



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

## Issued by the Chief Inspector

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|----------------------------|--|
| Name of designated centre: | Gort Supported Living Services           |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Galway                                   |
| Type of inspection:        | Short Notice Announced                   |
| Date of inspection:        | 07 July 2021                             |
| Centre ID:                 | OSV-0004849                              |
| Fieldwork ID:              | MON-0031038                              |

## About the designated centre

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

Gort Supported Living Services can provide full-time residential accommodation to seven male and female residents with an intellectual disability who require varying levels of support in areas of everyday living. The age range is from 18 years of age to end of life. The service particularly supports residents to live as independently as they wish and to be actively involved in their local community. The centre is made up of one house and four self-contained apartments in a rural town, which are centrally located and close to the town amenities. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes team leaders, care assistants and a nurse. Staff sleep over in the centre at night to support residents.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 6 |
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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 |
|-----------------------|----------------------|---------------|------|
| Wednesday 7 July 2021 | 09:30hrs to 15:00hrs | Ivan Cormican | Lead |

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their rights and independence were actively promoted.

The inspector met with six residents on the day of inspection. The inspection was facilitated by the person in charge and also by a team leader who had responsibility for the day-to-day operations of the centre. The inspector also met with one other staff member who was on duty. Five residents who met with the inspector could communicate verbally and one resident used sign language to convey their feelings with the assistance of staff.

The centre comprised of five separate apartments which supported five of the six residents to live in a semi independent setting. The remaining apartment supported a resident with their specific needs and staff were based in this apartment to assist them with their day-to-day activities. The exterior of the centre was well maintained and neat flower arrangements and potted plants were placed outside of each apartment. A resident also explained that they had brought some potted plants from their own home which they were proud of. The centre was also wheelchair accessible and ramped access and specialised equipment such as easy-pour electric kettles supported residents to live as independently as possible. Residents were happy to show the inspector their homes and one resident explained how they loved a fish tank which was placed in their sitting room. This resident also had a great love of music and they were currently learning to play the keyboard and they sat and played a song which they were obviously very proud of.

The five residents who lived with minimal supports clearly outlined their satisfaction with the service. They explained how staff supported them when they needed some assistance, but otherwise they lived as independently as possible. Residents explained how they did some of their own cooking and they liked the freedom of their own space and privacy. A resident told the inspector how they loved being out and about and that COVID-19 impacted on this significantly. They talked about how they used to work in a restaurant and they loved the contact with their work colleagues and that they were proud of doing a good job. They liked getting paid for their hard work and they planned to return when national restrictions were further eased. This resident also talked about their family and they had pictures and memories on display of family events and deceased loved ones. They also explained how they were completing marathons throughout the national lock down to maintain their fitness and they updated their progress on the internet.

Residents explained how they wore face coverings and engaged in regular hand hygiene when in public to protect themselves from acquiring COVID-19. They talked about how they missed their regular activities but they were getting slowly back to activities such as shopping and outside dining. All residents discussed how happy they were to return to their respective day services and they explained how they loved attending an outside musical which was recently performed in one of these

services.

One resident had higher needs and they had an individualised living area. The inspector met briefly with this resident as they relaxed on the morning of inspection. The team leader who facilitated the inspection appeared to have a good rapport with them and they used sign language to communicate with the resident. This resident's living area was pleasant and there was a large individualised activity planner which also incorporated staffing supports with each activity. The inspector found that this visual planner was in-line with the resident's needs and assisted in providing structure which the team leader indicated was important for this resident.

Overall, the inspector found that residents' rights and well being was promoted and the semi-independent model of care ensured that residents were active members of their community and they had a good quality of life.

## Capacity and capability

The inspector found that the governance arrangements ensured that residents received a service which was safe and subject to regular monitoring which promoted their safety and well being. However, some improvements were required in regards to the submission of notifications in relation to the use of restrictive practices.

The person in charge was in a full time role and they assumed the overall responsibility for the running and operation of the centre. They were supported in their role by a team leader who assumed the day-to-day operational oversight of the service.

The team leader had a good understanding of the service and of the resident's individual needs. Residents chatted freely with the team leader and they seemed to enjoy their company. Residents who met with the inspector spoke highly of the team leader and they clearly said that they would go to her if they had any concerns and they were also confident that their concerns would be taken seriously and resolved in a prompt manner.

The provider had prepared a centre specific contingency plan in response to COVID-19 and the inspector found that this document was a robust and easy-to-read document which laid out in a concise manner how the centre would respond to a suspected or confirmed case of COVID-19. It outlined the roles and responsibilities of an incident control team who would assume the overall responsibility for managing an outbreak of COVID-19. It clearly outlined how a lead worker representative and COVID-19 lead aimed to prevent the disease from entering the centre and also prepared for potential outbreaks. The lead worker representative also conducted monthly audits to ensure that hygiene practices, staff knowledge and training were maintained to a good standard which assisted in promoting residents' safety.

The provider had completed all required review and audits as set out in the regulations and their findings were used to maintain a high quality service and also to drive improvements in the provided care. The annual review included consultation with residents and detailed questionnaires were completed which indicated that they were very satisfied with the service. Although internal review systems were robust, they did fail to identify that some restrictive practices had not been submitted as outlined in the regulations. The inspector found that these restrictive practices were kept under regular review to ensure that the least restrictive practice was implemented and the person in charge acknowledged that this oversight would be rectified in the future.

Overall, the inspector found that the governance arrangements ensured that the service was safe and effectively monitored. Although some improvements were required in regards to notifications, the team leader and person in charge clearly demonstrated that this did not overly impact on the quality of the service which residents received.

