



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:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0004849
Fieldwork ID:	MON-0036917

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:	7
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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
Thursday 26 January 2023	10:00hrs to 18:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried to monitor compliance with the regulations. Overall the inspector found that the residents living in this centre had a good quality of life, their lived experience was good and they enjoyed meaningful activities daily.

On arrival at the centre the inspector was met by two staff members and the person in charge arrived shortly after. Some of the seven residents had gone out to either day service, supported employment or healthcare appointments. Initially the inspector met three residents and conversed with them. One resident used sign language and the staff interpreted for the inspector. The resident communicated that they like their apartment and felt safe there. They were happy with the staff who supported them and spoke positively about them.

The inspector was invited into one residents apartment for a chat. The resident was cleaning their apartment at the time and it was very clean and tidy. The resident was immensely proud of being able to keep their home clean even though they used a walking aid to mobilise and it was more difficult as their mobility declined. The resident was anxious that the inspector was visiting to inform them that they could no longer reside in the centre due to their increasing needs. The inspector alleviated their concerns in this regard. The resident was further reassured by the person in charge later in the day.

In the afternoon the inspector met four more residents as they returned from their various activities. Two residents indicated that they attended day service three days per week and that they enjoyed attending same. The inspector was invited into their apartments and they showed the inspector some of the independent living skills they had learned. One resident was cooking dinner and another resident was setting the table and then put away some laundry. The apartments were very individualised and person centred. Some residents had musical instruments and paintings they liked hanging in their apartments. There were photographs of family and friends around the apartments and one resident told the inspector that they recently had done up her bedroom in their favourite colours of primrose and pink and they loved it. The apartments were very comfortable and warm and the residents had all the facilities they required. They loved having a coffee machine so they could offer family or visitors a cup of coffee if they visited. One resident held a garden party last summer and had been out for afternoon tea with friends. However from discussions with the residents and a review of the activity planner it was clear that they would benefit from increased staffing numbers to facilitate more activities.

Another resident said they enjoyed staff company and having a joke with them and this was evident in their interactions with staff on the day of inspection. The resident did inform the inspector that they felt they could not get out to activities as much as they would like as they felt there was not enough staff and the staff were so busy they did not want to ask for assistance. This resident mobilised with a wheelchair

and required support to go on outings. The inspector was informed by both the person in charge and the resident that they had sourced a personal assistant for the resident one day per week and this gave the resident the opportunity to get out and about.

The staff were noted on the day of inspection to have a very respectful and person-centred approach to supporting the residents. There was a happy atmosphere in the apartments, they were individualised to each resident and the residents had great independence and a good quality of life residing in the 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

There were governance and management systems in place in the centre to ensure the residents were well cared for, received support in line with their assessed needs and led meaningful lives.

The provider had appointed a person in charge who had the relevant experience and qualifications for the position. The person in charge was full time in the role and had the necessary skills for the effective management of the centre.

The provider had ensured that the number, qualifications and skill mix of staff was sufficient on the day of inspection, however in the 8 weeks prior to the inspection the centre was short staffed according to the planned rota. The rota was hard to decipher as the printed copy had been amended numerous times. The person in charge informed the inspector that staff have been recruited to address this deficit.

The staff team had access to appropriate training, including refresher training as required. Training was discussed with the staff on duty and the person in charge on the day of inspection and the staff members felt they had access to appropriate training in line with the assessed needs of the residents.

There were clearly defined management structures and reporting pathways in place in the centre. The provider had completed the required audits to review the care and support provided in the centre. They had prepared a written report on the safety and quality of care and support provided and put a plan in place to address any concerns that arose as part of the audit review process. Some of the actions had been completed but some were still outstanding particularly the review of the residents personal files and review and update of plans of care.

Incidents were reviewed on this inspection and all medical related incidents that occurred were followed up with the appropriate medical professional such as falls and all restrictive practice were notified on the quarterly notifications.

There was an accessible complaints procedure available to the residents and also support from staff if they wished to make a complaint. Two residents informed the inspector who they would contact if they had a complaint and both said the person in charge and named a senior staff member. There were no open complaints at the time of inspection.

Policies were reviewed as part of this inspection and the provider had prepared in writing a range of policies and procedures on the matters set out in Schedule 5 which were reviewed and amended as necessary.

Regulation 14: Persons in charge

The person in charge had been managing the service for a number years, was full time in the role and had the qualifications necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were adequate staff numbers on duty. The inspector reviewed the actual and planned rota and found that in previous weeks there were several occasions where the centre had been short staffed and on several occasions permanent staff members worked a double shift or came in on scheduled days off to make up for the shortage. The inspector discussed this with the person in charge who informed them that a new team leader and a support staff had been recruited and were due to start in the coming days so the staffing issues were actively being addressed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training record and found that all staff had received mandatory training including safeguarding of vulnerable adults, fire precautions and infection prevention and control training. The staff also received some specialist

training in line with residents needs such as Internet safety awareness.

