



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

## Issued by the Chief Inspector

Name of designated centre:	Breffni Beag
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	05 October 2021
Centre ID:	OSV-0007893
Fieldwork ID:	MON-0034476

## About the designated centre

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

Breffni Beag is a designated centre run by GALRO Unlimited Company. The centre can provide respite and shared care for up to seven residents, who are under the age of 18 years and who have an intellectual disability. The centre is centrally located in a town in Co. Laois, close to all amenities, and comprises of one two-storey building , with an adjacent two bedroom annex. During their stay, residents have their own bedroom, access to en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining room, utility and staff offices. There is also the facility of an enclosed garden and external sensory room, with multiple play areas to use as residents wish. Staff are on duty both day and night to support the residents who avail of this service.

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

Number of residents on the date of inspection:	4
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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 5 October 2021	09:30hrs to 14:30hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to monitor compliance with the regulations. The inspection was facilitated by the centre manager and person in charge, who spoke at length with the inspector about the care and support received by residents. Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The centre comprised of a two-storey dwelling situated in the centre of a town in Co. Laois, providing a spacious and comfortable living environment for residents during their respite stay. Residents had their own bedroom, some en-suite facilities, shared bathrooms, two sitting rooms, utility, staff offices and kitchen and dining area. Adjacent to the main premises, was a two bedroom annex, comprising of bedrooms, bathrooms and communal area. To the rear of the centre, an enclosed garden area was available to residents, where they had access to a slides, swings and trampoline. The facility of an external, spacious sensory room was also available, comprising of comfortable seating, florescent lighting and various sensory equipment. During their respite stay, a variety of sensory toys were available to residents to use as they wished and staff also encouraged residents to bring in their own toys with them from home. Throughout the centre, multiple photographs were displayed of the residents taking part in trips away and engaging in various activities, which gave the centre a lovely homely feel.

Upon the inspector's arrival, the centre had a very relaxed and calm atmosphere, where the residents were being supported to go about their morning routines. The inspector had the opportunity to meet with two residents, who very briefly engaged with the inspector. One of these residents was relaxing in the sitting room watching television. Staff who were supporting this resident, told the inspector that in response to this resident's communication needs and preference, the lighting in this room was generally dimmed when in use by this resident. The resident had a blanket with them and staff continued to inform the inspector that the resident liked to put over their head to decrease their exposure to light, as and when they wished. The second resident whom the inspector met with, was taking part in craft-work in the kitchen, and through the support of the person in charge, this resident briefly greeted the inspector. During her engagement with staff and residents, the inspector observed staff members to engage very kindly with these residents and the staff who spoke with the inspector were very familiar with the support these residents required, particularly in the area of positive behavioural support.

The social aspect of each resident's care during their respite stay was an important focus of the service delivered to them. The person in charge told the inspector about the various activities that some residents liked to engage in, including, gardening, baking, sorting and matching cards, sensory play and arts and crafts. Many residents attend school during the day, while others, through the support of staff, availed of home tuition. Activity scheduling was a prominent feature in the day-to-day running of this centre, which had a positive impact on ensuring residents

were involved in the planning of how they were going to spend their time during their respite stay. Staff ensured activities were age appropriate and fun so as to encourage optimum resident engagement. The adequacy of the centre's staffing and transport arrangements meant that each resident had many opportunities to engage in activities of their choice, external to the centre. For example, some residents liked to visit local pet farms, go on walks in nearby woods, shopping and having lunch out. Personal goal setting for residents was another important aspect of their care and the inspector was told about various goals that staff were supporting residents with, including, goals relating to personal development and life skills. In particular, the person in charge told the inspector about one resident who was currently being supported to achieve their personal goal to have their ears pierced.

Residents and their families were very much involved in the running of this service and residents' preferences were mainly obtained through their daily engagement with staff. Continuity of care was promoted, with many of the staff working in this centre, having supported these residents for quite some time. This had a positive impact for the residents as it ensured consistency of care and meant they were cared for by staff who knew them very well. Over the course of the inspection, the inspector found the centre manager and person in charge to be very knowledgeable of residents' assessed needs and staff were observed to interact with the residents in a very kind and caring manner.

Overall, this service was found to promote person-centred care where residents' individual interests, developmental needs and preferences were considered by staff to ensure the residents received the type of service that they required. The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

## Capacity and capability

This was a well-run and well-resourced centre that provided a good quality and safe service to residents. Although the provider was found to be in compliance with many of the regulations inspected against, some improvement was required to aspects of risk management and fire safety.

The person in charge was based full-time in the centre and she was found to have good knowledge of residents' needs and of the operational needs of the service delivered to them. She was supported in the running and management of the service by her staff team, centre manager and line manager. This was the only designated centre operated by this provider in which she was responsible for and current arrangements gave her the capacity to ensure this service was effectively managed.

Due to the nature of this respite service, the staffing arrangement was subject to regular review to ensure a suitable number and skill-mix of staff were at all times on duty, based on the assessed needs of the residents availing of the service. In

addition, suitable arrangements were in place to provide additional staffing resources, as and when required. The person in charge spoke at length about how the provider had ensured continuity of care for the residents, with many of the staff having supported these residents for a quite some time. This had a positive impact for residents, as it ensured they were always cared for and supported by staff who knew them and their assessed needs very well. Where new staff were recruited to the service, a robust induction programme was in place to ensure these staff members were afforded adequate time to become familiar with the residents and their assessed needs. Effective training arrangements were also in place, ensuring that all staff had access to the training they required, appropriate to the role. In addition, all staff were subject to regular supervision from their line manager, which promoted a culture of staff professional development within the organisation.

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge, along with the centre manager, held regular meetings with the staff team, which allowed for resident related care to be regularly discussed. The oversight of this centre was largely enhanced by the provider's out-of-hours arrangements, meaning a member of management was available to staff after hours and at weekends, if required. As part of the provider's governance and management arrangements, regular reports were prepared by the person in charge and submitted to members of senior management, providing an overview of incidents occurring in the centre, newly identified risks, complaints and maintenance issues. Meetings were then held between the person in charge and her line manager to review this information and put appropriate actions in place. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time-bound action plans were put in place to address these. The most recent audit was reviewed by the inspector and although it was found to be extensive in nature, it failed to identify the specific improvements to risk management and fire safety that were identified on this inspection. This was brought to the attention of the person in charge and her line manager, who stated that plans were already in place to review this monitoring system to ensure it's overall effectiveness in identifying future improvements required, specific to this centre.

#### Regulation 14: Persons in charge

The person in charge held a full-time position and was based at the centre. She had strong knowledge of the residents' needs and of the operational needs of the service delivered to them. Adequate arrangements were in place to ensure she was supported to have the capacity to ensure this centre was effectively managed.

Judgment: Compliant

## Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review to ensure a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Effective training arrangements were in place to ensure staff had access to the training they required appropriate to their role. Staff were also subject to regular supervision from their line manager.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Suitable persons were appointed to oversee and manage the centre. Monitoring systems were in place to ensure the quality and safety of care was appropriately reviewed.

Judgment: Compliant

## Quality and safety

The provider had ensured that his centre was operated in a manner that promoted residents' capacity, developmental needs and wishes.

The designated centre comprised of one two-storey building, with an adjacent two bedroom annex and external sensory room, centrally located within a town in Co. Laois. Here, residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms, kitchen and dining area, staff offices and utility. A well-maintained, enclosed garden area was also accessible to residents, comprising of play areas, swings, slides and trampoline. Toys were also provided within the centre and residents were encouraged and facilitated to bring their own toys and personal items with them from home, if they so wished to do so. The spacious layout of this



centre meant that residents could spend time in the company of, or independent of their peers, as they wanted. In the last six monthly provider-led audit, the provider acknowledged that the centre could benefit from some re-decoration works and plans were in place to address this.

Residents' needs were regularly assessed and personal plans, outlining the care and support they required were readily available to staff. Where residents had assessed communication needs, much effort was made by staff and the provider to ensure that these residents had the support they required to communicate their wishes. Staff were supported by a multi-disciplinary team in doing so, and had recently received additional support and guidance on how to effectively communicate with particular residents who availed of respite in this centre. For example, for one resident, staff were guided in implementing a person-centred communication programme, and frequently used visual boards to promote choice and support this resident to understand their schedule for the day. The inspector spoke briefly with the staff member who was supporting this resident, who spoke confidently about how this resident liked to communicate and demonstrated a good understanding of the current programme in place to support this resident with this aspect of their care.

The timely identification and response to risk was largely attributed to the regular presence of members of management at the centre, discussions held at staff team meetings and by the trending of incidents that were occurring. For example, in response to a recent incident, the provider put additional control measures in place, which to date, had been effective in preventing a similar incident from re-occurring. However, some improvement was required to the assessment of risk to ensure risk assessments gave clearer hazard identification and better clarity in identifying the specific control measures that the provider had put in place in response to these risks. For example, although effective measures were in place to support risks identified relating to behavioural management, supporting risk assessments didn't always identify what these specific control measures were. Furthermore, although there was a risk assessment to support the centre's fire safety arrangements, it too required review to ensure the actual risk being managed was identified and that specific control measures relating to fire containment, detection and evacuation were described, to allow for their overall effectiveness to be continually monitored.

The provider had fire safety precautions in place, including, fire containment arrangements, emergency lighting, regular fire safety checks and all staff had received fire safety training. Multiple fire exits were available in the centre, including, an upstairs fire exit and these were maintained clear from obstruction at all times. A waking staff arrangement was in place, meaning that should a fire occur at night, staff were available to quickly respond. Due to the nature of this respite service, the schedule of fire drills was overseen by the person in charge, ensuring each resident and staff member took part in a fire drill at least once a year. Fire drill records were reviewed by the inspector and these demonstrated that staff could effectively support residents to evacuate the centre in timely manner. Although there was a fire detection system available in the external sensory room, the inspector identified that this system was independent to the fire detection system in the main premises. The person in charge informed the inspector that this sensory

room was only intermittently used by residents and only when in the company of staff. However, this fire detection arrangement couldn't assure that should a fire occur in the sensory room, staff in the main premises would be alerted to it. Furthermore, even though there was a fire procedure available at the centre, it required minor review to ensure it adequately guided staff on what to do, should a fire occur in this centre.

Positive behaviour support was very much promoted in this centre and where residents had assessed behaviour support needs, the provider had ensured appropriate arrangements were in place to give them the care and support they required. Staff were supported by a multi-disciplinary team in implementing positive behaviour support and where behavioural related incidents occurred, there were recorded and trended to inform multi-disciplinary reviews. A sample of behaviour support plans were reviewed by the inspector and these were found to give clear guidance to staff on residents' specific behaviour types, known triggers and recommended de-escalation techniques. In response to the safety and behavioural support needs of some residents, some environmental restrictions were in use. Each was supported by risk assessment and robust systems were in place for regular multi-disciplinary review of these practices, ensuring the least restrictive practice was at all times used.

#### Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensure appropriate arrangements were in place to support these residents to express their wishes.

Judgment: Compliant

#### Regulation 17: Premises

The premises was spacious, clean and its layout and design met the assessed needs of residents. Some re-decoration works were required and the provider had plans in place to complete this work.

Judgment: Compliant

#### Regulation 26: Risk management procedures

Although the provider had risk management systems in place, some improvement to the assessment of risk was required. For example, some risk assessments required

review to ensure clarity in hazard identification and identification of specific control measures. The centre's fire risk assessment also required updating to ensure it considered all control measures in place specific to this centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to ensure the safety and welfare of residents and staff. Contingency plans were in place to inform staff on what to do, should an outbreak of infection occur and also guide them with regards to the response to decreasing staffing levels as a result of an outbreak of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Although the provider had fire safety precautions in place, improvement was required to the centre's fire procedure to ensure it adequately guided staff on what to do, in the event of fire. A review of the fire detection system in the centre's external sensory room was also required to ensure that should a fire occur here, staff in the main premises would be alerted to this.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were regularly re-assessed and that personal plans were available to guide staff on how to support residents with these needs.

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were subject to regular review and all residents had

access to a wide variety of allied health care professionals, as and when required.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Where residents required behavioural support, the provider had ensured that appropriate arrangements were in place to support these residents. Where restrictive practices were in use, these were subject to regular multi-disciplinary review.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The provider had adequate procedures in place for the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents' rights were very much promoted in this centre, with staff regularly engaging with residents about how they wished to spend their time. Many of the practices in place were driven by residents' assessed developmental needs, wishes and preferences.
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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Breffni Beag OSV-0007893

Inspection ID: MON-0034476

Date of inspection: 05/10/2021

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:                      Breffni’s risk management system has been reviewed by management, compliance officer and the behaviour support team to ensure that the risk assessments capture all hazards and that the control measures in place are specific to the risk identified.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:                      We have reviewed and updated Breffni’s fire procedure to ensure all staff have clear and concise instruction on what to do in the event of a fire.</p> <p>Breffni’s fire risk assessment has been reviewed and updated to include all control measures in place to mitigate the risk of fire in the centre.</p> <p>The centre’s fire detection system is being extended to include the external sensory room so that in the event of a fire there, staff in the main premises will be alerted to it.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	18/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/11/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	18/10/2021



	designated centre.			
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