



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

Name of designated centre:	Gort Supported Living Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	26 November 2018
Centre ID:	OSV-0004849
Fieldwork ID:	MON-0021915

## 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
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## How we inspect

To prepare for this inspection the inspector or 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
26 November 2018	10:30hrs to 17:15hrs	Jackie Warren	Lead

## Views of people who use the service

The inspector met with five of the six residents who lived in this centre. These residents talked about what it was like to live there and about the care and support that they received from staff.

Residents spoke highly of the service and care they received. Residents commented that the staff looked after them well, that they felt well cared for, and that they could do things that they wanted to do. They also explained that staff always supported them to live as independently as possible both in their homes and in the community. They talked about the variety of opportunities available to them, including day services, going to entertainment events and parties, participation in community activities, taking holidays and having employment.

Residents spoke of trusting the staff, and they knew who was in charge and who to tell in the event of any concern or worry. The inspector observed that residents were comfortable in the presence of staff, and residents confirmed this to be the case.

## Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the provider and management team had addressed issues that had been identified in the previous inspection report.

The provider ensured that the service was subject to ongoing monitoring, review and development, to provide a high standard of care, support and safety to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out, and staff carried out additional audits of practice in the centre. Records showed that audit findings had been addressed in a timely manner.

The person in charge was not based in the centre, but was present there frequently, was well known to residents, and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had ensured that staff were competent to deliver the service. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, safeguarding and behaviour management. Staff also had access to a range of operational policies to guide them. Although there was some improvement required to staff training, this had already been identified by the management team and there was a plan due to commence on 1st January 2019 which would strengthen the training process and ensure that all required training would be completed in a timely manner. Staff who met with the inspector during the

inspection were knowledgeable of residents' care, support and communications needs and the supports required to ensure that these needs were met.

The provider had ensured that the centre was suitably insured and that there was an effective complaints process in place. There was also a statement of purpose that was generally in line with the requirements of the regulations.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted to the chief inspector the prescribed documentation for the renewal of the designated centre's registration. However, some of the information submitted was unsuitable and required review.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding - in addition to other training relevant to their roles such as safe administration of medication, sign language, personal outcomes and independent living skills. However, a small number of staff had not received up-to-date manual handling training in line with legal requirements and with the centre's policy, although this training was scheduled to take place for these staff in January 2019.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems, such as audits, staff supervision and management meetings, in place to ensure that

the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The person in charge confirmed that there were written agreements in place for all residents. A sample of agreements viewed included the required information about the service to be provided, such as the fees to be charged and what was included in the fees. However, one of the agreements had not been retained within the organisation, and was therefore not available to view.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was an informative statement of purpose that described the service being provided to residents and generally met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge. However, there was some minor adjustment required to the statement of purpose as some of the requirements of the regulations were not clearly stated.

Judgment: Substantially compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of absence of the person in charge, and suitable notification had been made as required.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that will be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable deputising

arrangements had been implemented.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider had ensured that there was an effective and accessible complaints procedure for residents, that included an appeals process.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The policies required by Schedule 5 of the Regulations were available to guide staff. Most of the policies were up to date; however, some policies had not been reviewed at intervals not exceeding three years.
Judgment: Substantially compliant
<b>Regulation 14: Persons in charge</b>
The role of person in charge was full time and the person who filled this role had the required qualifications and experience. There were suitable deputising arrangements in place to cover the absence of the person in charge. These were in place during the inspection and were found to be effective. The person deputising for the person in charge met the requirements of the regulations and was knowledgeable regarding the needs of residents.
Judgment: Compliant
<b>Quality and safety</b>
There was a good level of compliance with regulations relating to the quality of resident care.
The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices. Residents' quality of



life was prioritised by the systems in the centre - and their choices were supported. The inspector could see that residents were out and about in the community and were very involved in a wide range of local activities, such as community involvement, employment, training courses and classes, visiting and socialising with family and friends, and attending entertainment events. Residents told the inspector about these activities, and confirmed that they enjoyed them.

The centre suited the needs of residents. The dwellings were centrally located and residents had very good access to local amenities and public transport. All residents had their own bedrooms, and could lock their doors if they chose to. The rooms were decorated to residents' liking. The centre was clean, comfortable, well decorated and suitably furnished.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that progress in achieving person goals was being well recorded and that the goals were being achieved as planned.

The provider had ensured that residents' communication needs were assessed and that the required supports were provided. The management team had also ensured that a range of information relevant to residents, including a residents' guide, was made available to residents in a accessible format that they could understand.

### Regulation 10: Communication

Arrangements were in place to support residents to communicate in accordance with each person's needs and wishes. These arrangements included assessments, staff training, individualised techniques, and communication plans.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in the centre in accordance with their own wishes. Residents were also supported to visit their families, and to meet with family and friends outside the centre.

Judgment: Compliant

## Regulation 13: General welfare and development

Suitable support was provided to residents to ensure that they could achieve their individual choices and interests, as well as their assessed needs as described in their personal plans. Residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. Residents were taking part in employment, community projects, training courses and social events.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of centre met the individual and collective needs of residents who lived there. The house and apartments were comfortably furnished and decorated, clean, suitably equipped, and well-maintained. Since the last inspection work had been carried out to improve the natural ventilation in a part of the centre.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-to-read format.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings were being held at which residents' personal, social and healthcare goals for the coming year were agreed. These were made available to residents in a user-friendly format. Residents' personal goal records included time frames for achievement, progress updates and identified support.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had measures in place for the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges, there was a policy to guide staff and behaviour support plans had been developed when required.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Gort Supported Living Services OSV-0004849

Inspection ID: MON-0021915

Date of inspection: 26/11/2018

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The application documentation for the renewal of the Designated Centre currently being reviewed by the provider to ensure compliance with registration regulation 5 prior to submission</p> <p>Going forward to avoid error the person in charge will ensure that the information provided to the central person who completes the application is accurate to ensure compliance with the regulations</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff members who's records identified that they had not received up to date manual handling training on day of inspection are scheduled to attend manual handling training on 24th January 2019 in compliance with regulation 16.</p> <p>In 2019 the Team Leader will have access to the training database for the Designated Centre and will be responsible for ensuring that all staff including locum staff receive appropriate training and that all staff records are up to date.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Service Agreement for one resident that was unavailable on day of inspection is currently available in the Designated Centre in compliance with regulation 24.</p> <p>In future a copy of the signed Service Agreement for all residents will remain in the Designated Centre and will be available for inspection.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The current Statement Of Purpose revised and completed in compliance with Regulation3          Going forward the Person in Charge will endeavor to complete the Statement of Purpose in compliance with the regulations.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The two policies that was out of date on day of inspection are currently being reviewed and updated by the provider in compliance with regulation 4.</p> <p>Going forward the provider will be notified by the Person in Charge of policies that require review and update.</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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	31/01/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	24/01/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	04/12/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/01/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Substantially Compliant	Yellow	28/02/2019



	paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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