



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

Issued by the Chief Inspector

Name of designated centre:	Gweedore Service
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0005331
Fieldwork ID:	MON-0032880

## About the designated centre

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

Gweedore Service is a service run by the Health Service Executive and provides a residential service for up to 13 male and female adults with an intellectual disability. The centre comprises of three houses located within close proximity of each other on the outskirts of a town in Co.Sligo. Each resident has their own bedroom and access to both communal, kitchen and dining areas. There is transport available for residents to access their local community and public transport links such as bus stops and taxis are readily available. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	13
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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
Thursday 7 April 2022	09:30hrs to 16:30hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that the residents at Gweedore Services were enjoying a good quality of life where they were supported to be active participants in the running of the centre and be involved in their communities.

This designated service comprises of three houses located in residential areas close to a busy town. The inspector visited two of the houses on the day of inspection. The entrance hall was bright and welcoming. The sitting room was well presented with flowers, pictures and personal items displayed. The kitchen was well equipped and clean and there was fresh fruit and vegetables available. There was a separate dining room which offered residents an alternative area to relax if required. Residents offered to show the inspector their bedrooms and these were cosy and personally decorated. One resident had a television in their room and they told the inspector what they liked to watch. Residents had access to the internet facilities in their home and they showed the inspector pictures of their favourite activities and trips on their phones. At the rear of the house, there was a small garden. A seating area was provided and there were raised beds for use in the summer time. Colourful stones painted by the residents were displayed.

The residents in this designated centre were busy preparing for their day. There was a cheerful atmosphere and interactions between the residents and the staff were found to be respectful and supportive. One resident was packing their bags and preparing for a trip home. Two others were waiting for transport as they were going to a social farming project which they told the inspector they enjoyed. Another resident returned from the opticians with new glasses and later in the day was observed going to the shop independently to purchase their favourite brand of coffee. It was clear that meaningful activity was important to the residents and this was supported by the staff on duty.

Residents spoken with told the inspector that they had lived at the designated centre for a long time. They said that they were happy with their home and with the staff supports provided. One resident said that they were 'very happy here' and that they 'do not want to move'. Residents were observed talking together and making plans, for example; regarding a trip to the shop. They were observed to be helpful to each other and their interactions were kind and caring. This showed that residents were making decisions about their daily lives. They were observed deciding what they wanted to eat for their lunch and then preparing their meal. They were making hot drinks in accordance with their wishes and this showed that individual autonomy was respected and supported.

During the time spent on inspection, it was evident that residents at this designated centre had active lives where they had strong connections with their families and their community. There were observed using their phones to call their family. Furthermore they were observed using an online virtual platform to take part in an

organised group activity with their friends. The inspector found that independence was promoted and residents were very involved in the decisions made about their care and support.

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

## Capacity and capability

The provider had effective governance and management systems in place which ensured that a good quality and safe service was provided which was appropriate to residents' needs.

The person in charge was available on the day of inspection. They were employed full-time and had the qualifications, skills and experience to manage the three properties that comprised the designated centre.

The inspector reviewed the staff roster and found that this provided an accurate account of the staff on duty on the day of inspection. The inspector met with a health care assistant who was working that day. There was an additional support staff member who was supporting residents with community based activities. Active night staff were rostered in each property and this showed that there was effective care and support provided throughout the day and night. On call arrangements were in place if required. The person in charge told the inspector that the relief staff provided were familiar with the residents support needs. Furthermore, they said that there was a plan in place to progress additional staff posts for the designated centre which would reduce the requirement for relief staff and improve the consistency of the support provided.

Staff had access to training as part of a programme of continuous professional development. A review of the documentation provided showed that most training programmes were up-to-date. However, refresher training was required in the area of fire safety. This was delayed due to the impact of COVID-19 and the person in charge told the inspector that a plan was in place to progress this by the end of the month. There was a process in place which provided staff with formal supervision meetings. Staff on duty told the inspector that the person in charge met with them on a monthly basis and that they found this very helpful. Minutes of these meetings were available for review. This showed that there were systems in place to provide effective support for staff.

