a warm and caring environment. However, this inspection highlighted that significant improvements were required in regards to the management of medications. The centre's safeguarding policy also required review and the reporting and management of incidents, including bruising required adjustment to ensure that accurate records were maintained.

Capacity and capability

This inspection was unannounced and conducted following the receipt of information in regards to care which was provided in this centre. The inspection was facilitated by the centre's person in charge and also by a senior manager who was involved in its running and operation. The inspector found that overall care was provided to a good standard; however, improvements were required in relation to two of the centre's policies. In addition, significant improvements were required in regards to medication practices.

The person in charge and the senior manager who facilitated the inspection were found to have an in-depth knowledge of the children's individual care needs, including where external appointed agencies were involved in the oversight and review of care. The person in charge was in a full-time role and they held responsibility for the day-to-day operation and oversight of care. They were supported in their role by a senior manager who had detailed knowledge of residents' needs and social histories and it was clear that the aim of both managers was to promote the welfare and wellbeing of the children who used this service.

As mentioned throughout this report, staff who met with the inspector had a good understanding of residents' needs and also of the procedures which promoted their welfare and wellbeing such as safeguarding. Staff members detailed the prescribed response in regards to bruising and also the reporting mechanisms for any areas of concern which they may have. In addition, a sample of staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as children's first, safeguarding and also behaviours of concern.

As mentioned above, the person in charge and a senior manager had detailed knowledge of the service and also of each child's individual needs. The person in charge was greeted warmly by each child who was eager to tell them about their day and what their plans were for the evening. It was clear that both managers had good oversight of many care practices and the provider had completed all required audits and reviews which indicated that there were some minor issues which required review, however, the inspector found that issues which were found on this inspection in relation to medications management had not been identified through these audits.

The provider had a range of policies in place to guide staff in the delivery of care. The inspector found that some of the policies which were produced by the provider required review to ensure that best practice was promoted at all times. For example, the centre's policy for safeguarding children did not outline how to safeguard young adults (who are in their final year of education) and children in the designated centre. In addition, the centre's medication policy required significant review as it did not sufficiently guide staff in regards to some prescribed medications that were in use and also in relation to best practice in this area of care.

Overall, the inspector found that the centre's direct management had a good knowledge of the children's individual care needs and also to the governance systems which were in place to ensure that care and welfare was promoted; however, improvements were required in regards to some policies and to the oversight of medication practices.

Regulation 15: Staffing

Staff who met with the inspector had a good rapport with children and there was a warm and caring approach to care observed throughout the inspection. Staff also had a good knowledge of childrens' needs and they indicated that they felt supported in their roles. Staff explained that they could go to the person in charge if they had a concern and there was regular staff team meetings occurring.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their childrens first training and there was information readily available in the centre in regards to reporting concerns. Staff who met with the inspector had a good understanding of how to report a concern and they also clearly demonstrated how issues such as behaviours of concern or bruising were managed, reviewed and reported upon.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of management in this centre with the person in charge providing oversight of the day-to-day operations of the centre. They were supported in their role by a senior manager and both people had a good understanding of the service. However, some improvements were required to ensure that medication practices were maintained to a good standard and also to ensure that all policies promoted best practice.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a range of policies in place to guide staff in the provision of care. Policies had been reviewed as required by the regulations; however, the policies in regards to medication management and safeguarding required review to ensure that reflected care within the centre and they were kept up to date with best practice.

Judgment: Substantially compliant

Quality and safety

The inspector found that children were supported to have fun and that the service promoted their welfare and wellbeing. Children also enjoyed living in this centre and the provider had employed a staff team who had a kind approach in regards to the provision of care. Although the centre had a pleasant atmosphere and children appeared happy and content, this inspection highlighted that significant improvements were required in regards to medication management. In addition, areas of care such as the review of some incidents required review to ensure that all incidents were appropriately recorded.

Children who used this service were supported with their education and they either attended their school of choice or supported to avail of home schooling. On the day of inspection, several residents returned home from school and as mentioned earlier they were warmly greeted by staff members. There was ample facilities and opportunities to play outside, with some children choosing to relax and watch their favourite movie or television programme. The inspector observed that a child chatted freely with a staff member and they played a maths game with the staff member and the inspector. It was clear that child enjoyed this interaction with the staff and they had a homemade maths game which the child explained clearly to the inspector how to play.

