



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

Issued by the Chief Inspector

Name of designated centre:	GALRO Residential Mullingar
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	05 April 2022
Centre ID:	OSV-0004648
Fieldwork ID:	MON-0035934

About the designated centre

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

Galro Residential Mullingar is a six bedroom detached bungalow in a residential suburb of Mullingar. It provides a residential service for up to five adults in a safe, nurturing and homely environment that meets their behavioural, medical and intimate care needs. Residents may present with a diagnosis of autism and/or intellectual disabilities. It is a residential service that can cater for up to five adults, supported and facilitated by staff on an on-going basis to live full and valued lives in their community and at all times ensuring that stability, good health and well-being is achieved.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 5 April 2022	09:10hrs to 17:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of life, which was respectful of their choices and wishes. The centre was well resourced to meet residents' assessed needs, with a high staff ratio available during the day and two staff on duty at night. However, there were improvements required in relation to protection against infection. This will be discussed further in the last section of the report.

The inspector had the opportunity to meet with all five of the residents living in the centre. Residents with alternative communication methods, did not share their views with the inspector however, these residents were observed in their home at different times of the inspection. The inspector found that the residents had the opportunity to avail of an external recreational and educational programme on different days of the week, these programs were operated by the provider organisation. Each resident in the centre had the opportunity for one-to-one or two-to-one staffing each day, to ensure they had opportunities for recreational and leisure activities of their choice.

On the day of inspection, two residents chose to have a lie on and once they got up, they went about their preferred activities. Residents participated in different activities that day such as swimming, cinema, lunch out, the external educational programme, drives or some went for a walk. One resident completed some art and then went for a drive to a lake to have a family visit. In the early evening, the inspector observed one resident was playing with their games console and another just finished their dinner which they had prepared for themselves.

The inspector observed choice boards and schedules in the kitchen to facilitate residents to make choices about their day. Each resident had regular one-to-one key worker meetings. Resident meetings took place weekly in the centre, in order to keep residents informed and to offer choices around activities and meals. There were monthly advocacy meetings taking place and residents' rights were a standing agenda item at these meetings.

There were five staff members on duty the day of inspection. Staff spoken with demonstrated that they were very familiar with residents' preferences and their communication methods. Staff were observed to be responsive to residents' needs and respectful of their communicated wishes.

On entering the house, the inspector saw that the physical environment was clean and tidy. There were many DVDs, art supplies, games and jigsaws available for resident use. Each resident had their own bedroom which was individually decorated to their personal taste. There was sufficient storage facilities for their personal possessions and there were personal items and pictures displayed in their bedrooms.

The centre had a modest front garden and the back garden had more space with an archery target on the wall, a trampoline, and a web swing for residents use.

As part of the annual review, the provider had given residents and their representatives the opportunity to give feedback regarding the service provided to them. Feedback received indicated that people were satisfied with the service and that weekly calls from the centre were reassuring to families. One resident had a follow up key working session after completing their questionnaire, in order to explore their answers further and better understand some of the feedback received.

As part of this inspection process, residents completed a questionnaire in advance of the inspection to gather their thoughts on the service provided to them. Questionnaires demonstrated that residents were happy in a number of areas such as with their bedrooms, activities and meals. Some residents identified that if they were unhappy with something in their centre, that they would speak to a staff member.

The inspector had the opportunity to speak to one family member who was very complimentary regarding the service and the staff members. They described staff as very respectful. They said they were comfortable raising a complaint if necessary and from past experience were happy with how a complaint was dealt with.

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

There were management systems in place to ensure good quality care was being delivered to the residents and the centre was well resourced.

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 participating in management rectified any omitted information in the statement of purpose prior to the end of the inspection.

There was a defined management structure in place which consisted of a newly appointed person in charge, who was employed in a full-time capacity. They were not present on the day of inspection, instead the inspection was facilitated by the previous person in charge and the person participating in management.

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.

There were other local audits, reviews and unannounced visits conducted within the centre, in areas such as medication audits, fire safety, and health and safety audits. The provider had recently arranged for a public health nurse to complete an infection prevention and control review of the centre.

From a review of the rosters, the inspector saw that there was a planned and actual roster in place which accurately reflected the staffing arrangements in the centre.

The inspector reviewed a sample of staff files and found that the provider had ensured all of the prescribed information under Schedule 2 of the regulations were present for employees, to ensure recruitment practices were safe.

Staff had been provided with a range of mandatory and additional training opportunities in order to carry out their roles effectively and to meet residents' assessed needs. For example, staff training included, fire safety training, safeguarding of vulnerable adults, medication management, and infection prevention and control trainings.

There were formalised supervision arrangements in place as per the organisational policy. Staff spoken with, said they felt supported and would be comfortable bringing matters of concern to the person in charge if required. There were monthly staff meetings occurring in the centre.

From a sample of contracts of the provision of care reviewed, they were signed by the resident or their representative. The contract described services provided to the resident and any fees to be charged.

The inspector viewed the transition plan for a recent resident admission to the centre and found that the resident had opportunities to visit the centre prior to admission. Key working sessions had been completed to gauge the resident's views about the move. The provider had completed care impact assessments for the other residents living in the centre, with regard to the new resident moving in.

