

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

Issued by the Chief Inspector

Name of designated centre:	Glenullen
Name of provider:	GALRO Unlimited Company
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	01 May 2024
Centre ID:	OSV-0005549
Fieldwork ID:	MON-0043348

## About the designated centre

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

Glenullen is a purposely renovated centre located in a village in Co. Dublin. The centre consists of the following, an activities/sitting room, bedrooms, kitchen, laundry area, and office. There is an enclosed exterior yard with soft surfacing to provide outdoor play. The centre is in walking distance to local amenities. The aim of Glenullen is to provide high support residential care and supervision for two children, either male or female, in a safe nurturing homely environment that meets the needs of children with intellectual disability and/or autism and/or basic medical needs and may present with behaviours of concern relating to their diagnosis. Glenullen will provide high support residential care for children who are aged between 9 and 17 years of age upon referral. Staffing levels will reflect the needs of the children availing of residential care, however at capacity there will be a minimum of three staff on duty during the core day time hours, with a minimum of two staff on at night time, both of which will be waking night staff.

**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 (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
Wednesday 1 May 2024	11:00hrs to 16:30hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two children who lived in the centre had their care and support needs met. Only one of the children were present on the day of this inspection as the other child was having a visit to their family home.

The centre was registered to accommodate two children under the age of 18 years and there were no vacancies at the time of inspection.

Each of the children had the potential to present, on occasions with some behaviours that could challenge and which could be difficult for staff to manage in a group living environment. However, behaviour support plans had been put in place for residents. It was noted that incidents were adequately managed and residents were provided with appropriate emotional support.

The inspector met with one of the residents on the day of inspection. This resident was returning from school and appeared in good form and content in the company of staff. The resident told the inspector that they had a good day in school. It was evident that the resident and staff members had a close relationship and staff were observed to interact with the resident in a kind and caring manner. The resident was observed to spend time in their room completing art work before going out for a drive and visit to the shops with staff.

The centre was found to be homely, comfortable, child friendly and overall in a good state of repair. As referred to above the centre comprised of a two bed-room, two storey terraced house. Each of the residents had their own bedroom which had been personalised to their own taste. There was a piano keyboard in one of the residents bedrooms which it was reported that the resident enjoyed using on occasions. There was a small enclosed back yard with a soft surface which was suitable for outdoor play. This area had an exit route. Some murals and goal posts had been painted on the walls. It was reported that both residents enjoyed using the outdoor space.

Residents were supported to engage in meaningful activities in the centre. There was a good supply of sensory toys, board games, arts and crafts materials available in the centre. Examples of activities that residents engaged in included, walks to local parks and scenic areas, baking, hiking, swimming, library visits, drives, arts and crafts and puzzles. There was an activity board and folder which listed the residents chosen activities for a given period. The centre had a vehicle for residents use. It was noted that residents appeared to enjoy drives in the centre vehicle. The centre was located within walking distance of a number of public parks and a range of shops, restaurants and public transport links.

There were no restrictions on visiting in the centre. There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. The person in charge

and staff spoken with demonstrated a good knowledge of children's rights and their responsibility to uphold them. 'Please knock' signs were on display on each resident's door. The resident present on the day of inspection was observed to be treated with dignity and respect.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review of the quality and safety of care and this indicated that families were happy with the level of care their loved ones were receiving.

The full complement of staff were in place at the time of this inspection. A number of new staff had recently commenced working in the centre but a core group had been working in the centre for an extended period. This meant that there was consistency of care for the residents.

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

## Capacity and capability

There were appropriate governance and management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the children's needs.

The centre was managed by a suitably qualified and experienced person. The person in charge had taken up the post in March 2023. He held a degree in social studies and a certificate in management and special needs. He had more than three years management experience. He was in a full time position and was not responsible for one other centre.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of care who in turn reported to the director of the service.

The provider had completed an annual review and an unannounced visit to review the quality and safety of care within the last six months as per the requirements of the regulations. A number of other audits and checks had been completed in the centre. Examples of these included, medication management, Infection control. finance, care plan, documentation, fire safety and health and safety audits. Staff meetings were being completed on a regular basis. These provided opportunities for shared learning across the team. The person in charge completed a monthly service management report which covered such areas as incidents, complaints, staffing, resident updates, etc. There were monthly service management meetings with

persons in charges across the region and the head of care on a monthly basis. This facilitated shared learning across the service.

