

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

## Issued by the Chief Inspector

Name of designated centre:	Castlehaven
Name of provider:	Orchard Community Care Limited
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0008391
Fieldwork ID:	MON-0043177

## About the designated centre

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

The designated centre is located on the outskirts of Galway city and provides a residential service for up to four children and young adults with an intellectual disability. Children/young adults who avail of this service may also have mobility issues and avail of services operated by the child and adolescent mental health services. Children/young adults are also supported to attend their respective schools. Each child/young adult have their own allocated bedroom and there are a number of reception rooms in which they can relax. Children/young adults are supported by up to four staff each day and by a night duty and sleep in arrangement during hours of darkness.

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

Number of residents on the date of inspection:	2
--	---

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
Tuesday 26 March 2024	10:00hrs to 16:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that the young adults enjoyed living in this centre and they were supported by a staff team who was familiar to them. They generally enjoyed a good quality of life and their safety was promoted.

The centre was registered to support up to four children and young adults. On the day of inspection there were two vacancies, with two young adults availing of this residential service. At the time of inspection the provider was remodelling the interior aspect of the centre and there were plans to reduce the capacity of the centre to three.

The inspector met with both young adults, a parent, four members of staff, the person in charge and also a senior manager on the day of inspection. The young adults interacted with the inspector on their own terms with one showing the inspector around their home when the inspection commenced. As the day proceeded, the other young adult returned to the centre with their parent, following an overnight stay at home. The parent met with the inspector and they spoke openly about the service which their child received. They spoke highly of the staff who worked in the centre and complemented the care which was provided. They stated that their child loved coming home but they also enjoyed returning to the centre. They explained that they were made aware of the complaints process when their child was admitted to the centre but there had not been any reason to use this process. They also explained that there was a very open and transparent culture and that they would have no issues in approaching the person in charge or staff if they had any concerns.

The centre was large and warmly furnished with ample space for both young adults to relax. The centre had a large open plan kitchen/living area, a separate reception room and also a separate dining area. Throughout the inspection both young adults were observed to relax in their own preferred areas of the centre with one young adult watching their favourite movies in the reception room and the other relaxing in the open plan kitchen/dining area and also using the dining table to complete various puzzles. Each young adult had their own ensuite bedroom which was individually decorated and displayed various photographs of their family throughout. The centre was also decorated with warm colours and artwork was displayed throughout the premises which gave the centre a cosy and homely feel.

Both young adults appeared comfortable and relaxed in the company of staff and it was clear that they enjoyed their company. One young adult frequently conversed with staff for reassurance and staff were observed to respond in a warm and calming manner. The other also liked the company of staff and they had an assigned staff member to support them for the day due to their health care needs. The young adult was observed to sit and watch movies with this staff and also to seek out their support with regards to personal care.

The young adults who used this service had mild to moderate needs and both required two to one support when accessing their local community. Within the centre, one young adult continued to require two to one support while the other required one to one support. Although there were intensive staffing supports in place, the centre had a very calm and pleasant atmosphere. Both young adults went freely about their own affairs and it was clear they considered the centre their home.

Overall, the inspector found that both young adults enjoyed living in this centre and they were supported by a staff team who knew their needs well. In general, care was held to a good standard; however, some adjustments were required with regards to behavioural support, staffing, fire safety and medication management. These issues will be discussed in the subsequent sections of this report.

## Capacity and capability

The oversight arrangements in this centre ensured that young adults were safe and enjoyed a good quality of life. The provider had appointed a person in charge and they were supported in their role by a team leader.

The centre comprised one house and supported young adults with mild to moderate care needs. The person in charge held responsibility for the delivery of care and the centre's management structure allowed for a team leader to support them. The person in charge held this role over two centres and the team leader provided oversight of care in this centre when the person in charge was not present. Both the person in charge and the team leader facilitated the inspection and it was clear that they had an in-depth knowledge of the young adults' care needs and of the services which were in place to meet these needs.

The provider was aware of the requirement to conduct announced audits of care and also an annual review of the service. These audits were found to be in-depth and took into consideration young adults' and their representatives' views and opinions in regards to the service provided. Through these audits and reviews, the provider had assured themselves that the provision of care was held to a good standard with several low impact issues found on the centre's last unannounced visit.

Young adults who used this service were assessed as requiring intensive staff support with both requiring two to one support in the community. One young adult also required this level of support in the centre and the other required one to one staffing assistance. It was clear that the staffing allocation promoted the delivery of a safe service which could also meet a young adult's complex medical needs; however, some improvements were required as the allocation of staffing was not meeting the social needs of one resident on a consistent basis.