From a review of the compliments and complaints log for the centre, the inspector found that the centre had received five complaints in 2021, up to and including the date of this inspection. Each complaint was found to be closed and dealt with to the satisfaction of the complainant. The centre had also received 25 compliments from 2021-2022 regarding staff members or the person in charge, thanking them for all their reassurance and help received.

Regulation 15: Staffing

The centre was well resourced to meet the assessed needs of the residents. There was a planned and actual rota in place that was maintained by the person in charge. Prescribed information under Schedule 2 of the regulations were present for

employees, to ensure recruitment practices were safe.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, meaning staff had the knowledge and skills to ensure the needs of residents could be met. Formal supervision was occurring in line with the organisational policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which consisted of a newly appointed person in charge and they reported directly to the person participating in management for 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. There were arrangements for other local audits, visits and reviews for the centre and any actions arising from these were followed up on.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From a sample of the contracts of care they were signed by resident representatives. They contained the services provided and described the fees to be charged to residents. The most recent admission to the centre had a transition plan in place and had the opportunity to visit the centre prior to admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information by the regulations, with any omitted information rectified prior to the end of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the compliments and complaints log for the centre, the inspector found that any complaints received, were followed up on and closed off to the satisfaction of the complainant. The centre had also received 25 compliments from 2021-2022.

Judgment: Compliant

Quality and safety

Overall, residents were receiving person-centred, quality care and supports that were focused on their needs. However, some minor improvements were required in relation to protection against infection.

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform care plans, and there were arrangements in place to carry out reviews of their effectiveness.

Residents' healthcare needs were seen to be assessed and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (GP), dentist, chiropody, psychiatry, and speech and language therapy 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 specialists. 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. The inspector reviewed a sample of these plans and they had been recently reviewed in March 2022.

There were some restrictive practices in place, such as, particular seating arrangements in the centre's vehicle and the centre's cleaning press was locked. Restrictive practices required for specific residents were assessed as clinically necessary for the resident's safety. Restrictive practices were reviewed monthly in the centre by the person in charge, centre staff and the clinical team. The restrictive practice committee last reviewed the restrictive practices in the centre on the

28/03/2022.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There was a safeguarding policy in place as well as an intimate/personal care policy. Residents had intimate care plans to direct staff on their preferences and supports required.

There was a residents' guide prepared and a copy available to each resident that contained all the required information as set out in the regulations.

From a walkabout of the centre, the inspector found the house was of an adequate size to meet the needs of the residents. The centre was clean and suitably decorated and was in a good state of repair.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available, last reviewed in 2020 and a risk register in place which was recently reviewed. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Learning from incidents was a standing agenda item at team meetings.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19, with a contingency plan in place. Staff had been provided with relevant infection, prevention and control (IPC) training. Personal protective equipment (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 facilities in place to promote good hand hygiene. However, improvement was required to the storage of mops, to ensure adequate drying of the mop heads.

There were adequate fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were emergency evacuation plans in place for residents. Monthly fire evacuation drills had been conducted using different scenarios and some using minimum staffing levels to ensure all residents could be evacuated.

Regulation 17: Premises

The inspector completed a walkabout of the centre and found the house was of an adequate size to meet the needs of the residents. The centre was in a good state of repair and seen to be clean and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The provider prepared a guide in respect of the designated centre and a copy was made available to each resident that contained all the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate risk management arrangements in place and they ensured that risks were identified, monitored and regularly reviewed. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. Learning from incidents was a standing agenda item at team meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection prevention and control (IPC) management in the centre. The provider had ensured that systems were in place for the prevention and management of IPC risks and those associated with COVID-19. However, improvement was required to the storage of mops, to ensure adequate drying of the mop heads to minimise the risk of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and firefighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the support needs of residents. Staff were training in fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal and social care needs. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents had been assessed and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (GP), dentist, chiropody psychiatry, and speech and language therapy as required. From a sample of files reviewed, each resident had attended an annual medical review in the last 12 months.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had access to members of the multidisciplinary team to support them to manage behaviour positively. For example, access to behavioural support specialists.

Restrictive practices in place were logged and regularly reviewed. The restrictive practice committee last reviewed the restrictive practices in the centre on the 28/03/2022.

Judgment: Compliant

Regulation 8: Protection

There were adequate safeguarding arrangements in place and the inspector found that residents were protected from the risk of abuse. Staff were trained in safeguarding adults. There was a safeguarding policy in place as well as an intimate/personal care policy. Residents had intimate care plans to direct staff on

their preferences and supports required.

Judgment: Compliant

Regulation 9: Residents' rights

There were choice boards and schedules in the kitchen to facilitate residents to make choices. There were regular one-to-one key worker meetings for each resident. There were monthly advocacy meetings taking place and residents' rights were a standing agenda item at these meetings. There were weekly resident meetings, that kept residents informed and to offer choices around activities and meals.

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	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 GALRO Residential Mullingar OSV-0004648

Inspection ID: MON-0035934

Date of inspection: 05/04/2022

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: We will ensure all mops are adequately stored to allow for drying of mop heads and avoid a risk of infection	

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	06/04/2022