



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	21 January 2025
Centre ID:	OSV-0004849
Fieldwork ID:	MON-0036910

## 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 nine 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 located in a rural town, and in close proximity to local amenities. It is made up of one house, four self-contained apartments and a separate two bedroom apartment. . All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes a person in charge, team leader and care assistants. 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:	9
--	---

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 21 January 2025	10:00hrs to 17:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of this centre. As part of the inspection process, the inspector met with five of the nine residents and reviewed three personal plans. In addition, the inspector reviewed incidents which were recorded over the previous year and risk assessments which were implemented in response to safety concerns. The inspector also reviewed fire precautions and visited each apartment which made up the designated centre. In addition, the staffing arrangements were also reviewed and the inspector met with four staff, including the person in charge, team leader and two care support workers.

The centre comprised of two sets of apartments which were located in a town in Co.Galway, and were within a short walk of each other. Both sets of apartments were also within walking distance of the local town where amenities such as shops, restaurants, banks and a post office were located. One location supported two residents to live together in an apartment block. In this apartment, both residents had their own bedroom, one of which was en-suite, and there was a large open plan kitchen/dining and living area which both residents used. The inspector met with one resident who lived here and they spoke openly about their life and how they were supported. The spoke highly of the service they received and the staff who supported them. They explained that they had moved from home to this apartment in the last year and they had nothing but positive things to say. They loved their apartment and they could stay there by themselves for up to two hours, if they wished. They explained that they liked to relax by doing word searches and they also enjoyed shopping for their own groceries and going to plays or for a meal out. They got on well with their flatmate and in general they were very happy.

The other location supported seven residents in single-storey apartments which were located on their own site. Three residents had their own individualised apartment and the four remaining residents shared two apartments, with two living in each. The double apartments were very spacious and each resident had their own bedroom and shared bathroom facilities, there was also a separate reception room and a moderate sized kitchen/dining area. These apartments were warm, comfortably furnished and individually decorated with pictures of individual resident's family and friends. The three individual apartments were cosy in nature, and again, residents had decorated them to their own preferences. One apartment was much larger than the other two, but all three apartments met the needs of individualised living.

The inspector met with four residents from the larger apartment complex and spent a period of time with three of the residents. One resident chatted briefly before they headed off independently to their local day service. Of the three residents met with the inspector for a period of time, one resident used sign language and had individualised communication needs, while the other two residents chatted freely with the inspector. The resident with the individualised communication needs was

relaxed and content in their apartment and they indicated to staff that they were happy to show the inspector around their home. They referred to staff for assistance and they they conversed freely with them through the use of sign. They reassured the resident that they would be going swimming shortly and that they would have lunch afterwards. The resident's apartment also displayed their activity schedule and staff support in a picture format. The centre's team leader stated that the resident would refer to these pictures throughout the day for reassurance. The inspector had attended this centre a number of years prior to this inspection and noted a significant and positive change in this resident's life. Previously, there were a number of restrictive practices in place and an extensive behavioural support plan was implemented to assist them with day-to-day living. In addition, two staff were required to ensure that their safety was promoted at all times. On the day of inspection, all restrictive practices had been removed and the staffing allocation had reduced to one person. In addition, the resident had recently gone on a hotel break, enjoyed a boat trip with their peers and had visited their family, which required a long car journey. In the past, these activities would not have been possible, but for their current supports and input from the staff team and allied health professionals which had a profound and positive impact on their life.

The inspector met with two remaining residents, one who lived on their own and one who shared their apartment. Both residents were in very pleasant form and they chatted casually about their lives and what it was like to live in the centre. They spoke highly of the staff who supported them and they stated that they had a good quality of life. One resident had been to a disco the night before in Galway city, which they very much enjoyed, and both residents were planning to attend a country music night in a nearby town in the coming weeks. The resident who shared their apartment said that they got on very well with their flatmate and they had lived with them for a number of years. The resident who lived on their own stated that they had good contact with their family and they enjoyed going home to their brother and his family for Christmas. As part of the inspection process, residents had completed questionnaires which had been issued in the weeks beforehand. Eight questionnaires were completed by residents with each stating a high level of satisfaction with their home, staff and the service which they received.

The inspector found that residents received a good quality of care and support. Their independence was also promoted and they were well supported by a familiar staff team. Some adjustments were required with regards to behavioural support, fire safety and medication management and these topics will be discussed in the subsequent sections of this report. However, overall the inspector found that this centre was well run and promoted the welfare and wellbeing of residents.

## Capacity and capability

This inspection was facilitated by the centre's person in charge and team leader. The person in charge attended in the morning and the afternoon and the team

leader was present throughout the inspection. The inspector found that there were good oversight arrangements in place and the resources which were made available to the centre ensured that residents lead a busy and fulfilling life. Although some adjustments were required in relation to behavioural support, fire safety and the documentation supporting residents to self medicate, overall the inspector found that care and support was held to a good standard.