The full complement of staff were in place. This meant that there was consistency of care for residents and enabled relationships to be built and maintained between residents and the staff team. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However there were a small number of staff who were overdue to attend some mandatory training in areas such as, A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

From a sample of staff files reviewed it appeared that staff supervision arrangements were in line with the providers policy. The inspector reviewed a sample of staff supervision files and found they were of a good quality. This suggested that staff were being supported to perform their duties to the best of their abilities. Staff spoken with reported that they felt supported in their role and that the person in charge was approachable and a good leader.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person. She presented with a good knowledge of the regulations and of the care and support needs of each of the children living in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The full complement of staff were in place. Although a number of new staff had recently commenced working in the centre, a core group had been working in the centre for an extended period. This provided consistency of care for the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Refresher training for a small number of staff had been scheduled. There were suitable staff supervision arrangements in place which supported staff in their role.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained which contained all of the information required by the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There were appropriate governance and management systems in place. There was a clearly defined management structure in place that identified lines of accountability and responsibility. The provider had completed an annual review and six monthly unannounced visits to review the quality and safety of care in line with the requirements of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety



The two residents who lived in the centre, appeared to receive care and support which was child centred and of a good quality.

The residents' well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the children which reflected their assessed needs. Long and short term 'fun' personal goals had been identified for both children to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices. Personal plan assessments of needs had been reviewed on an annual basis. However, a review of the personal plan in line with the requirements of the regulations had not been completed to include an assessment of the effectiveness of the plan. A statutory care plan for one of the residents was not available in the centre to inform the residents care.

The health and safety of the children, visitors and staff were promoted and protected. There was a risk management policy in place. Environmental and individual risk assessments for the children had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. An incident reporting system was in place. There was evidence of monitoring of incidents trends and of debriefs post significant incidents. This meant that opportunities to support staff, to learn from incidents and prevent re-occurrences were being promoted.

Suitable precautions were in place against the risk of fire. Fire drills involving the children were undertaken on a regular basis and it was noted that the centre was evacuated in a timely manner. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the children had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual child. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. A member of staff was identified as the fire safety officer for the house.

There were procedures in place for the prevention and control of infection. However, there was some worn paint on walls and woodwork in areas and the wall tile grouting surrounding the bath appeared stained. This meant that the cleaning of these areas might not have been effective from an infection control perspective. The inspector observed that all areas appeared clean. A cleaning schedule and checklist was in place which was overseen by the person in charge. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff. One of the children was observed to clean their hands unprompted before leaving the centre.

There were measures in place to protect residents from being harmed or suffering from abuse. There were appropriate arrangements in place to respond to all

allegations or suspicions of abuse. Allegations or suspicions of abuse in the preceding period had been appropriately responded to. Each of the children presented on occasions with behaviours that challenge which had the potential to be difficult for staff to manage in a group living environment. However, behaviour support assessments and plans had been put in place for residents identified to require same. Overall, it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of residents.

### Regulation 17: Premises

The centre was found to be homely, comfortable, child friendly and overall in a good state of repair. As referred to under Regulation 27, there was some worn paint on walls and woodwork and the wall tile grouting surrounding the bath appeared stained. This had an impact for effective cleaning from an infection control perspective.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had recently been reviewed. There was evidence of monitoring of incidents trends and of debriefs post significant incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, there was some worn paint on walls and woodwork in areas and the wall tile grouting surrounding the bath appeared stained. This meant that the cleaning of these areas might not have been effective from an infection control perspective.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each of the children's well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the residents which reflected their assessed needs. Personal goals had been identified for each of the children to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices. Personal plan assessments of needs had been reviewed on an annual basis. However, an annual review of the personal plans, in line with the requirements of the regulations, had not been completed to include an assessment of the effectiveness of the plan. A statutory care plan for one of the residents was not available in the centre to inform the residents care.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Each of the children had their own general practitioner (GP). Each of the children had a health check completed on an annual basis. Care plans detailed allied health needs and supports to be provided. There were individual action plans in place for specific health needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Each of the children presented on occasions with behaviours that could challenge and which had the potential to be difficult for staff to manage in a group living

environment. However, behaviour support assessments and plans had been put in place for residents identified to require same. Overall, it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. The providers behaviour specialist attended the centre at regular intervals. There was a restrictive practices register in place which had recently been reviewed.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect resident children from being harmed or suffering from abuse. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of the children. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse. There were no safeguarding concerns at the time of this inspection. Staff met with had a good knowledge of safeguarding arrangements.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's rights were promoted by the care and support provided in the centre. There was evidence that resident children were consulted with, regarding their choice and preferences. Each of the children had their own bedroom which promoted their dignity and independence. 'Please knock' signs were on display on each resident's door and the resident present on the day of inspection was observed to be treated with dignity and respect.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glenullen OSV-0005549

Inspection ID: MON-0043348

Date of inspection: 01/05/2024

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The maintenance department has touched up worn paint on walls, re-painted the woodwork and regouted the tiles around the bath.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>An annual review of the personal plan was scheduled and conducted.</p> <p>The statutory care plan for one resident was obtained on the day of the inspection from the duty social worker.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	06/06/2024
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	11/06/2024



	be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	11/06/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	11/06/2024