



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

Issued by the Chief Inspector

Name of designated centre:	Bright Avenues
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	12 October 2021
Centre ID:	OSV-0005308
Fieldwork ID:	MON-0026730

About the designated centre

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

Bright Avenues is a designated centre which provides full time residential for a maximum of three residents at any time. This service aims to facilitate residents to experience full and valued lives in their community through the promotion of stability, good health and well-being. The centre is a two storey detached house in the suburbs of a town in County Laois. A person in charge is assigned to the centre. An appointed head of care senior manager also participates in the management of this centre. Part of their role in management of the centre includes monitoring the quality of service supports provided, oversight of resources and supervision of the person in charge. A number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 October 2021	10:30hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

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

Through observations and review of residents' information, the inspector found that residents received appropriate care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector was greeted by a staff member and the person in charge on their arrival to the centre. Following the initial meeting with the person in charge the inspector completed a walk around of the centre, internally and externally. The inspector entered the kitchen and was greeted by another staff member and two residents who were enjoying snacks and interacting with their staff. The inspector interacted with both residents briefly and observed that both residents appeared at ease in their environment and were interacting with those supporting them in a jovial manner.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. Each resident had their own room that was designed to their preferred tastes.

A review of a sample of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Skill teaching programmes had been developed that were focused on promoting residents' individual living skills. Residents' meaningful day activity plans demonstrated that when possible, residents were supported to engage in activities of their choosing. The inspector observed that during the inspection, residents were partaking in activities away from the house, some were going for walks and others were attending individualised day service programme. The inspector observed warm interactions between residents and the staff team supporting them throughout the inspection.

A review of residents' information demonstrated that they had reviewed and ensured there were strong practices in place to supporting residents to plan and achieve person centred goals. Residents had set a number of goals in 2021, and the staff team had been proactive in developing these goals. These practices led to positive outcomes for residents. The resident's likes, dislikes, preferences, ambitions and support needs were gathered through the personal planning process and this information was used for personalised activity planning. The service was suitably resourced to ensure that the resident's support needs were met. There was one to one staffing in place for both residents which ensured that resident's preferences were supported, and there was a vehicle provided for community access and outings.

It was very clear that the resident's rights to a good quality and meaningful life were

being prioritised. Resident's views on the centre and everyday life were gathered through ongoing daily discussions on choice and preferences. Staff and residents had weekly meetings to plan and discuss shopping needs and activities.

Easy to read versions of important information was made available to the residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights. Social stories had been developed to help residents to understand various aspects of the COVID-19 pandemic, such as vaccination, testing and changes to usual routines.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had management arrangements that ensured that a good quality and safe service was provided to people who lived at this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. The person in charge knew the residents well and their support needs, and worked closely with the staff and the wider management team. Monthly management meetings took place, which were attended by the person in charge and the management team. The person in charge submitted a monthly report of the service to the service manager. The person in charge held monthly team meetings with the staff in the centre, at which a range of information was shared and discussed such as care planning, health and safety, risk management, and policies and procedures.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following these visits, which reviewed the safety and quality of care and support provided in the centre. The inspector noted that a plan had been put in place regarding actions raised in the reports and that these had been addressed, in addition the provider had also addressed actions identified from the inspection in January 2021 satisfactorily. The provider had also ensured that an annual review of the quality and safety of care

and support in the centre had also been carried out and that residents and their representatives had been consulted.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments, The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of infection should it occur.

The number and skill-mix of the staff team were appropriate to the number and assessed needs of the residents being supported in the centre. The inspector reviewed the centre's planned and actual staff rota and found that they contained all information as specified by the regulations.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning.

There was also an effective complaints procedure that was accessible to residents. The inspector reviewed the centres complaints logs and noted that there were systems to respond to complaints in an appropriate manner.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents and they had addressed actions identified on the previous inspection completed in January 2021.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for the renewal of registration to the Chief inspector in the form determined by the Chief Inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre in a supernumerary role. The person in charge had the required management experience and qualifications . The person in charge was knowledgeable on the residents' needs and

on their individual support requirements.
Judgment: Compliant
Regulation 15: Staffing
Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.
Judgment: Compliant
Regulation 16: Training and staff development
All staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.
Judgment: Compliant
Regulation 22: Insurance
The provider had ensured a contract of insurance against injury was in place in the centre and was in-date as required.
Judgment: Compliant
Regulation 23: Governance and management
There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good and safe service to residents.
Judgment: Compliant
Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

There was suitable care and support in the centre to allow residents to enjoy preferred activities and lifestyle and to receive a good quality and safe service.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of the residents. The centre was an existing building which had been reconfigured from a children's service in August 2020, to become an adult service. The centre was located in a large town and it had been tastefully furnished and decorated to the residents' wishes. There were laundry facilities in the house and there was suitable arrangements for refuse disposal by a private contractor. The person in charge also discussed further improvement to the enclosed garden at the rear of the centre to be carried out in the near future.

Meetings took place at which the resident's personal goals and support needs for the coming year were planned. The personal planning process was reviewed following the last inspection which ensured that the resident's social, health and development needs were identified, and that suitable supports were in place to ensure that these were met, The focus of the goals for the residents was 'what makes me feel value and worthwhile' included basic food preparation, improving health and lifestyle choices, increased community access such as shopping and swimming.

The provider had ensured that residents had access to medical and healthcare services and received a good level of healthcare. Residents visited a general practitioner (GP) of their own choice as required, attended annual medical checks and was offered an annual influenza vaccine. Further healthchecks including reviews by a dentist, optician, audiologist, occupational therapist were also arranged. The residents nutritional needs were well met. Nutritional assessments were also completed, monthly weight monitoring was carried out and suitable foods were provided to meet any identified nutritional needs and preferences. Residents were also involved in meal planning, grocery shopping and food preparation. Residents

were currently not eligible for national health screening programmes.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and resident's temperatures. A detailed cleaning schedule was recorded and monitored.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that the residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had also been reviewed following the last inspection in January 2021.

The provider had measures in place to protect the residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors had been installed following the last inspection and a range of fire safety checks were being carried out by staff, in addition to servicing by external specialists. A review of fire safety records indicated that fire drills took place both at night and during the day were carried out in a timely manner.

The residents in this service received individualised and person centred care and there was a high level of compliance with regulations relating to health and social care and safety.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

Regulation 17: Premises

The house was homely and welcoming on the day of this inspection and residents

rooms were decorated to their individual style and preference.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in relation to the centre, which was available for residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints. COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

On the day of the inspection, the inspector found that the provider had addressed actions from the previous inspection. This ensured that the provider had effective measures in place to protect the residents and staff from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate and suitable practices relating to the prescribing and storage of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' were subject to regular re-assessment and that personal plans were put in place to guide staff on the specific supports that residents required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents received the care and support that they required, particularly in the area of nutritional care and elimination needs. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Effective systems were in place to ensure residents received the care and support they required in response to their behavioural and support needs. Clear behaviour support plans were in place to guide staff on how best to respond to specific residents' behaviours and this centre was suitably supported by a behaviour support plans were in place to guide staff on how best to respond to specific residents' behaviours and this centre was suitably supported by a behavioural support therapist in the review and monitoring of all care interventions. There were some restrictions in use at the time of this inspection and the provider had ensured that these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in the identification, response and review of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge and staff team had completed actions from the last inspection. on review of two residents' personal plans, the inspector found the person in charge, and staff team were promoting residents' general welfare and development.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 13: General welfare and development	Compliant