



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

Issued by the Chief Inspector

Name of designated centre:	Gweedore Service
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	14 July 2020
Centre ID:	OSV-0005331
Fieldwork ID:	MON-0029817

About the designated centre

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

Gweedore Service is a service run by the Health Service Executive and provides a residential service for up to 13 male and female adults with an intellectual disability. The centre comprises of three houses located within close proximity of each other on the outskirts of a town in Co.Sligo. Each resident has their own bedroom and access to both communal, kitchen and dining areas. There is transport available for residents to access their local community and public transport links such as bus stops and taxis are readily available. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

How we inspect

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 - 2015 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 14 July 2020	11:00hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with three residents who live at this centre. One resident was being supported by staff in her bedroom and she showed the inspector a number of items she had knitted. She also told the inspector about her recent birthday celebrations and of how she was looking forward to getting out with staff later that day for some ice-cream.

The inspector chatted with two other residents while they were having their mid-morning cup of tea. One resident spoke of how she was being supported by staff with her mobility while awaiting surgery. She also told the inspector that she had a keen interest in music and loved to get out and about in the local area. The other resident told the inspector that she was a resident of the service for many years and that she was very happy there.

Over the course of the inspection, the inspector witnessed many friendly and respectful interactions between staff and residents. Residents appeared very familiar in the company of the staff who were on duty and were observed to freely access all areas of the centre, as they wished. Of the bedrooms visited by the inspector, these were very personalised and decorated in accordance with the interests and personal taste of the residents.

Capacity and capability

Overall, the inspector found that this centre was well-resourced and had many systems in place to ensure residents received a good quality and safe service. However, this inspection did identify improvements required to the effectiveness of the centre's monitoring systems.

The person in charge held the overall responsibility for the service and she was supported in her role by her line manager and staff team. She was based full time at the centre which allowed her to meet regularly with residents and staff and she knew the residents and their assessed needs very well. This was the only centre operated by the provider in which she was responsible for, which gave her the capacity to fulfill her role as person in charge of this service.

Regular meetings were occurring between the person in charge and staff to discuss any areas of concern regarding the safety and welfare of residents. The person in charge also frequently met with her line manager to discuss operational issues arising within the service. The provider had systems in place to monitor care practices within the centre and for the most part, the inspector found these did provide assurances that many areas of care were maintained to a very good

standard. However, some of these monitoring systems didn't always allow for specific areas of improvement to be identified. For example, although the last six monthly provider-led visit did review falls management, it failed to identify deficits in the risk assessment of falls. In addition, some of the areas routinely subject for review as part of this visit, didn't always address areas relevant to the current nature of the service. For example, even though this centre had no safeguarding concerns or restrictive practices in use, this visit routinely audited these areas. This process of monitoring did not support the provider to focus on relevant areas of the service to identify where improvements may be required, in order to drive specific improvements relating to the quality and safety of care for residents.

Staffing levels were subject to regular review, ensuring that sufficient number and skill-mix of staff were at all times on duty. Nursing support was also available to residents, as and when required. Well-maintained planned and actual rosters were in place which clearly identified the names, start and finish times worked by staff at the centre.

Regulation 14: Persons in charge

The person in charge was based full-time at the centre, which allowed her to regularly meet with staff and residents. She knew the residents very well and was familiar with the operational needs of the service. This was the only centre operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively manage the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured an adequate number and skill-mix of staff were at all times available at the centre to support residents. These staffing levels were subject to regular review by the person in charge. Planned and actual rosters identified the names, start and finish times worked by staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to meet residents' needs. Suitable persons were also appointed to ensure the service

delivered to residents was safe and of good quality. Although the provider had monitoring systems in place, some systems required review to ensure their overall effectiveness in identifying specific improvements required within this service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

The inspector found residents received an individualised service and were supported by staff that knew them very well. This allowed for considerate and meaningful staff and resident interactions in terms of social care and personal development.

Since the last inspection, the provider had made improvements to ensure appropriate risk assessments were now in place to support residents who wished to take responsibility for their own medicines. However, this inspection did identify a number of areas for improvement relating to prescribing and administration practices within the centre. For example, where residents required emergency medicine, conflicting information was identified on the supporting protocol and prescription record, which didn't clearly guide staff on the maximum dosage of emergency medicine that was to be administered, if required. Furthermore, a sample of prescription records reviewed by the inspector identified that the route of administration was not identified for some medicines. In addition to this, improvements were also required to the review of the use of as required medicines. For instance, the inspector observed the daily administration of as required pain relief medication which was occurring for one resident over a long period of time, which had yet to be reviewed. Furthermore, this practice of administration was not always supported by with a pain assessment, which is required by the centre's medication management policy. The lack of clarity in these records didn't support the provider's oversight and ability to demonstrate medications practices were occurring in accordance with the centre's medication management procedures.

