

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

Issued by the Chief Inspector

Name of designated centre:	Gort Na Mara
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	08 February 2023
Centre ID:	OSV-0003645
Fieldwork ID:	MON-0030269

About the designated centre

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

This is a centre providing full-time residential services to five adults with disabilities. It comprises three small terraced bungalows and one semi-detached two-story, two bedroom house located in a nearby town. The buildings are located in the north east of the country and are near several towns and villages. Where required, transport is provided to residents for ease of access to community-based amenities such as shopping centres, pubs, hotels, hairdressers, and barbers. Each resident has their own bedroom, decorated to their style and preference. The bungalows comprise two bedrooms, a sitting room/dining room (with a small kitchen area), and a bathroom. The semi-detached house comprises two bedrooms, a kitchen, and a sitting room. All houses have well-kept gardens and ample on-street parking available. The centre is staffed on a 24/7 basis by a person in charge, a clinical nurse manager I (CNM I), a team of staff nurses, one social care professional, and a team of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 8 February 2023	09:30hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection findings were positive and demonstrated that the provider had effective systems to support the residents.

The inspector had the opportunity to meet with all five of the residents. On arrival to the centre the inspector was introduced to a resident who was observed to be relaxing in their sitting room listening to their music. The resident had plans to attend the hairdresser that day and go on an activity afterward. The resident appeared relaxed and content in their environment.

The second resident the inspector was introduced to, showed them around their home and also showed the inspector some work they had completed in their back garden with a staff member's support. The resident also informed the inspector that they had an upcoming overnight break planned. The resident was going to attend a concert and stay in a hotel. The resident showed the inspector a wall planner about the event that had been introduced to support their preparation. The resident informed the inspector they were going shopping that morning to pick out new clothes for their break.

The third resident was relaxing in their sitting room with the support of a staff member. This resident chose to have limited interaction with the inspector and this choice was respected.

The above three residents were living in their own apartments, supported by staff members on a twenty-four-hour basis. The resident's homes were well maintained, had a homely atmosphere, and were designed and decorated to the preferred taste of the residents.

The inspector visited the other house that made up the service in the afternoon of the inspection. One of the resident's was at home at the time, they were being supported by a staff member and appeared at ease in their interactions and comfortable in their environment. The inspector observed that there have been improvements to the appearance of the residents home. The house had been updated, and there was a homely atmosphere. The residents' home was clean and well-maintained. The inspector met with the last resident at the closing part of the inspection. The resident had been attending an appointment with the support of a staff member. The resident spoke briefly with the inspector about the house's improvements and said they were very happy with the improvements made.

The review of records and discussions with staff members identified that this group of residents were supported to be active members of their local communities. They were engaging in their preferred activities, such as attending hairdressers and day service programmes as they wished, going out for food and going for walks if they chose to do so.

As discussed above, residents were also supported on overnight breaks, and some preferred to go on day trips to places like Belfast or Dublin. The review of evidence demonstrated that residents, through goal-setting discussions, were supported to identify and engage in activities they liked.

The inspector found a system in place where short-term goals were identified for residents. These goals were under review, and there was evidence of the residents partaking in and achieving their goals, such as baking at home, attending beauty appointments, going out for coffee, picking out garden furniture or going to musical events.

The inspector spoke with two residents' family members. Both family members spoke positively about the service provided to their loved ones. They referenced that they had regular contact with the staff team and that a consistent team was in place. The family members also felt that the residents were happy. In one case, the family thought that the resident had benefited greatly from the service and the social activities they were engaging in.

The inspection found that the management and oversight arrangements ensured that the service provided to the residents was appropriate to their needs. Some improvements were required to ensure that all staff had completed appropriate training and that the risk related to staff not having training had been reviewed.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspection found that the governance and management arrangements were effective. The service was led by a person in charge and a house manager. The service provided to residents was reviewed and audited regularly. These practices identified areas of good work and where improvements were required. As noted above, through the review of the information, the inspector was assured that the management and the staff team met the needs of the residents.

A quality improvement plan was established. This plan listed areas that required improvements, who was responsible for the completion and when the actions were due for completion. This plan was treated as a live document, and there was evidence of actions being addressed in a prompt manner and within the allocated timeframes. The provider had also ensured that the required reviews and reports on the quality and safety of the care and support provided to residents had been completed.

One area that did require improvement was the monitoring of staff training needs.

The house manager provided the inspector with a copy of the staff team's completed training. The inspector found that, a staff member had not been provided with appropriate training in managing behaviours of concern. A review of staffing rosters found that, the staff member had been working in the service since May 2022. The staff member had been working with residents who displayed behaviours of concern and had not been provided with the appropriate training. This was not safe practice for either the resident or the staff member.

The inspector noted that training for other staff members was up-to-date and training had been booked, but improvements were required to ensure that the training needs of staff members were appropriately tracked.

The inspector reviewed a sample of planned and actual staff rosters. The review found that the staff team was suitable for the needs of the residents. There was a consistent staff team in place. The staff team comprised of nurses, health care assistants and a social care worker. At the time of the inspection, the provider relied upon two consistent on-call staff members to fill a vacancy caused by long-term leave.

