



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

## Issued by the Chief Inspector

Name of designated centre:	Shalom Heights
Name of provider:	Gateway Community Care Limited
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	15 January 2024
Centre ID:	OSV-0008490
Fieldwork ID:	MON-0040801

## About the designated centre

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

Shalom Heights designated centre comprises two spacious houses near a rural town in Mayo. The centre can accommodate six residents, male and female with an intellectual disability, mental health issues and behavioural issues. The centre is staffed according to residents assessed needs., including staff who provide waking and sleepover support on a 24-hour basis. Each house has access to transport, residents can attend school services, or some receive an individualised home-based programme. Each house is suitably laid out and accommodation includes, sitting rooms, kitchen and dining room, staff office and sleepover facilities including ample outdoor space for recreational activities.

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

Number of residents on the date of inspection:	2
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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 15 January 2024	11:00hrs to 19:00hrs	Catherine Glynn	Lead
Tuesday 16 January 2024	09:00hrs to 17:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection and was the first inspection of this centre following a site visit in February 2023 followed by a desktop application to vary in July 2023 to increase the capacity, and the number of houses in the centre. The inspection was completed over two days due to adverse weather conditions, and this was discussed and planned with the management team. The inspector completed a walk-around of the house and completed a review of all requested documentation, such as personal plans, risk assessments, fire records and audits completed. The inspector noted that both staff present spoke with respect and showed great knowledge of all residents in this centre. They also spoke about the incident that had occurred that resulted in the addition of the second house in July 2023 and the commencement of the wraparound service. The inspector found that the provider had responded and in a swift manner to the needs of the residents and recognised the risks but also the impact of the placement location on this resident.

From speaking with the person in charge and person participating in management, it was clear that many measures were in place to care and support both residents as per their assessed needs while also ensuring that they benefited from a quality of life. The person in charge and person participating in management helped the resident on a daily basis to understand and manage their day effectively, through a person centred approach and with the use of relevant activities and communication tools. One resident had commenced swimming, enjoyed home schooling due to previous negative experiences and enjoyed attending the gym with staff support. As the inspector couldn't meet with one resident during the inspection but staff arranged with a parent and invited them to meet with the inspector. The inspector met with the parent on day two of the inspection and spent time listening to the parent about the challenges before the admission and how since the admission, they found improvements in the residents' behaviours and that they were content and settled in this service. The parent spoke of the management team and how supportive and responsive they were to their relative and that they were always in contact if any changes or additional activities were being considered or requested by the resident. The inspector also noted that it was clear from observation and conversation with staff and family that the residents' choices, rights and preferences were paramount in this service at all times. In addition, staff were observed planning additional activities and accessing places of interest as future goals for the resident. For example, a resident had recently expressed an interest in swimming and the staff team spoke about the steps and progress of this activity.

The centre comprised of two houses which were located in close proximity on the outskirts of a small rural town in co. Mayo, and residents had good access to local amenities and services appropriate to their age. Both houses were well equipped with kitchen facilities and dining area, communal rooms, staff office, sleepover facilities and laundry facilities. There was also ample space to the front and rear of the centre. The centre was suitably furnished throughout and tastefully decorated and personalised which reflected residents choices, preferences and activities they

enjoyed.

Overall, the inspector found that it was from observation in the centre, conversations with staff, family and information viewed during the inspection, that residents living and attending this centre had choices in their daily life, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and person participating in management prioritised the wellbeing and quality of resident's lives in this centre.

## Capacity and capability

The inspector found that the oversight and management arrangements, which were in place on the day of the inspection ensured that senior management were aware of care practices within the centre and aimed to promote the welfare of residents in response to the residents' care and support needs.

The centre had a clearly defined and robust management structure in place, which was responsive to a resident's needs and feedback. For example, the management team responded to a significant incident following a residents' admission into the centre which resulted in negative interactions in the local community and impacted on a resident negatively in relation to their welfare and mental health. The provider reconfigured this service to respond to the residents support requirements which resulted in improved care outcomes for this resident. The management structure comprised of the person in charge who worked on a full-time basis in the organisation and she was supported in her role by an experienced manager in the organisation. The person in charge and manager were present and available during the inspection.

Staff spoken with gave the inspector assurance that improvements had occurred, they had the knowledge, skills and experience required to support the resident in a safe and effective way. They were knowledgeable on the assessed needs of the resident and were able to explain to the inspector how best to support the resident. From a review of a sample of files, inspectors saw that staff had completed a suite of in-service training which included safeguarding of vulnerable adults, fire training, and positive behavior support. Staff training records showed that all staff had completed all relevant mandatory training and there was also a schedule in place for refreshers where required. This ensured that there was effective oversight of all training needs for staff and monitored effectively and that staff had the necessary skills to support and respond to the needs of residents in a consistent and capable manner.