The centre comprised of three two-storey houses which were located within close proximity to each other in a town in Co. Sligo. Residents had their own bedroom, bathrooms, kitchen and dining area, sitting room and garden spaces. As part of the inspection, the inspector met briefly with two residents in their own bedrooms,

which were comfortable, very nicely decorated and allowed residents to display items of interest to them. Upon the inspector's arrival, one resident was knitting and showed the inspector a number of items she had recently finished. She told the inspector about her recent birthday celebrations and that she was looking forward to going out for ice-cream with staff later that day. The inspector also had the opportunity to sit with two other residents, who spoke about different activities that they liked, such as music and getting out for trips. All residents appeared very familiar with the staff on duty and there were multiple friendly interactions seen by the inspector between staff and residents over the course of this inspection.

Since the introduction of public health guidelines, the provider implemented a number of infection prevention and control measures in the centre to safeguard all residents and staff. Hand hygiene, safe cough etiquette, appropriate use of personal protective equipment and social distancing was routinely practiced. The provider also had contingency plans in place should an outbreak of infection occur at the centre and these were subject to very regular review by senior management.

The provider had fire safety systems in place, including, fire detection and containment arrangements, up-to-date staff training and fire safety checks. Fire drills were regularly occurring in each house and records demonstrated that staff could support residents to evacuate from the centre in a prompt manner. Although there was a fire procedure for the centre, there was a lack of clarity provided on what arrangements were in place for the retrieval of emergency medicines from the centre, in the event of fire.

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. The identification of risk in this centre was mainly attributed to the centre's incident reporting system and communication systems between staff and members of management. The occurrence of incidents was also trended on a monthly basis by the person in charge, which informed the centre's risk management activities. However, some improvement was required to this incident reporting system to ensure it effectively identified where particular incidents were occurring, for example, with regards to medication errors. Furthermore, improvement was also required to the assessment of risk to ensure risk assessments accurately identified specific control measures that the provider had put in place to mitigate against the re-occurrence of certain risks, for instance, in response to falls at the centre.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of risk at the centre. However, some improvement was required to the centre's incident reporting system to ensure its effectiveness in identifying medication related risks. Furthermore, some improvement was required to ensure risk assessments accurately identified specific measures that the provider had put in place in response

to certain risks, for example, falls management.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of infection control measures in place to ensure residents and staff were safe. Contingency plans were in place to respond to reducing staffing levels and in the event of an outbreak of infection at the centre. These plans were subject to regular review by senior management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, including, fire detection and containment arrangements, regular fire safety training and fire safety checks. Fire drills were also occurring in all three houses within this centre and records showed staff were able to support residents to evacuate the centre in a prompt manner. Although there was a fire procedure available, it required review to ensure it clearly guided staff on how to respond in the event of fire at the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Since the last inspection, the provider had ensured risk assessments were in place for residents who were administering their own medicines. However, some improvement was required to ensure prescription records clearly guided on the route of administration for all medicines. Furthermore, the protocol and prescription records for emergency medicines required review to ensure clarity on the dose and administration of emergency medicines, if required. A review of as required required medicines was also required, to ensure these were administered in accordance with the centre's medication policy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were assessed and regularly reviewed at the centre. Clear personal plans were also in place to guide staff on the specific supports that residents required, particularly in the area of dementia care. A variety of allied health care professionals were available to residents, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behavioural needs, the provider had ensured that these residents received the care and support that they required. No restrictions were in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at the centre at the time of this inspection. The provider had ensured staff received refresher training, as and when required. Procedures were also in place to guide staff on the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Gweedore Service OSV-0005331

Inspection ID: MON-0029817

Date of inspection: 14/07/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure this centre comes into compliance with this regulation the following action has been undertaken:</p> <p>The audit schedule for this centre has been reviewed to ensure the centre is focusing on areas that require improvement ensuring overall effectiveness of the centre’s monitoring system.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To ensure this centre comes into compliance with this regulation the following action has been undertaken:</p> <ul style="list-style-type: none"> • Risk assessments within the centre have been reviewed, amended and regraded to accurately reflect the level of risk and to ensure all control measures are identified. • Medication audits will now be conducted monthly within the centre. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure this centre comes into compliance with this regulation the following action has been undertaken:</p> <ul style="list-style-type: none"> • The centre's fire action procedure has been reviewed in the 3 houses under this designated centre and updated to clearly guide staff what action to take in the event of a fire. 	
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: To ensure this centre comes into compliance with this regulation the following action has been undertaken:</p> <ul style="list-style-type: none"> • Prescription documents have been reviewed and amended by the relevant GP within the centre. • PRN medication has been reviewed by the GP and emergency medication protocol has been re written. • Medication audits will now be conducted monthly within the centre. 	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	10/08/2020
Regulation 26(2)	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.	Substantially Compliant	Yellow	10/08/2020
Regulation 28(5)	The person in charge shall ensure that the procedures to be	Substantially Compliant	Yellow	10/08/2020

	followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	10/08/2020