Judgment: Compliant

Regulation 23: Governance and management

The provider completed an annual review of the care and support provided to the residents and two unannounced audits in May and December 2022. Recruitment of additional staffing was a priority action for this service to support the daily living and community engagement needs of the residents in centre. Families were consulted on an ongoing basis throughout the year, a satisfaction questionnaire was also sent out to family members to seek their opinions of the service provided. Positive responses were received from three families, one said the residents received "excellent care". While other family members did not complete the satisfaction questionnaire, no complaints have been received from these families nor have they indicated dissatisfaction with the service. Areas highlighted for improvement as part of the annual review were to review the changing needs and placements of the residents and to review all residents files and update as necessary. The review of residents files and amendment was still outstanding on the day of inspection. Staff received supervision by the person in charge 3 times yearly and notes were kept on file of these. The staff had regular team meetings where they each gave a overview of the resident they were the key support staff for. Records were kept of these meetings.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was very aware of their responsibilities in terms of notifying the chief inspector of adverse events that occur within the centre. Incidents were reviewed on the day of inspection and it was noted that all incidents had been notified in line with the regulations. There were some restrictive practice in the centre such as the electric gates and access to the cooker, these were noted to have been notified to the inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible and comprehensive complaints policy in place. There were

no active complaints currently. The complaints process was discussed with residents at house meetings. The last complaint was received in August 2021 and was resolved in line with policy and to the satisfaction of the resident.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed a sample of policies however there was a full suite of policies available to the staff team and residents. The policies reviewed included the restrictive procedures, behaviour support, safeguarding and risk management policies. The safeguarding policy was out of date since January 2023 but there was an email accompanying the policy stating that it was being reviewed nationally and would be in place in the coming weeks. The other policies reviewed were all in date and had been reviewed within the three year time frame set by the provider.

Judgment: Compliant

Quality and safety

The inspector found that the residents enjoyed a good quality of life in the centre and had meaningful activities in their day. The centre maintained the residents safety and welfare and supported them to engage in local community life.

The residents communication needs were supported in this centre. Most of the residents had the ability to converse verbally but in the case of residents who had hearing impairment, the staff were facilitated to develop a communication system with these residents that supported them with their day and making choices.

The centre provided each resident with appropriate care and support in line with the nature of their disability and assessed needs and their wishes. The residents had access to facilities for recreation and had the opportunity to engage in employment if they so wished.

The main bungalow and apartments were well maintained, warm and cosy. The residents had all the facilities they required and had personalised the apartments with their personal belongings. The apartments were all very individualised in line with the residents preferences.

There was a risk management system in place and the risk control measures were proportional to the risks identified. However the provider had failed to ensure there

was a system in place for the ongoing review of risk.

It was evident on the day of inspection that good infection prevention and control was maintained in this centre. There were cleaning schedules and systems around mop usage and cleaning in place. There was good education for residents and staff around infection, prevention and control and visible posters regarding hand hygiene and cough etiquette around the centre. There was hand sanitiser available in apartments and staff were noted to wear masks.

There was good assessment of need completed for each resident with the maximum amount of participation from them which highlighted their health, personal and social care needs. However, some plans of care needed to be updated in line with the requirements of the regulations. There was a lot of archive material in the residents' personal files, some inaccurate information in the personal files about where and what days residents went to day service or if they still went at all. These all required review and amendment, but the person in charge was committed to addressing this.

The staff team maintained a good health care system in the centre to support the residents to access appropriate health care as necessary. They facilitated regular mental health reviews and general practitioner appointments. They kept accurate medical review notes and followed up on referrals as required.

The staff team had received training in the management of behaviour that challenges and made every effort to prevent incidents occurring and to use the least restrictive practice possible. They were very person-centred in their approach and used communication strategies and redirection to alleviate anxieties that may lead to behaviours that challenge, as per the behaviour support plan. There was also a policy on management of behaviour that challenges which had been reviewed.

The provider ensured that the residents were protected from all forms of abuse and all staff had training in safeguarding of vulnerable adults. There were no safeguarding plans in place, but there were risk assessments and guidelines in place for some residents regarding safety in the community.

The residents' rights were upheld in this centre and residents participated in and consented to decisions about their care and support. They had the freedom to exercise control in their daily lives.

Regulation 10: Communication

All residents' communication needs were met in this centre. There was specialist communication support available to residents who had hearing impairment, such as sign language and hearing aid headphones. The residents had visual supports available to aid their understanding of activities and meals and to alleviate any anxiety residents may have around the unknown. Residents had access to electronic tablets, television and phones to communicate with family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

The residents general welfare and development was well supported. The residents had opportunities to access employment, some residents were already engaged in employment and some residents went to day service run by the provider. The residents had the opportunity to engage in activities of choice and were out and about daily. The residents frequented local restaurants, shops, cafes and supermarkets. On the morning of the inspection the inspector met one resident on the way to work and they engaged with the person in charge with discussions around planning their summer holiday and where they might go. There were photos in the residents personal file showing residents on a night away in a hotel and at a country music concert.