The management team ensured the centre was monitored and audited to ensure best practice and a schedule was in place for completion of unannounced six monthly visits and the annual review of the quality and safety of care in the service provided as required under regulation. other management audits were in place and

completed to ensure good practice included fire safety, cleaning, resident files, finance and medication management. This process ensured that the service remained responsive to the needs of the residents who lived in the centre.

Overall, the inspector found that it was evident that resident's living in this centre were experiencing support, consultation and a choice on a daily basis. The management team were responsive to areas that required improvement and to ensure effective oversight was in place at all times as required by the regulations.

### Regulation 15: Staffing

There was a planned and actual rosters were available during the inspection, which showed staff's working hour's in line with their contracts, roles and responsibilities. The inspector found that staffing levels and skill-mixes were sufficient to meet the assessed needs at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff working in this centre had received all mandatory training and training that was relevant to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a comprehensive management arrangements in place to govern this centre and to ensure the provision of a good quality and safe service to residents. There was a clear management structure, and there were systems in place, such as audits and management meetings, to ensure that the service provided to residents was safe and as described in the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of the regulations. The statement of purpose was also available in an accessible format for residents in the centre.

Judgment: Compliant

### Quality and safety

There were suitable care and support provided in this centre to allow residents to enjoy preferred activities, lifestyle and to receive a good level of person centred care in this centre.

The provider had ensured that residents had a person centred programme in place which ensured that residents had access to recreation, meaningful activities and access to the local community. Residents enjoyed a variety of activities which included home based activities, or age appropriate services, and accessing local amenities. Residents enjoyed going with staff on the transport provided in the centre to areas of local interest and sporting activities. Residents in this centre also had good family support systems and were supported with goals and activity planning. The inspector found that family were able to attend regularly and the management team met with family members to discuss all plans and review the care and support needs when required. In addition, the provider had also ensured that the cultural needs were met for residents where required.

The provider and person in charge were also ensuring consistency for the resident and it was evident that this was paramount to maintaining residents' wellness and reduced the number of adverse incidents following admission into the centre. The inspector also reviewed the residents' personal plan which was detailed and comprehensive, which ensured that staff supporting this resident were clearly guided in their daily practice. The residents plan clearly showed how they liked to be supported and it also showed their likes and dislikes when they were being supported each day.

The systems for the protection of residents in this centre were satisfactory in all areas for the centre. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff in their practice, and the support of a designated safeguarding officer for the organisation in the region.

There were measures in place for the protection of residents' from abuse, which were satisfactory at the time of the inspection. The provider had appropriate policies



and procedures in place, intimate care plans to guide staff in their practice and all staff were trained appropriately in safeguarding, on review of training records.

A review of the risk assessments and risk register found that these had also been reviewed, updated and provided staff with guidance on assessed risks for a resident, and in the centre. All staff had signed these documents to show that they had read and understood the risks identified. The risk assessments and risk register was monitored by the management team and was an active discussion item at regular staff meetings.

The inspector found that the residents' rights were paramount in this centre and actively promoted at all times. Staff advocated for the resident and spoke about future plans, potential activities and life skills the resident showed a preference for. The management team also ensured that this resident had access to all relevant allied health supports to enhance their care in the centre.

Overall the inspector found that the provider had ensured that residents' were in receipt of a safe, effective and quality service in the centre. Care was delivered in a person-centred manner and that the quality of residents' lives was actively promoted in this centre.

### Regulation 17: Premises

The provider had ensured that the design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review and there was also evidence that residents were supported in positive risk-taking practices, which included going to local shops, attending the gym and swimming activities.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including fire detection and

emergency lighting and regular fire safety checks. Fire drills had commenced and were regularly occurring with all staff and residents and the records demonstrated that staff could effectively support residents to safely evacuate in a timely manner. A personal evacuation plan (PEEP) was in place for each resident, which clearly outlined the support each resident would require in the event of an evacuation.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Suitable storage arrangements were in place in the centre and all staff had received training in medication administration.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had a complete and comprehensive individual assessment and personal plan in place, which guided staff on resident's support needs, and related social and developmental goals, but also ensured a consistency of approach.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and supported in the centre and the provider ensured that residents had good access to a range of healthcare supports.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that the provider had suitable arrangements in place which ensured that residents were supported in the management of behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

The provider arrangements in place to safeguard the residents' from abuse which included clear reporting protocols and staff had access to regular training to ensure their knowledge was in-line with current practice developments. On review of training records all staff were trained in-line with current practice.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found residents rights were promoted and supported in the centre,

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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