



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

Issued by the Chief Inspector

| | |
|----------------------------|--|
| Name of designated centre: | Gort Supported Living Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Galway |
| Type of inspection: | Announced |
| Date of inspection: | 11 January 2022 |
| Centre ID: | OSV-0004849 |
| Fieldwork ID: | MON-0026984 |

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 |
|--|---|

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 |
|----------------------------|-------------------------|---------------|------|
| Tuesday 11 January 2022 | 09:30hrs to 16:30hrs | Cora McCarthy | Lead |

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and that their rights and independence were actively promoted. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On arrival the inspector had the opportunity to meet with one resident who lived in a self contained apartment within the main building which housed the staff office also. There were also four separate apartments, 3 residents lived singularly in apartments and two residents shared a two bedroom apartment. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

The resident in the self contained apartment did not have the ability to converse with the inspector but the staff used sign language to interact with the resident and they translated for the inspector. The staff member also informed the inspector that a sign language teacher came regularly to support the resident to learn more signs. 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.

The inspector met with five of the 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.

Four of the five residents the inspector met with had the ability to converse with the inspector and verbalised their satisfaction with the support provided. One resident said they would be 'lost without the staff' and were very happy with their apartment and loved having the staff near if they needed them. One resident talked about COVID-19 and how they were unable to see their partner as a result of the restrictions and they had also been made redundant from their employment. They really missed going to work and earning their own money and being independent. The residents were all up and about on the morning of inspection, some going out for the day with staff as part of an integrated day service and others going to health care appointments. The residents were in and out during the day and interacted with the inspector at various times. The residents were very pleasant and welcoming and they were very proud of their homes. Several residents showed the inspector their apartments and they were decorated in the design of the resident's choice and colour. One resident had a fish tank in their apartment which they loved and also played music on their keyboard for the inspector. Residents explained how they did some of their own cooking and they liked the freedom of their own space and privacy. The residents talked about their family and they had pictures and memories on display of family events and deceased loved ones. One resident also explained

how they had completed mini marathons throughout the national lock down to maintain their fitness. A resident told the inspector how they loved being out and about and that COVID-19 impacted on this significantly. It was evident from the decoration, personal items on display, photos and the residents bedrooms that they were involved in the running and decoration of their apartments. The residents had outdoor areas which they used for barbecues in the summer and for activities and relaxation.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. Residents were supported to buy new technology in order to keep in touch with families and friends. The team leader advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

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.

The inspector observed the residents on the day of inspection and found them to be very comfortable and happy in their home. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The residents told the inspector that they felt safe in their apartments and that the staff were very good to them. The staff present were very knowledgeable about the residents' needs and preferences and were observed chatting and laughing with the residents.

Residents were encouraged and supported around active decision-making. Residents were informed about COVID-19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next 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 on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The person in charge demonstrated the relevant experience in management and was effective in the role. The provider had ensured that the staff skill mix and numbers at the centre were in line with the assessed needs of the residents, the actual and planned rota, statement of purpose and the size of the designated centre. The inspector noted on the day of inspection that there was adequate staff to support the residents.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had undertaken a review of the quality and safety of service in December 2021 and two unannounced audits were also completed. Families were sent questionnaires to complete with their feedback on how they feel their family members are being supported by the service. Families response overall was very positive and the families that responded stated that they were happy with the service, that they felt that their family member was respected and well cared for in the centre. The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. The actions identified highlighted were in relation to self assessment of medication and also restrictive practice notifications. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

The provider had an accessible, effective complaints system in place. It was noted that there were no open complaints at the time of inspection. Previous complaints had been dealt with locally to the satisfaction of the residents.

The registered provider had a written statement of purpose in place for the centre,

which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre. On the last inspection the provider had not notified the Authority of all restrictive practice in place however on this occasion the inspector found that these had been notified.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up-to-date. All policies had been signed by staff to acknowledge that they had read and understood them.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number and staff skill mix at the centre was in line with the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff received mandatory training as well as other appropriate training. The person in charge had effective systems in place to monitor staff training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability

were in place. An annual review and two six-monthly unannounced audits had also been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the person in charge. All residents also have a communication plan and hospital passport in place which are very informative and based on assessed need as well as knowledge of the residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. The assessment of need included support plans in areas of mental health and autism. These plans were noted by the inspector to clearly identify the issues experienced by the resident and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The inspector read an assessment which had been completed by a clinician for one resident to determine if they met the threshold for diagnosis of a mental health condition. The staff and management were very proactive in requesting assessments and implementing new supports for residents as recommended by clinicians. The support plan for the resident who had a communication and hearing impairment was very comprehensive and staff spoken with acknowledged that support plans were very effective.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. There was evidence that residents had regular health care reviews, access to GP and other clinical professionals such as psychiatrists, occupational therapists, speech and language therapists and opticians. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. There was a monthly medication audit in place which indicated that practices were safe and effectively monitored. The locked medication cabinet was well organised and clean with all medications clearly labelled. The medication record was clearly written and medication was appropriately signed for and a photograph along with all the residents details were clearly outlined on the front of the document.

The person in charge had ensured that the residents were assisted and supported to communicate. The inspector noted a comprehensive communication assessment which gave a very clear outline of the residents communication ability and needs in this area. One resident had a large communication planner on the wall in her apartment which they had made with staff. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions.

A comprehensive behaviour support plan was noted to be in place by the inspector.

This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. There was evidence that the residents had meaningful activities in their community. The residents were active in their community, were involved in a 'lets get to work project' had an integrated day service and went for meals out, shopping and holidays. The residents were also active on zoom during the pandemic.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. 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 provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national Infection Prevention Control guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. The residents families were communicated with in relation to the new visiting protocols and were kept updated in line with government guidance. A contingency plan was developed across the organisation in line with government guidelines to ensure continuity of care to residents in the event of a staff member or resident being confirmed as having COVID-19.

The provider had ensured that each apartment was laid out to meet the needs of the resident and they were clean, warm and homely. The apartments were decorated to the residents personal taste and there were photographs and personal items displayed. The apartments were accessible for those who were wheelchair users or had mobility issues. There were personal items throughout the residents homes such as a fish tank, key board, jigsaws and photographs of residents completing mini marathons and at family weddings.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment was maintained and there was emergency lighting, adequate fire extinguishers and an L1 fire alarm system in place. Staff were conducting regular reviews of this equipment also to ensure that they were functioning and in good working order, competent professionals regularly serviced this fire safety equipment. Personal egress plans were in place for the residents and

there were fire doors throughout the and automatic magnetic closers were on doors. Fire evacuation drills were carried out which indicated that the residents could all be evacuated in a safe time frame.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. There was one active safeguarding plan in place at the time of inspection and the staff were fully aware of this and adhered to it fully. The inspector spoke with the person in charge and staff members regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine. Overall the residents were very independent and were supported to engage in their local community and had a very good quality of life.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. The residents had access to TV, Internet and phone

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs, having regard to the resident's assessed needs and their wishes. The residents had access to facilities for occupation and recreation and engaged in meaningful activities.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the apartments were laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had an effective fire management system in place in the designated centre. Fire evacuation drills were carried out which supported the safe evacuation of residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the residents were promoted in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons and were very familiar with the two active safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised 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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | 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 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |