



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

Issued by the Chief Inspector

Name of designated centre:	Holly Lane
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	03 April 2024
Centre ID:	OSV-0008604
Fieldwork ID:	MON-0043169

About the designated centre

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

Holly Lane is a designated centre operated by GALRO Unlimited Company. The centre can provide residential care for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large two-storey house, located a few kilometres from a town in Co. Laois, which includes, an upstairs apartment area for single occupancy use. Residents have their own bedroom and communal use of sitting rooms, kitchen and dining area, utility and large external grounds. Staff are on duty both day and night to support the residents who live in this centre.

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 3 April 2024	10:30hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a short-noticed announced inspection to assess the provider's compliance with the regulations, and was primarily facilitated by the person in charge and their assistant manager. Two residents were living in this centre, with one bed vacancy at the time of inspection. During the course of the day, the inspector met with staff who were on duty, and also with these two residents. Overall, this was a very positive inspection that found many good areas of care being practiced.

This centre comprised of one large two-storey house, located a few kilometres from a town in Co. Laois. The upstairs of this house consisted of a single occupancy apartment, which was home to one resident. Here, they had their own bedroom, bathroom, kitchenette and living area. On the ground floor, there were bedrooms, bathrooms, a staff office and sleepover room, a study, utility, two sitting rooms, a large hallway and a spacious kitchen and dining area. Large and well-maintained external grounds surrounded the centre, which the provider had planned to develop further in the coming months, to include, a poly tunnel for residents to use to grow their own vegetables. Overall, the house was very well-maintained, was tastefully decorated, clean, bright and spacious.

Upon the inspector's arrival, they were met by a member of staff and brought on a walk-around to familiarise with the centre's layout and fire exits. During this walk, the staff member spoke about the two residents that lived in this centre, stating they had both settled well into their own home, and that they got on well together. Both led separate social lives, and given the generous layout of this centre, they had their own recreational space to use, if they didn't wish to engage with each other. This staff member also mentioned how integral the staffing ratio assigned to this centre had been, in ensuring both residents had the staff support that they each required.

At the time of this inspection, the provider had no immediate plans to admit another resident to this service. The two residents that did live here, required a certain level of staff support to primarily care for their assessed social and behavioural support needs. There were also some specific safety risks associated with one particular resident, and they were receiving the staff support they needed, to ensure they were maintained safe from any harm.

The resident who occupied the apartment area was getting ready to head out for the day with staff. Before they did, they met with the inspector and showed her around their apartment. They had a keen interest in gaming, TV box-sets and films and had many items associated with these interests proudly displayed in their bedroom. They told the inspector they had collected these items for many years and were delighted to be able to safely store, and display them. They said they were very happy in their new home, got on well with staff, and of how they liked to prepare and cook their own meals. They lived a very active lifestyle, and were generally out and about most days with their support staff. For instance, the day of

the inspection, they were getting ready to leave to go up to Dublin for the day. They spoke of their love for shopping, eating out and of attending events associated with their gaming interests. The second resident only briefly engaged with the inspector while they were playing a board game in the study area with their support staff. The person in charge told the inspector that this resident preferred more centre based activities, rather than heading out in the community. They regularly used the study area for recreation and had many interests to include board games, liked workbooks and puzzles and often engage in video exercise programmes. Due to their assessed needs, this resident required specific supervision arrangements and at all times, had access to staff support to support them with self-regulation of their behavioural needs.

The provider had many effective arrangements and systems in place for this centre. Residents' needs were re-assessed for on an-going basis, and there was good multi-disciplinary supports available to support with this assessment process. The adequacy of resources also had a positive impact on this service, particularly in relation to staffing. Due to the assessed needs of these residents, continuity of care had been fundamental to providing these residents with the care and support they required. As the provider had ensured staffing levels were maintained and sustained, this meant that each resident at all times, had access to the staff support they required to get out and about and enjoy their recreational time. Some of these staff members had previously supported these residents in other services operated by this provider, which had assisted in the successful transition of each resident to this centre. Of the interactions observed by the inspector, staff were friendly and respectful in their engagements with these residents. Furthermore, residents appeared very comfortable in the company of the staff who were on duty.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Overall, this was a well-run and well-managed centre that ensured residents received a good and safe quality of service. This was the first inspection of this centre since it was registered in July 2023, and found the provider to be in compliance with all regulations they were inspected against.

The person in charge was very familiar with the assessed needs of these residents, and with the operational needs of the service delivered to them. They met regularly with residents and with their staff team, and were being supported in their role by their line manager, and an assistant manager. There was good consistency of staff maintained in this centre, with an assessed level of staff support, provided throughout the day and night for each resident. Due to the high support needs of some residents, specific staff supervision arrangements were also in place, and these along with the overall staffing arrangement for this service, were subject to

on-going review. At the time of this inspection, the provider was in the process of recruiting additional staff members, who were planned for thorough induction before working directly with these residents.

The on-going presence of a member of management in this centre, was integral to the effectiveness of the provider's oversight and monitoring systems for this centre. On-call management arrangements were also in place, should a staff member require senior management input during out-of-hours. Along with internal audits and incident reviews, the first six monthly provider-led visit of this centre had also been completed. Where improvements were identified, these were addressed through time bound action times.