The inspector met with two full-time staff members who were on duty. One of the staff was supporting a resident who had higher needs than the majority of residents who availed of this service. The inspector observed that the resident was at ease in their company and they enjoyed interacting with them through the use of sign language. The inspector noted the ease at which the staff interpreted both sign language, and body language which the resident used to convey the thoughts and it was clear they had an indepth knowledge and experience of supporting this resident. As mentioned earlier, they had planned to go swimming and have some lunch, which a number of years prior would have proved difficult to achieve.

The second staff member discussed the general care of residents and it was clear that they had a good understanding of their social, personal and behavioural support needs. They explained that a mandatory and refresher training programme was readily available to them and the centre's team leader managed their training needs. They also indicated that they felt supported in their role and that regular team meetings and supervision sessions meant that they could openly discuss the delivery of care with management of the centre.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. Resources which were implemented were in line with residents' collective needs and reflected the level of independence within the centre. The governance structure also ensured that there was a leadership and management presence throughout the week. Staff also indicated the local out-of-hours management cover was working well for the centre.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard.

## Regulation 15: Staffing

The provider ensured that the residents were supported by a familiar and consistent staff team. Staff members who met with the inspector had a good understanding of residents' needs and kind and considerate interactions were observed throughout the inspection.

The person in charge maintained an accurate rota which outlined the allocated staffing across the two areas of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis, These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had completed all required reviews and audits of care as required by the regulations. The findings indicated that a good quality service was offered to residents in a safe and suitable environment. Management of the centre also had a range on internal audits in place for the day-to-day monitoring of care which assisted in ensuring that care was held to a good standard at all times.

The provider had appointed a person in charge who held responsibility for the overall provision of care in the centre. They attended the centre on a regular basis and had an overall good understanding of the residents' needs and services which were implemented to meet those needs. They were supported in their role by a team leader who managed the day-to-day operations including staffing, safety issues and meeting the personal and social care needs of residents. They were found to have a good rapport with both residents and staff and they attended the centre throughout the working week.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of information indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant



## Quality and safety

The inspector found that the quality and safety of care was held to a good standard in this centre. Residents' rights and independence was actively promoted and supported by the actions of the staff team and the provider. Some adjustments were required in relation to behavioural support, medications and some aspects of fire safety, but overall this was a pleasant place in which to live.

Residents had comprehensive personal plans in place which gave a clear account of their social, personal and healthcare requirements. These plans were reviewed throughout the year to reflect any changes and also formally on an annual basis with the involvement of the resident. Residents were also well supported through an individualised goal setting process, with residents assisted to achieve their goals by an assigned key worker. As mentioned earlier in the report, one resident had made great personal progress and this had helped them to achieve their personal goals of going on a hotel break and also a day cruise with their peers.

There had been significant progress in relation to behavioural support, with a marked reduction in behaviours of concern for one resident and also an associated reduction in their behavioural support requirements. As a result, their level of social activity had increased and they were now enjoying daily activities such as going for meals out, shopping and swimming. In tandem with these improvements, the staff team reduced and eventually eliminated all restrictive practices which further promoted their rights. Although there had been a marked change in the requirement for behavioural support, some improvements were required to supporting behavioural support plans to reflect the changes in prescribed staffing and also how staff respond to some behaviours which could cause concern.

Fire safety was taken seriously by the provider with equipment such as a fire alarm, emergency lighting and fire extinguishers installed and serviced as recommended. Staff members had also undertaken fire safety training and they participated in scheduled fire drills which demonstrated that residents, with the assistance of staff, could evacuate all locations within the designated centre promptly. However, some staff indicated that they were unsure if one resident, who can remain in the centre independently, would evacuate without the presence of staff. Improvements were also required as some fire doors were not functioning properly and the provider did not demonstrate that a resident's bedroom fire door would close in the event of an emergency. In addition, the inspector noted a damaged immersion water heater in one resident's apartment. The centre's team leader contacted a competent person and this issue was made safe prior to the conclusion of the inspection.

Overall, this centre was a pleasant place in which to live and residents actively reported their satisfaction with the service.

## Regulation 12: Personal possessions

Residents had their own bedrooms which had suitable storage for their personal possessions. Some residents were independent with regard to their personal finances and others were supported by the staff team.

The centre's team leader stated that the staff team were in the process of supporting residents with holding possession of, and using their own bank cards and cash. A revised system was required to safeguard and support them with spending and maintaining their finances and this was under review at the time of inspection.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents had good access to their local community and all residents were out and about on the day of inspection. All residents, except one who had an integrated service, attended day services throughout the working week.

Residents who met with the inspector stated that they enjoyed various activities both during the day and in the evening time, and they were quiet happy with they level of community involvement.