The provider had systems in place for the receipt, storage and administration of medications. The inspector found that there were issues in regards to medication practices in this centre which required review to ensure that this area of care was held to a good standard at all times. Although some records indicated that medications were administered as prescribed, the overall medication management

system required a full review. For example, there was conflicting prescription records and medicinal product labels in place for the administration of some short term pain relief and as a result the provider was unable to demonstrate that this medicinal product was administered correctly at all times. In addition, there was also conflicting information in place for the administration of a rescue medication for one resident. There were also issues in regards to the storage of medicinal products with some medications not returned to the pharmacy once they had been discontinued and other medicinal products such as topical treatments without appropriate labelling in place. Furthermore, there were also concerns in regards to the cleaning and storage of syringes and droppers which were used for the administration of liquid medications. Syringes were washed after use and some were stored damp with one associated container for syringes visible dirty.

There were robust behavioural support arrangements in place. A behavioural support plan which was reviewed gave a clear account of the arrangements to support a resident in regards to the behavioural needs. Staff who met with the inspector understood these recommendations and they clearly described how best to create an environment which reduced the likelihood of behaviours occurring and also how they responded when behaviours of concern were present. The provider also had procedures in place for the monitoring and reporting of bruising. As this centre provided care to children there was a high level of explained bruising due to the high levels of play activity. The inspector found that in general, detailed records were maintained; however, some records did require review as they failed to fully explain the suspected or identified cause of some bruising which had occurred.

Staff had a good understanding of safeguarding procedures in this centre and they clearly described how a safeguarding concern would be recorded and reported. The provider had appointed a person to liaise with staff and review information in regards to safeguarding concerns and staff who spoke with the inspector could identify this person. Recently reported safeguarding concerns had also been reviewed by this person which assisted in ensuring that children were safeguarded.

Regulation 13: General welfare and development

Children's educational needs were well supported in this centre and children were supported to attend school or to have identified home schooling. Children who met with the inspector spoke about how they enjoyed attending school and they were assisted with their individual homework as they returned home to the centre. There was also ample facilities for children to play and relax with suitable outdoor play areas and comfortable reception rooms in place.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management procedures in place which assisted in the promotion of safety within the centre. Risk assessments were in place for identified issues such as epilepsy, health concerns, absconding and behaviours of concern. There was a system in place for the recording and reporting of incidents and there was a separate procedure for incidents of bruising which was reviewed on a regular basis. However, the recording of bruising required an overall review to ensure that detailed records were maintained for a bruising incidents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Robust medication practices assist in ensuring that medication is appropriately stored and that children receive their medication as prescribed. The inspector found that this centre required significant improvements in regards to the storage, prescribing, labelling of medicinal products and also in regards to the administration of medications.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There were robust behavioural support practices in place in this centre and staff members who met with the inspector clearly described how children were supported with their behavioural needs. Staff were also guided by in-depth behavioural support guidance which was regularly reviewed. There were also measures in place to ensure that all incidents of concern, including trends in regards to bruising, were reviewed by the centre's multi-disciplinary team, which included the centre's designated person to manage safeguarding concerns.

Judgment: Compliant

Regulation 8: Protection

There were robust safeguarding measures in place for the day-to-day care of children and staff members who met with the inspector had a good working knowledge of safeguarding measures, including both recording and reporting

mechanisms. The area of intimate care was also well supported with highly descriptive intimate care plans reviewed by the inspector which aimed to promote the children's individual independence. In addition, the inspector found that children had their own bedrooms and access to their own possessions including age appropriate clothing which was laundered and stored appropriately.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Finvola OSV-0007767

Inspection ID: MON-0038431

Date of inspection: 18/11/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We reviewed our Medication Management Policy and associated procedures in line with HIQA Medicine Management Guidance and the National Framework for Medicines Management in Disability Services in order to implement new and improved practices into the centre.</p> <p>We subsequently conducted a provider led medication audit to ensure the revised Medication Management Policy and Procedures are effective.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We reviewed our Medication Management Policy and associated procedures in line with HIQA Medicine Management Guidance and the National Framework for Medicines Management in Disability Services in order to implement new and improved practices into the centre.</p> <p>We reviewed our Child Protection and Response to Abuse Policy to provide clearer instruction for reporting allegations of abuse and we incorporated enhanced safeguarding into this policy.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>We reviewed our risk management, incident reporting and information recording documentation and devised a new system to ensure that records are uniform, transparent and easy to follow.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We reviewed our Medication Management Policy and associated procedures in line with HIQA Medicine Management Guidance and the National Framework for Medicines Management in Disability Services in order to implement new and improved practices into the centre.</p> <p>We subsequently conducted a provider led medication audit to ensure the revised Medication Management Policy and Procedures are effective.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	09/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	23/11/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Not Compliant	Orange	09/12/2022

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal 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(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	09/12/2022
Regulation 04(3)	The registered provider shall review the policies	Substantially Compliant	Yellow	09/12/2022

	and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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