The provider's oversight systems for this centre were clearly defined and had worked well in responding to any issues arising in this centre, since it opened in July 2023. Where incidents had occurred, there was a timely response to these by the provider, and robust monitoring maintained of any additional control measures put in place. Clear reporting structures had also proved effective in ensuring local management were adequately supported, while also ensuring members of senior management were maintained informed of any issues or risks arising within this new designed centre.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. This allowed them to regularly meet with residents and with their staff team. They were supported by the provider's governance and management arrangements, which gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review and there was good consistency of staff maintained. Where residents were assessed as requiring a certain level of staff support, the provider ensured that this was provided. Where additional staffing resources were required from time to time, the provider had adequate arrangements in place for this. Where new staff members were recruited to the service, there was a clear induction programme in place, to ensure they got to know the residents and their assessed needs, prior to working directly with these residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received up-to-date training in areas appropriate to their role held. All 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, training and transport. Suitable persons had been appointed to the service to ensure it was effectively managed, and should any additional resources be required or issues arise, the person in charge had a pathway available to them, to inform a member of senior management. There were also clear internal communication systems in place, with regular staff meetings occurring. The person in charge also had regular contact with their line manager to review any operational matters. Effective monitoring systems were also in place to oversee the quality and safety of care, at the time of this inspection, the provider was reviewing these systems to continually inform the future oversight requirements of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the recording, reviewing and monitoring of all incidents occurring in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was very much a resident-led service, that ensured adequate supports and arrangements were in place to meet the assessed needs of residents. Integral to this was the quality of social care provided, which gave residents multiple

opportunities for recreation, in accordance with their capacities, assessed needs and personal interests.

The management of risk was on-going in this centre, which had proved positive for ensuring residents were at all times kept safe from harm. In response to previous incidents which had occurred, the provider had put additional control measures in place and was maintaining the effectiveness of these measures under very close review. Some of these control measures, included, increased staff supervision and multi-disciplinary input, and changes to premise related safety arrangements. Staff who met with the inspector were aware of this specific risk that was being managed, and the person in charge often met with staff to oversee and reiterate, the importance of the continued adherence to newly implemented control measures.

Effective fire safety measures were in place, with the outcome of regular fire drills giving assurances that staff could support these residents to evacuate the centre in a timely manner. Fire exits were maintained clear from obstruction and there were clear procedures in place for staff to follow, should a fire occur. Good practices were also observed in relation to residents' assessment and personal planning. Residents' assessed needs were regularly reviewed, and clear personal plans were put in place to guide staff on how they were required to support residents with the various aspects of their care. There was also good engagement between staff and relevant multi-disciplinary teams in relation to positive behavioural support.

The quality of social care was maintained under constant review, to ensure residents were leading meaningful lifestyles, in accordance with their wishes and assessed needs. Some residents had a preference for more centre based activities, and this was facilitated. The provider had ensured adequate transport and staffing arrangements were in place to ensure these residents got to enjoy their chosen activities, and staff were also cognisant to involve each resident in deciding how they wanted to spend their day. Key-working staff developed short-term goals with each resident, which was reported to work well in introducing new focus to daily activity planning.

Regulation 11: Visits

Residents were supported to have visitors come to their home. Due to the layout and design of this centre, where residents welcomed visitors to the centre, they had multiple areas that they could meet with their visitors in private, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured that residents were provided with multiple opportunities

for recreation, in accordance with their assessed capacities, interests and personal choice. Each resident was assessed as requiring a specific level of staff support to access the community, and in conjunction with adequate transport arrangements, this meant that residents regularly got out and about to enjoy the activities they liked to do.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large two-storey house located a few kilometres from a town in Co. Laois. The centre was spacious, well-maintained and provided various communal areas for residents to use, as they wished. Each resident had decorated their own bedroom in accordance with their own personal taste. There was also a secure and well-maintained garden area for residents to use, as and when they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective risk management systems in place, which ensured risk was identified, assessed, reviewed and monitored on an on-going basis. Where certain risks were identified to particular residents, the provider had responded to these to ensure residents were maintained safe from harm. Many risk assessments were in place to support the on-going review of the effectiveness of control measures, and there was evidence that these were subject to regular review. Where incidents occurred, these were routinely trended and relevant multi-disciplinary teams were also involved in incident reviews, as and when required, which had a positive impact on the development and implementation of specific risk management activities.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had clear fire safety arrangements in place in this centre. Detection and containment systems were in place, emergency lighting was installed, regular fire safety checks were occurring and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and records of these clearly demonstrated

that staff could support these resident to evacuate the centre in a timely manner. A fire procedure was in place, which guided staff on what to do, should a fire occur.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had clear systems in place for the re-assessment and personal planning of residents' needs. A key-worker system was in place, whereby, named staff were appointed with the responsibility for ensure associated documentation was maintained up-to-date, and this was regularly overseen by the person in charge. At the time of this inspection, there was no resident was identified to transition to or from this centre.

Judgment: Compliant

Regulation 6: Health care

Although residents' healthcare needs in this centre were minimal, the provider ensured this aspect of their care was subject to on-going review. The centre was supported by a wide range of allied health care professionals, who supported in the review of residents' healthcare, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had adequate arrangements in place for this. Behavioural related incidents were recorded, and reviewed and staff often linked in with the behavioural support therapist, in the review of these incidents. Where changes to residents' behavioural support interventions were required, these were communicated to all staff in a timely manner. Where restrictive practices were in place, these were also subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, review and monitor for any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding and at the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents actively led their own schedules for the day, and there was on-going consultation with their support staff in relation to this. The person in charge ensured residents were at all times maintained aware of any changes occurring within their home, and residents were also consulted about various aspects of their care. Residents had also been supported to recently vote in a national referendum

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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