The inspector reviewed the complaints log and noted that, complaints had been logged in recent months. The inspector reviewed the complaints and the measures taken to resolve them. Complaints were responded to promptly, and there was evidence of complaints being resolved with the complainants. Residents had been facilitated to raise complaints, and there was evidence of the provider responding to the complaints and raising the issue with senior management.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider's systems regarding tracking staff members' training were not appropriate. A staff member working in the service for nine months had not completed training focused on managing behaviours of concern. This is despite the staff member supporting residents who present with such behaviours.

It was necessary to review and update the existing training monitoring systems as they were ineffective. Improvements were required regarding booking training for staff and ensuring that there were clear lines of accountability around this.

Judgment: Not compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider ensured that there was an effective complaints procedure in place. Residents were supported to make complaints, and existing systems ensured that complainants were informed of the outcomes. Learning was also prioritised following complaints to improve the service provided.

Judgment: Compliant

Quality and safety

This inspection found that the needs of the residents were prioritised and addressed by the provider and the staff team working with the them. However, the provider failed to identify the risk of untrained staff supporting residents.

For the most part, the inspector found that, the provider had ensured systems were in place to monitor and respond to risks. However, as mentioned earlier, the inspector found that the provider had failed to identify a risk regarding an untrained staff member supporting residents who presented with behaviours of concern. This needed to be addressed and appropriate measures put in place.

The inspector did find that the management team had developed a range of resident-specific risk assessments. These identified the risks, reasons for the risk and the control measures in place to mitigate the risks. The assessments were under regular review and guided staff members on maintaining residents' safety.

There were also arrangements to ensure the effective review of adverse incidents. Incidents were recorded by the staff team and reviewed by the house manager and the person in charge.

The inspector reviewed a sample of the residents' information. It was found that comprehensive assessments of the residents' health and social care needs had been completed. Care and support plans were developed that identified residents' strengths and aspects that they needed support with. The plans were under regular review and reflected the changing needs of residents. As discussed earlier, residents were engaging in activities in their local community. Short and long-term goals had been identified, and there was evidence of the staff team helping residents to achieve their goals.

The review of information found that healthcare reviews had been completed, these reviews included the residents' health history and measures in place to support them to remain healthy. Residents had access to a range of allied healthcare professionals, and there was evidence that they attended healthcare-related appointments when required.

Some of the residents living in the centre presented with behaviours of concern. These behaviours were under regular review, and systems were in place to support them and reduce the incidents. For example, the inspector reviewed a sample of

individual support plans that had been developed for residents. The plans focused on understanding the reasoning for the behaviours and outlining how to respond to incidents and reduce them.

Restrictive practices had been introduced to maintain the safety of residents. Systems were in place to ensure that these measures were appropriate and the least restrictive.

Appropriate measures were in place regarding infection prevention and control (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan specific to the service. Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection, including weekly and monthly IPC audits. The residents' home was also maintained in a clean and hygienic condition. There were also hand washing and sanitising facilities available.

In summary, the inspection found that residents were supported to engage in tasks they liked and were facilitated to establish links in their local community. The care needs of the residents were met, and there were systems in place to track and respond to the changing needs of the residents.

Regulation 13: General welfare and development

Residents were given opportunities to participate in activities relevant to their interests and needs. Residents had been supported to go on activities like going out for coffee, going on day trips or on overnight stays. The staff team also supported residents in maintaining links with their families. Family members also referenced that they were happy with the variety of activities their loved ones were involved in.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the residents' homes were maintained in a good state of repair. The premises were also clean and suitably decorated. Residents' bedrooms had been decorated to their preference, with pictures of residents and their family members hanging in their rooms. Overall the residents' homes had a warm and homely atmosphere.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the required information. The residents' guide provided information on the services offered, the terms and conditions of residency, arrangements for residents' involvement in the running of the centre, how to access inspection reports, management of complaints and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to review and respond to adverse incidents. However, improvements were required regarding the ongoing review and response to risk. The provider and services management team had failed to identify the risk of an untrained staff supporting residents. This was not appropriate and placed residents and the staff member at risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to wear appropriate PPE and follow standard-based precautions throughout the inspection. Weekly and monthly audits reviewed IPC control measures and potential risks. The review system was effective, and the provider addressed identified actions..

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for the residents, which promoted positive outcomes. Care plans specific to the residents' needs had been set. The plans outlined how best to support them to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work

towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were in receipt of appropriate healthcare. The health and mental health needs of the residents were under review, the residents were in receipt of support from a range of therapeutic and healthcare professionals, the residents were prepared for and brought to appointments by the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents proactively and reactively.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gort Na Mara OSV-0003645

Inspection ID: MON-0030269

Date of inspection: 08/02/2023

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Staff member identified on day of inspection out of date on one piece of training has now this completed on 22nd February 2023</p> <p>A schedule of induction training has been developed to ensure that all new staff to the service received the appropriate training needed to care and support the residents.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A schedule of induction training has been developed to ensure that all new staff to the service received the appropriate training needed to support residents in a timely fashion.</p> <p>A working group has been set up to look at the managing and maintaining training records system.</p> <p>Any risk regarding training will be added to the risk register going forward.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/03/2023
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	30/04/2023