The provider had also commenced a "My Way" programme for residents whereby they decided on a range of activities which were facilitated by the provider. A resident explained to the inspector that they loved this programme. On the day of inspection two residents were heading out for the day, but they had yet to decide on where to go, but the initial thoughts were maybe a shopping trip to Galway or Limerick.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was good oversight of safety in the centre with all known safety concerns risk rated and regularly updated. Risks included issues in relation to behaviours of concern, falls, fire safety and supporting residents with their independence.

The provider had a incident reporting system in place which was monitored by the centre's person in charge and team leader, and they both conducted regular audits to monitor for trends in regards to incidents. A review of this system indicated that

all recorded incidents and accidents were responded to in a prompt manner and that additional actions were implemented if required.

Judgment: Compliant

### Regulation 28: Fire precautions

Although the provider had taken fire safety seriously, some additional improvements were required. The provider had fire alarm systems, emergency lighting and fire extinguishers installed. This equipment had a completed service schedule in place and staff were also completing daily, weekly and monthly fire safety checks to monitor for potential faults or fire safety issues.

However, some fire doors were not functioning properly and the provider did not demonstrate that a bedroom fire door would close in the event of an emergency.

Fire drills were completed which indicated that residents would evacuate the centre with the support of and/or presence of staff in the event of an emergency. However, some staff indicated that they were unsure if one resident, who can remain in the centre independently, would evacuate without the presence of staff.

In addition, damage was noted to a ceiling in a residents' apartment which could compromise fire containment.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There was good oversight of medication practices and there were no trends of concern in relation to medication errors. Medications were stored securely and a review of a sample of prescription sheets and associated administration records indicated that medications were administered as prescribed.

Two residents were self administering their own medications which was a positive example of promoting their independence. These residents had been assessed to manage their own medications and these assessments were recently reviewed. Some adjustments were required in regards to these assessments as they did not outline if both residents could manage short term or as required medications, if prescribed. In addition, the required risk assessment to support this area of care had not been completed to ensure that all required control measures were in place.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were person centred, promoted their independence and also accounted for their health, social and personal care needs. These plans were reviewed on at least an annual basis with the residents and also throughout the year with involvement of allied health professionals, if required.

The provider also had a system to support residents in identifying and achieving personal goals. Each resident had an assigned keyworker who supported them with this process, which included organising an individual planning meeting with the resident, family members and relevant staff members. An action plan was utilised to ensure that progress in achieving their goals was monitored and the inspector found that residents were well supported in this area of care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Two residents required support with behaviours of concern and there was guidance in place for the delivery of their care. The inspector reviewed these documents and found that it reflected staff knowledge and gave a good account of how best to support their day-to-day needs. Although this guidance had been reviewed in the previous 12 months, further clarity was required in regards to revised staffing arrangements for one resident and further detail was required for the other resident in regards to how staff were actually responding to verbal aggression. A resident also had a history of calling the emergency services and their behavioural support plan required updating to reflect how staff should manage these situations.

Although some adjustments were required to supporting documentation, overall the inspector found that this area of care was well managed. There had been a profound improvement in a resident's quality of life who previously required two-to-one staffing, and several restrictive practices to maintain their safety and the safety of others. All restrictive practices had been removed and the resident was enjoying meaningful community access with the allocation of one staff member.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Residents who met with the inspector stated that they liked their home and that they got on very well with the staff who supported them. They had good access their local community and they could exercise their right to vote if they so wished.

Resident's independence was also promoted with some residents accessing their local community by themselves and also remaining in their own apartments independently, if they so wished.

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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Gort Supported Living Services OSV-0004849

Inspection ID: MON-0036910

Date of inspection: 21/01/2025

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>On 29/01/2025 Fire doors checked by maintenance and adjusted accordingly.</p> <p>On 12/02/2025 at 18.55 Fire Drill completed with no staff present. All residents who were in their apartments at the time evacuated on hearing the fire alarm siren and went to the assembly point. When the residents were asked what they would do next, their response was "call the fire brigade."</p> <p>Arrangements has been made to repair the damage noted to the ceiling in a residents' apartment that could have compromised fire containment.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>05/02/2025. Self-administration of medication assessment update and medication risk assessment completed which includes the management of short term and or as required medications.</p>	



Regulation 7: Positive behavioural support	Substantially Compliant
<p data-bbox="172 241 1294 315">Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p data-bbox="172 360 1401 584">Positive behavioural support plan for both residents was reviewed by the behavioural support specialist, psychologist, PIC and team leader on 29/01/2025 and updated on 12/02/2005. The plan is now condensed into a one page document providing proactive and reactive strategies, protocols and guidelines for staff and clarity on staffing arrangements for one residents and responding to verbal aggression and calling emergency services for the other resident.</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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/01/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/01/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	12/02/2025
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and	Substantially Compliant	Yellow	05/02/2025

	assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	12/02/2025