Judgment: Compliant

Regulation 17: Premises

While the premises were of sound construction both internally and externally, one resident who was a wheelchair user had difficulty accessing the laundry facilities. The resident had to go around the group of apartments to get to the laundry room and it took considerable amount of time and the access route was not covered so it was difficult to navigate in bad weather while carrying a basket of laundry. This was discussed on the day of inspection and the person in charge was committed to addressing this issue.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a risk management system in place however risk assessments needed to be reviewed and updated as a number of them were out of date. Risks had been identified such as the risk of falls however the risk assessment had not been reviewed and updated since the resident had a fall. Therefore the risk assessment and subsequent supports did not take account of any deterioration or increase in need since the residents fall.

Judgment: Not compliant

Regulation 27: Protection against infection

There was signage in place in the centre to remind staff and residents of infection prevention and control. This was also discussed at team meeting and residents meetings. Regular information from the infection prevention and control committee, Public Health and HSE was made available to all staff. The provider had preparedness plan/quality improvement plan and outbreak management plan specific to the designated centre. The team leader was the lead worker representative in the centre and completed site reviews on a quarterly basis.

Easy read documents were in place for hand hygiene, social distancing and wearing of face coverings. There was ongoing education to ensure residents are taking the necessary precautions to minimise the spread of the infection. An individual checklist for isolation had been completed for each resident. Individual cleaning schedules were in place in each apartment. A deep clean is carried out weekly by staff and by a nominated professional cleaning company in the event of an infection outbreak. The centre had good systems in place for maintaining good infection prevention and control and this was evident on the day of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had fire drills three times per year, the most recent one was in December 2022 and there were no issues with safe evacuation of residents. All personal egress were up to date and highlighted areas such as one residents hearing difficulty. The emergency lighting and alarm panel had been serviced in December 2022 and the the fire extinguishers had been serviced in June 2022. There were fire doors throughout the centre and all were closing correctly. There was a fire policy in place and the staff were trained in fire precautions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A personal plan had been developed for each resident however some of the care plans and about me documentation had not been reviewed in their required time frame. The person in charge was aware of this and had a plan to support the staff team to review and update the personal plans as required. The plans did reflect the needs of the residents and outlined the supports required to maximise the resident's personal development. For example there were supports plans in place regarding

residents needs in the area of mobility, independent living skills, communication and good health.

Judgment: Compliant

Regulation 6: Health care

There was evidence of good healthcare support in the centre and there was evidence of input from psychiatry, psychology, occupational therapy and physiotherapy. There was also recommendations from this input such as an exercise programme from the physiotherapist and a medication review and amendment to one residents medication was evident. One resident had been having issues with unexplained weight loss and stomach pain. The staff arranged for the resident to have a review with their general practitioner and sought a referral for further examination; amendments were made to their diet and medication as a result of the review. There was evidence of regular reviews held with multidisciplinary team, psychiatry and the clinical Nurse Specialist.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was positive behaviour support plan available for one resident who exhibited behaviours that challenge. The resident required support to regulate and had difficulty with waiting periods and the unknown. There was adequate guidance for staff as to how to support this resident. The staff had a very good knowledge of this resident and had developed the skills through both the behaviour support plan and formal training in the management of behaviour.

Judgment: Compliant

Regulation 8: Protection

The centre adhered to the national safeguarding policy and the centre policy on safeguarding of vulnerable persons. There were no safeguarding plans in place currently and each resident was assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. This was mainly done through meetings with the residents key staff member where they spoke about keeping yourself safe in the community and online and who to speak to

if you feel unsafe.

Judgment: Compliant

Regulation 9: Residents' rights

Weekly residents meetings were held in the centre where the residents could learn about rights, advocacy and self care and protection. The residents were very independent and they made personal choices daily regarding what meal to cook and where to go and who to meet. These choices were respected by staff and no decisions were made without consultation with the residents.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for Gort Supported Living Services OSV-0004849

Inspection ID: MON-0036917

Date of inspection: 26/01/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The vacant posts are filled and the staff shortages have been addressed. The Team Leader and Support Worker commenced in post on 30/01/2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The documentation review process and review of resident's files has commenced with the PIC and Team Leader. Residents changing needs and placement review meetings were held on 01/02/2023 and 08/03/2023 and follow up reviews scheduled for 29/03/2023,14/04/2023 and 19/04/2023	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The door to the laundry from the resident's kitchen is being replaced to facilitate the resident's easy access to the laundry. This door was ordered on 01/02/2023 with a	

delivery date of 4-6 week. Therefore the anticipated date for delivery and installation is 20/03/2023

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Post falls risk assessment for the resident who recently had a fall was completed and had been updated and reviewed but was unable to be located on the day of the inspection. The risk assessment has since been located and is now in the residents file.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/01/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	20/03/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	30/04/2023

	<p>carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 26(2)	<p>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.</p>	Not Compliant	Orange	30/01/2023