Staff who were on duty had a positive approach to care and it was clear that they had a good knowledge of the young adults individual and collective care needs. Staff

who met with the inspector stated that they were supported in their role and they would have no issues in raising concerns with the person in charge or team leader. They also attended scheduled support and supervision and regular team meetings were occurring which gave staff ample opportunity to discuss the provision of care within the centre.

Overall, the inspector found that this was a pleasant centre in which to live. The provider had ensured that the young adults were supported by a staff team who knew their needs and the oversight arrangements which were in place ensured that care was generally held to a good standard.

#### Regulation 14: Persons in charge

The person in charge was in a full time role and they held responsibility for two designated centres. It was clear from the rota that they attended this centre throughout the week and they were found to have a good understanding of the young adults' needs and also of the service which was in place to meet those needs.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements which are based on the assessed personal, social and healthcare needs of young adults, assist in ensuring that they are well supported in all areas of their life. Young adults were supported with a sleep in and night duty arrangement, and also by three to four staff during day time hours.

It was clear from this inspection that the staffing allocation ensured that both young adults were safe and that their healthcare was promoted. However, some improvements were required to ensure that both residents had equal opportunity to engage in community activities throughout the week, including weekends.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Mandatory training and refresher programmes promote the delivery of care and ensure that staff have the knowledge and skills to fulfill their duties. The provider of this centre had training programme in place and staff had received training in areas such as fire safety, safeguarding, children first, fire safety and supporting young

adults with behaviours of concern.

Judgment: Compliant

### Regulation 23: Governance and management

There was good oversight of care in this centre with a clear management presence throughout the week. The centre's person in charge and team leader had a range of checks and audits which ensured that care was held to a good standard and that they were aware of any issues or trends which had the potential to impact upon the service provided.

The provider's completion of mandatory audits and reviews promoted the quality and safety of care provided and the information which was gathered as part of this oversight was used to improve the overall service. In addition, the provider had scheduled quality reviews and addition governance reviews of the service which included senior managers from within the provider.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had an open and transparent culture and a person had been appointed to manage any complaints which they may have. Information in regards to complaints, including a point of contact, was clearly displayed and there were no active complaints on the day of inspection.

A parent who spoke with the inspector stated that they were made aware of the complaints process when their child was admitted to the service, and although they had no complaints they felt that any concerns which they may have would be received and managed promptly.



Judgment: Compliant

## Quality and safety

The inspector found that both young adults were supported by a kind and considerate staff team. The young adults were well supported in terms of personal development, with both attending full time education in their respective schools. Although care was generally held to a good standard, some improvements were required in regards to fire safety and behavioural support guidance.

There were good safety arrangements in place. The provider had an incident reporting system which the person in charge managed and reviewed in terms of trends which had the potential to impact upon care. Associated risk assessments were also in place and reviewed on a regular basis which also promoted safety in this centre. The person in charge had a good understanding of risks which had the potential to impact upon care. Recent risk ratings in relation to behaviours of concern had been raised and a senior manager explained to the inspector how these issues are raised with provider's chief executive officer at scheduled governance meetings. The inspector found that these arrangements ensured that the provider entity was well informed in regards to issues in the centre which were effecting care.

Fire safety was promoted in the centre with safety arrangements such as fire doors, emergency lighting and fire fighting equipment in place. A complete and up to date service schedule was also in place and staff were conducting scheduled fire checks which further promoted fire safety. Although, fire safety was promoted, the arrangements for fire containment required review. For example, some fire doors were not closing fully and the integrity of one fire door had been compromised following recent interior works.

Throughout the majority of the week, both young adults enjoyed a good quality of life. The centre was located within a short drive of Galway city and local amenities were also located close to the centre. Young adults enjoyed swimming horse riding, going to shops and also having meals out. In addition, young adults also visited pet farms and activity centres which they enjoyed; however, as mentioned earlier in the report, the staffing allocation at the weekends required review to ensure that opportunities for both of the young adults to access social activities were in place.

The inspector found that this was a very pleasant place in which to live. Both young adults enjoyed a good quality of life and their personal development and education was actively promoted. Although some area of care required adjustment, overall this centre promoted the wellbeing and welfare of young adults.

## Regulation 11: Visits

The young adults families were actively involved in their care and both went home each week for overnight stays and day visits. A parent who met with the inspector stated that there were no restrictions on visiting the centre and they always felt welcomed when they arrived.

The centre also had a number of reception rooms where the young adults could have visitors in private, if they so wished

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had good arrangements in place to support the young adults with their personal possessions and property. Each had their own bedroom where they could securely store their property.

The young adults also had personal spending money which staff managed on their behalf. Detailed records of all received and money spent on the their behalf was maintained and daily checks were completed which promoted safeguarding.