A review of the incident management system used in the centre found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the

requirements of the regulation.

There was policy for the management of complaints and this was displayed in easy-to-read format on the residents' notice board. Information on advocacy services and the confidential recipient service was available. Furthermore, residents spoken with were aware of how to raise a concern if required. There were no open complaints on the day of inspection. However, a complaint was processed previously. The inspector found that the complaints policy was effective and that concerns raised at that time were managed effectively using a collaborative approach. For example, members of the multi-disciplinary team were involved. This meant that there was a clear and supportive response used which was effective, efficient and in line with the providers policy.

This designated centre was found to be appropriately resourced to ensure the effective delivery of care and support. The management structure was clearly defined and lines of authority were identified. The annual review of the quality and safety of care was completed and up to date. An unannounced twice per year provider-led audit had taken place. Team meetings were taking place regularly and minutes were available for review. Staff spoken with were aware of how to raise a concern regarding the quality and safety of the care and support provided if required.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided.

#### Regulation 14: Persons in charge

The person in charge was employed full-time and had the qualifications, skills and experience to manage the three properties that comprised the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size of the service provided.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training and that staff were appropriately supervised. There was a plan in place to provide fire safety refresher training by the end of the month.

Judgment: Compliant

## Regulation 23: Governance and management

This designated centre was found to be appropriately resourced to ensure the effective delivery of care and support. The management structure was clearly defined and lines of authority were identified. The annual review of the quality and safety of care was completed and up to date. An unannounced twice per year provider-led audit had taken place.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that an easy-to-read complaints procedure was available for residents. The inspector found that the complaints policy was effective, efficient and in line with the providers policy.

Judgment: Compliant

## Quality and safety



The care and support provided in Gweedore Services was of good quality and ensured that the residents were safe. However, some improvements were required in individual assessments and personal plans, risk management procedures and the infection prevention and control measures used would further enhance the quality and safety of the service provided.

The provider had ensured that residents had an up-to-date health care plan which included nursing care plans if required. A review of documentation showed that residents had access to a GP (general practitioner) and support from the multi-disciplinary team. For example, an occupational therapist assisted with the provision of mobility aids, residents were attending dental appointments and going to the optician as previously described above. A resident that required the support of a psychologist was on a waiting list. The inspector found that residents were supported to understand their healthcare needs and easy-to-read information was provided.

The inspector found that residents had person-centre plans available which provided guidance on how to support their health, personal and social care needs. These were available in easy-to-read format and one resident sat with the inspector to talk about their likes, dislikes and their achievements and plans. The resident told the inspector about their keyworker and spoke proudly about the trips they took together. Examples included; going horse riding, trips to Dublin, attending concerts and gathering pictures to write a memoir. However, the inspector found that although activities had taken place the personal plans had not been updated. Also, there were some future plans in place but these required review to ensure that they were effective.

There were no open safeguarding concerns in this designated centre on the day of inspection. Residents spoken with were aware of the need for self-care and protection and they knew what to do if they had a concern. The person in charge told the inspector that a safeguarding awareness programme was provided for the residents in the designated centre. This was provided in consultation with a colleague at a level that was appropriate for residents understanding. Furthermore, it was assessed and approved by the CHO1 Safeguarding and Protection Team. This showed that residents were actively assisted and supported to develop their personal safeguarding skills. Intimate care plans were in place for residents if required and this showed respect for the dignity and privacy of each person. Safeguarding training was provided for all staff and the inspector found that this was up to date.

Residents meetings were taking place on a weekly basis and on a day chosen by the residents. A review of the minutes showed that topics discussed included; plans for outings and parties, menu planning, along with discussions on advocacy, complaints and safeguarding. The meetings were chaired by residents if they choose to do so. Access to advocacy services were provided and residents had taken part in an advocacy group in the past. This was paused due to the impact of the COVID-19 pandemic but was due to recommence on a date to be confirmed. The review of the documentation along with observations and discussions held provided evidence that residents participated in decisions about their day-to-day lives and had the freedom

to exercise choice and control.

