



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:	Announced
Date of inspection:	04 December 2023
Centre ID:	OSV-0005331
Fieldwork ID:	MON-0032856

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 during the day and waking night-time support is available for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Monday 4 December 2023	08:40hrs to 14:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home, to meet with their families and to be involved in their communities.

This designated centre comprised three properties located close to each other in a residential area of a busy town. Residents had their own bedrooms which were cheerful and personally decorated. In the first property, there was a combined kitchen and dining room. This opened into a cosy sitting room where a new fire place was fitted. In addition, the provider had painted the property and replaced the front door and some windows since the last inspection. The inspector visited a second property later in the day. It was a nicely presented home which was warm and welcoming. Improvements in this property included new floor covering in the hall, stairs and landing and the enhancement of a downstairs space for use by a new resident to the service. This area included a desk at the window and a bookshelf where items of interest to the resident were stored and displayed.

The inspection was based at the first property where the majority of residents were present. All residents were supported by staff to complete a residents' survey prior to the inspection and these were available for the inspectors review. On arrival the inspector met with the person in charge. One resident had left the property to attend their day service and three others were waiting for their bus to arrive. They spoke briefly with the inspector and when asked they told the inspector that they had a happy home where the staff were caring and kind. They said that they liked their bedrooms and that the food was nice. If they had a worry, they told the inspector that they would seek support from the staff. One resident had retired from their day service. Later that day they went to the spa of a local hotel to enjoy some treatments there. The inspector observed the aging profile of the residents living at this designated centre. However, it was clear that the person in charge and the provider were aware of the changing needs of the residents. They said that they were committed to supporting residents in their homes as they aged, that they were monitored carefully and that discussions were held with family members at their annual reviews.

Residents told the inspector that they had regular contact with their family members through telephone calls, family visits and visits home. One resident was due to return from a home visit on the day of inspection via public transport with the support of a staff member. In addition, residents were supported to be actively involved in their communities. Activities included social farming activities, drama

classes, dance classes and trips for coffee and dinner.

Later, the inspector spoke briefly with the staff on duty about human rights training. The person in charge confirmed that all staff were offered training and that this was reported as helpful to staff. Residents were supported to understand their rights, to make their own decisions about their care and support and to raise concerns if they wished to do so. In addition, training in restrictive practices was available to staff members. This will be expanded on under regulation 9 later in this report.

Overall, the inspector found that this designated centre provided welcoming homes for the residents living there. The atmosphere was warm and relaxed. It was clear that, the residents were provided with a good quality, person-centred and rights based service where they were active participants in their community. The staff employed were familiar with their support needs and attentive to their requirements.

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 provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

A review of the records required under regulation 21 was completed as part of this inspection. A sample of information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation. The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation. As outlined, the service had a new admission recently. The person in charge told the inspector that the resident was settling in well and that the transition was guided by the resident and their family. A contract for the provision of care was in place.

In addition, as this was a registration renewal inspection, the provider's insurance arrangements were reviewed. An insurance contract in place which was up to date and met with requirements. Furthermore, the provider had submitted a full application to renew the registration of the centre which was also in line with requirements.

The statement of purpose was available to read in the centre. Some changes were required which were completed on the day of inspection. The policies and procedures required under Schedule 5 of the regulation were prepared in writing

and were stored in the centre. The sample reviewed was up to date.

The management structure consisted of a person in charge who reported to the assistant director (ADON). The person in charge had responsibility for the governance and oversight of one designated centres which as described, comprised three houses which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspector that they were supported to fulfil their role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available a cover arrangement was in place. An on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when core staff had attended training. All training modules from the sample reviewed were up to date. In addition to mandatory training, training in human rights and restrictive practices was offered to staff. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. The inspector found that an additional audit on schedule 5 requirements was completed in November 2023 by the provider's healthcare audit unit. This meant that enhanced audit arrangements were in place.

The provider had a policy to guide staff on the management of complaints. This was displayed in easy-to-read format on the residents' notice board. Information on advocacy services and the confidential recipient was available. In addition, a review of incidents occurring found that they were documented in accordance with the provider's policy. The Chief Inspector of Social Services was informed if required in line with the requirements of the regulation.

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. This led to good outcomes for residents' quality of life and for the care provided

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents which was up to date and available for review in the centre. It included the information required under schedule 3 of the regulation

Judgment: Compliant

Regulation 21: Records

The provider ensured that the information and documents held in relation to residents and staff found that the information was up-to-date and in line with the requirement of the regulation.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This service had a new admission recently. The transition was guided by the resident and their family. A contract for the provision of care was in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had submitted relevant notifications as specified by the Chief Inspector and within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy to guide staff on the management of complaints. This was displayed in easy-to-read format on the residents' notice board. Information on advocacy services and the confidential recipient was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Gweedore Services was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Residents were provided with appropriate care and support which was in line with their assessed needs and their individual wishes. Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents and their representatives were involved in setting goals through their personal planning meetings.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example: residents attended physiotherapy and occupational therapy. In addition, residents had access to consultant based services if required and they were supported to access national screening services if they consent to do so.

The inspector found that the designated centre was operated in a manner that respected the rights of each resident. As outlined, staff were provided with training in human rights and further training on restrictive practices. Residents were supported to participate in decisions about their home and the care and support. For example, staff were observed asking permission to enter a residents room during the day in order to complete daily tasks when the resident was not there. In addition, residents were supported to raise concerns if required, these were acknowledged as complaints, documented and addressed promptly. The provider had a human rights committee and a plan was in place for residents from this designated centre to join the providers group as a resident representative. Meetings were taking place on a regular basis and were available to read in the centre.

Regulation 12 was reviewed as part of this inspection. The inspector found that residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents had adequate and safe spaces to store their money, their clothing and their personal possessions as required.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality

and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 12: Personal possessions

Residents were provided with support to manage their daily and weekly finances and a review of the systems in place found that they were in line with resident assessed needs. In addition, residents' had adequate and safe spaces to store their money, their clothing and their personal possessions as required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and well-being outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and well-being. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

This designated centre was operated in a manner that respected the rights of the people living there. Residents participated in decisions about the operation of their home and had the 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	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 9: Residents' rights	Compliant