### Regulation 15: Staffing

The provider maintained an accurate rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they had also completed additional training in hand hygiene, the use of personal protective equipment (PPE) and infection prevention and control.

Judgment: Compliant

### Regulation 23: Governance and management

The provider ensured that residents were safe and enjoyed a good quality of life. All required audits and reviews as stated in the regulations were completed and the information acquired was used to improve the service which was provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider failed to ensure that all notifications in regards to the use of restrictive practices had been submitted as required.

Judgment: Substantially compliant

### Quality and safety

The inspector found that the quality and safety of care provided actively promoted the rights and well being of residents. Some improvements were required in regards to risk management and these issues were addressed on the day of inspection; however, some additional improvements were also required in regards to residents who were supported to manage their own medications.

Each resident had a personal plan in place which clearly outlined their care needs and how they preferred to have these needs met. Residents had also been supported to identify and achieve goals such as going on holidays, attending baking classes and cycling one of Ireland's greenways. Residents had also recently identified goals for the coming year such as sky diving, holidays, attending music lessons and composing a song. Residents had attended their individual planning meetings and the inspector found that goals were individualised and reflected resident's individual interests and preferences. Overall, the inspector found that the goal setting process which was implemented by the provider assisted residents to realise their dreams and had a positive impact on the quality of care which was provided.

There were some behavioural needs in this centre and the inspector found that the provider and staff team had worked in a collaborative manner to minimise the frequency and impact of these behaviours. Ongoing multidisciplinary team reviews were occurring and recent changes to a resident's environment had shown a marked reduction in behaviours of concern. A comprehensive behavioural support plan ensured that staff provided a consistent approach in this area of care and although some restrictive practices were prescribed, these were risk assessed, kept under regular review and had specific detailed documents with clear guidance for their use.

In general, medication practices were maintained to a good standard. A review of medication administration documentation indicated that medications were administered as prescribed and this documentation was regularly reviewed by residents' general practitioners (GP). Some residents were supported to manage



their own medications and although the centre's team leader indicated that an appropriate assessment and risk assessment supported this practice, these were not available for review on the day of inspection.

The provider had taken fire precautions seriously and fire doors, emergency lighting and an fire alarm system was in place to promote residents' safety. Staff were conducting regular reviews of this equipment to ensure that they were functioning and in good working order, competent professionals regularly serviced this fire safety equipment. Staff had completed regular fire drills which ensured that residents were aware of evacuation procedures and a review of these recorded drills indicated that residents could evacuate in a prompt manner. The staff team had also responded to a drill where a resident found it difficult to evacuate and they had risk assessed this issue and introduced enticements to aid their evacuation.

The provider had produced risk assessments in response to identified concerns such as behaviours of concern, staffing issues and fire evacuation procedures which promoted residents' safety. The centre supported residents to live an independent and semi-independent life style. Staffing supports were also available should residents need assistance. Some residents went about their local communities by themselves and also lived without formal staff supports during nighttime hours. The inspector found that residents benefited from these arrangements which also promoted their rights and well being. However, these arrangements were not fully risk assessed prior to the inspection. Although, there was no immediate concerns in regards to these arrangements the centre's team leader confirmed that risk assessments were completed in regards to supporting residents' independence subsequent to the inspection.

Overall, the inspector found that the centre was a pleasant place in which to live. Although some areas for improvement were identified, adjustments in these areas of care would further build upon the many positive examples of care which were found on this inspection.

## Regulation 26: Risk management procedures

A review of recorded incidents indicated that there had been a marked reduction in behaviours of concern. The provider had also completed risk assessments in response to issues which may potentially impact upon the safety of care which was provided.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had increased hygiene regimes in place and staff were completing regular sign and symptom checks for COVID-19. Hand sanitizers were readily available and staff were observed to wear face coverings while on duty.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety systems in place and staff were completing regular fire drills which supported residents to evacuate the premises in a prompt manner.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider failed to demonstrate that a resident had been suitably assessed and also risk assessed to manage their own medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were reviewed on a regular basis and reflected their individual needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The use of restrictive practices were kept under regular review and detailed guidance was in place for their use. Staff had a good understanding of residents behavioural needs and there had been a recent decrease in recorded behaviours of concern.

Judgment: Compliant

## Regulation 8: Protection

There was one active safeguarding plan in place and the person in charge and team leader had a good understanding of this plan. They clearly demonstrated that safeguarding arrangements were kept under regular review which promoted residents' safety.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' independence was actively promoted as residents were supported to be active members of their local community. Residents were also actively involved in the running and operation of their home and they attended regular house meetings.

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 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 31: Notification of incidents              | Substantially compliant |
| <b>Quality and safety</b>                             |                         |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 29: Medicines and pharmaceutical services  | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Gort Supported Living Services OSV-0004849

Inspection ID: MON-0031038

Date of inspection: 07/07/2021

## 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 31: Notification of incidents  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br>The person in charge will ensure that submission of notifications in relation to the use of restrictive practices will occur in future.   |                         |
| Regulation 29: Medicines and pharmaceutical services  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:<br>The person in charge and the team leader will ensure that in future a risk assessment and assessment of capacity is completed for each resident who wish to self-medicate and manage their own medication and will support and encourage residents to take responsibility for their own medication in line with the residents wishes and preferences. |                         |

## 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 29(5)    | The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability. | Substantially Compliant | Yellow      | 20/08/2021               |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring  | Substantially Compliant | Yellow      | 31/07/2021               |

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|  | in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. |  |  |  |
|--|---|--|--|--|