The provider had ensured that systems were in place for the identification, assessment and management of risk, including a site specific safety statement and a risk management and emergency planning policy. Most risks identified at service and resident level had been assessed and individual risk assessments were completed and up to date. However, the individual risk assessments and control measures required as part of the COVID-19 response and contingency plan were not available for review on the day of inspection. Also, the risks associated with the safe storage and disposal of risk waste were not assessed and the systems in place were not effective.

Procedures were in place for the prevention and control of infection. These included availability of hand sanitisers at entry points and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policy, audits, risk assessments and discussion with residents. Residents and staff spoken with had a good understanding of infection prevention and control risks. However, the inspector found the hand hygiene facilities required improvement. This included ensuring the sanitiser's provider were in stock and in date and that paper towel used was stored in a dispenser. Furthermore, the inspector found that the mop and bucket system used was not in line with the providers colour coded protocol. Also, a suitable storage facility to hang mops correctly was required as the mop heads were stored in a bucket in the kitchen.

Overall, the inspector found that residents at Gweedore Services were supported with their individual needs and a good standard of care was provided. However, improvements in individual assessments and personal plans, risk management procedures and the infection prevention and control measures used would further enhance the quality and safety of the service provided.

### Regulation 26: Risk management procedures

The provider had ensured that systems were in place for the identification, assessment and management of risk, including a site specific safety statement and a risk management and emergency planning policy. However, the individual risk assessments and control measures required as part of the COVID-19 response and contingency plan were not available for review on the day of inspection. Also, the risks associated with the safe storage and disposal of risk waste were not assessed and the systems in place were not effective.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Procedures were in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policy, audits, risk assessments and discussion with residents. However, improvements were required with the hand hygiene stations provided, the mop and bucket system in place and the storage system used.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents had a comprehensive assessment of their health, personal and social care needs. However, the inspector found that although activities had taken place the personal plans had not been updated. Also, there were some future plans in place but these required review to ensure that they were effective.

Judgment: Substantially compliant

### Regulation 6: Health care

The provider had ensured that residents had an up-to-date health care plan. Access to a GP and the multi-disciplinary team was provided and information was available in easy-to-read format if required.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that residents were supported to develop the knowledge, self-awareness, understanding and skills needed for self care and protection. Safeguarding training for staff was up to date.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that residents participated and consented to decisions regarding their care and support. Residents had freedom to exercise choice and control in their daily lives.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Gweedore Service OSV-0005331

Inspection ID: MON-0032880

Date of inspection: 07/04/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• The registered provider has ensured 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</li> <li>• The Person in charge has ensured that all Covid Individual risk assessments are now in place for all residents in the Designated Centre.</li> <li>• The Person in Charge has ensured that a Risk assessment on the Management of Healthcare Waste is now in place in line with regulation 26</li> <li>• The Person in Charge has a robust system in place for the safe storage and disposal of clinical waste within the Designated Centre.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The Registered Provider has ensured that all residents are protected against Infection through the implementation of procedures consistent with the standards</li> <li>• The Person In charge has ensured the Safety Pause reflects all Hand Hygiene stations in line with the provider's guidelines on infection prevention and control.</li> <li>• The Person in Charge has ordered external additional storage for the storage of the flat mop System, which will replace the mop head system within the Designated Centre.</li> </ul>	

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> <ul style="list-style-type: none"><li>• The person in charge has ensured that the personal plan has been reviewed and , all goals completed have been clearly documented, future planning of goals are reviewed regularly with the resident to ensure they are effective.</li></ul>	



## 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 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	08/04/2022
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	Substantially Compliant	Yellow	06/06/2022

	published by the Authority.			
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	10/04/2022