Judgment: Compliant

## Regulation 13: General welfare and development

Both young adults were in full time education and they attended their respective schools throughout the week. There was also suitable outdoor areas in which to relax, and the person in charge explained that some outdoor activity items had been recently stored due to poor weather.

Both young adults were also supported to attend activities such as swimming and extensive progress had been made in regards to independence with personal care and dressing.

Judgment: Compliant

## Regulation 17: Premises

The centre was large, cosy and comfortably furnished. The interior of the centre was well maintained and the person in charge detailed plans for cosmetic maintenance such as painting and cleaning to the exterior of the building when the weather improved.

Young adults also had their own bedrooms and there were an ample number of ensuite and shared bathrooms for their use.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management and the response to incidents underpin the safety of care which is provided. Management of the centre had a good understanding of the risks which had the potential to impact upon the provision of care with risk assessments in place for relevant issues such as behaviours of concern, absconding and epilepsy. The person in charge had a good understanding of these risks, with some associated ratings increasing following recent incidents in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean and well maintained to a visual inspection. Hand sanitising solution was readily available throughout the centre and staff were observed to frequently wash and sanitise their hands. Personal protective equipment (PPE) was also freely available to staff.

Staff members had also received additional training in regards to infection prevention and control, hand hygiene and the use of PPE.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was taken seriously by the provider and promoted in the designated centre. Staff teams clearly demonstrated a good knowledge of fire procedures and records of fire drills indicated that both young adults and staff could evacuate the centre in a prompt manner. The provider had an up to date service schedule in place for fire safety equipment and staff were completing scheduled reviews to

ensure that fire safety measures were in good working order.

Although fire safety was generally promoted, improvements were required as the provider failed to demonstrate that all fire doors would close in the event of a fire occurring. In addition, the integrity of a fire door had also been compromised following recent renovations to the interior of the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Staff members had undertaken training in the safe administration of medications and staff who were on duty had a good understanding in regards to medication administration practices, including rescue and as required medicinal products. The centre also had suitable storage and stock taking procedures in place.

Although medication practices were generally held to a good standard, the inspector noted that instruction in regards to the crushing of medications was not evident on some prescription sheets. In addition, there was conflicting information in regards to the administration of rescue medication which required further review.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Both young had a good social life and they were supported by a team who promoted their inclusion in the local community. The staff team also had a good understanding of residents needs and preferences in regards to care and they were guided in the practice through experience of working in the centre and also by personal plans which were in place for each resident.

Personal planning which detailed resident's individual needs was held to a good standard with regular reviews ensuring that residents' changing needs would be identified and accommodated.

Residents were also assisted to identify and achieve personal goals. Planning was also underway for this year with initial thoughts on potential goals for both young adults identified and due for discussion with their representatives at scheduled planning meetings.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Behavioural interventions were a requirement of care for one young adult who used this service. They had a behavioural support plan in place which was subject to regular review. Staff who met with the inspector also had a good understanding of the young adult's behavioural needs and they spoke confidently in regards to this area of care.

Although staff on duty knew how to support this young adult; the associated plan of care did not include several behaviours which they could engage in. In addition, the support plan did not include how the resident presented when at baseline or the use of medicinal interventions to support them when behaviours escalated.

Judgment: Substantially compliant

## Regulation 8: Protection

There were no active safeguarding concerns in this centre and the inspector observed that both young adults were treated with dignity and respect.

The young adults who met with the inspector were relaxed and comfortable in their home and it was clear that they enjoyed the company of staff who supported them.

Judgment: Compliant

## Regulation 9: Residents' rights

Young adults' rights were actively promoted through the actions of the provider and the staff team. The staff team were observed to chat freely with both young adults and kept them informed of plans and activities for the day ahead.

Staff had also undertaken additional human rights training and scheduled meetings had occurred which actively involved both young adults in 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Castlehaven OSV-0008391

Inspection ID: MON-0043177

Date of inspection: 26/03/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing roster has been modified to ensure that both residents have equal opportunity to engage in community outings.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All Fire doors have been reviewed to ensure that they are closing fully in the event of a fire occurring. All fire doors now meet fire safety requirements including the fire door that was installed in recent renovation works.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All information in relation to medications that require crushing have been identified and included on Kardex, prescriptions and MARS. All information in regards to the administration of rescue medication has been reviewed and discussed with all stakeholders.	



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Behavior Support Plan has been comprehensively reviewed with Internal &amp; External Behavior support specialists including MDT inputs from psychology and Occupational Therapist.</p> <p>The Behavior support plan now includes information pertaining to how the young person presents at baseline and also indicates for the use of medicinal interventions to support when behaviors escalate.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/04/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/04/2024
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,	Substantially Compliant	Yellow	29/04/2024

	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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	19/04/2024