



Office of the Chief Inspector

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

Name of designated centre:	Gweedore Service
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	30 July and 03 September 2019
Centre ID:	OSV-0005331
Fieldwork ID:	MON-0023969

About the designated centre

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

Gweedore Service is registered to provide a residential service for 14 adults with an intellectual disability. Residents who use this service may also require additional support in relation to their healthcare and behavioural needs. All residents attend day services during weekdays and there is an option for residents not to attend these services as they so wish. Residents are supported by healthcare assistants during the day and there is a waking staff in each house during night time hours. There is also some nursing hours assigned to the service to assist residents with their healthcare needs. The centre comprises three houses which are in close proximity and they are all located on the outskirts of a large town in the West of Ireland. Each house is two storey and 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 - 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
30 July 2019	09:00hrs to 09:30hrs	Ivan Cormican	Lead
03 September 2019	09:00hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector met with six residents on the day of inspection. Each resident spoke with the inspector and they all voiced their satisfaction with the service which was provided. A resident stated that they had just celebrated their birthday and they intended to go to a country music concert with some of their friends. Other residents who had recently celebrated birthday milestones stated that they had gone on a 'sun' holiday and there was also a 'sun' holiday booked in the coming days for several of the residents who were really looking forward to this break. A resident also stated that staff were very nice and that any concerns or complaints they may have would be dealt with quickly.

The inspector observed that there was a very pleasant atmosphere in the centre and on the morning of inspection and several residents were preparing to attend their respective day service. One resident had chosen not to attend their day service and they told the inspector that they had a sleep-on that morning and they decided to have a relaxing day and do some computer work and knitting. This resident was observed to have a friendly relationship with staff who were supporting them and towards the end of the inspection they were observed laughing and sharing a joke with both the person in charge and a senior manager of the service.

A review of documentation also indicated that residents lived very full lives and they were supported to engage in activities which they enjoyed doing such as holidays, meals out and attending music concerts and festivals.

Capacity and capability

Overall, the inspector found that the provider had arrangements in place which ensured that residents were supported to live a good quality of life. This inspection was unannounced and was originally planned to occur over one day; however, the inspector was unable to carry out the initial inspection as the centre was closed for holidays. Subsequently, the person in charge contacted the inspector and outlined the proposed re-opening date for the centre. A second unannounced inspection was then completed in which residents were present and the inspector could take the opportunity to meet with them and seek their opinions on the service which was provided.

The person in charge was in a full-time role and based in the centre. They had a good understanding of the service and of the resident's individual needs. Internal audits in areas such as medications, adverse events, safeguarding, finances and health and safety were occurring on a scheduled basis. The person in charge was also using a regulation based assessment to monitor care practices and a quality

improvement plan had been generated following these assessments which assisted in driving improvements in the centre.

The provider had completed all prescribed audits and reviews as required by the regulations and any identified areas for improvement had an action plan assigned to them. The inspector found that the majority of action plans had been addressed within the prescribed timeline; however, an issue in regards to the effectiveness of fire doors which was identified on the previous inspection had not been addressed within the timeline which were submitted to the office of the chief inspector. This issue also featured prominently on internal audits which were completed by the provider and by the person in charge, but little progress had been made to address this ongoing fire safety concern.

The inspector observed that staff interacted with residents in a warm and pleasant manner and staff on duty appeared to have a good working relationship with residents who were present. A review of the rota indicated that residents were supported by a combination of both full-time and agency staff; however, agency staff who supported residents were present in the centre on a regular basis and the person in charge indicated that some agency staff occupied continued lines of duty within the rota. The inspector found that these arrangements ensured that residents would be supported by staff members who were familiar to them. Furthermore, the provider demonstrated that they were responsive to the changing needs of residents as staffing arrangements had been recently revised with the addition of a waking night staff to ensure the safety and care needs of a resident with a diagnosis of dementia were met.

The person in charge was conducting regular staff team meetings and one-to-one supervision which facilitated staff members to raise concerns or issues in regards to care practices. A review of a sample of staff files indicated that prescribed information such as vetting disclosures and references had been received for both full-time and agency staff members which promoted the safeguarding of residents; however, some improvements were required as full employment histories were not in place for a agency staff file which was reviewed. Further improvements were also required in regards to staff training, as records were not in place to indicate that all staff members were up-to-date with their training needs.

Although, some improvements were required in regards to some oversight arrangements, the inspector found that overall residents received a good quality of care and support and they were supported to be active members of their local community.

Registration Regulation 8 (1)

The centre was registered to provide a service for 14 residents. The person in charge and a senior manager indicated that in response to the increasing needs of residents, the provider would be seeking to reduce the capacity of the centre. Subsequent to the inspection, a completed application to reduce the capacity from

14-to-13 was submitted as required.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was in a full-time role and was appropriately qualified and experienced.
Judgment: Compliant
Regulation 15: Staffing
The provider had recently revised the staffing arrangements to meet the changing needs of residents and the provider also ensured that residents received continuity of care from staff members who were familiar to them. However, some improvements were required to staff files to ensure that complete employment histories were in place.
Judgment: Substantially compliant
Regulation 16: Training and staff development
The person in charge maintained staff training records which indicated that all full-time staff were up-to-date with their training needs. However, records which were maintained in the centre failed to demonstrate that an agency staff member had received training in supporting residents with behaviours of concern.
Judgment: Substantially compliant
Regulation 23: Governance and management
Both the provider and the person in charge had robust monitoring and oversight arrangements in place which assisted in ensuring that residents received a good quality of care and support. However, the provider failed to ensure that the action plan in regards to fire precautions which was submitted to the office of the chief inspector was implemented as described. Furthermore, although the provider had completed the centre's annual review, this document failed to demonstrate that both

residents and their representatives were consulted as part of this review process.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The provider had produced a statement of purpose and a review of this document indicated that all prescribed information as set out in the regulations was present.
Judgment: Compliant
Regulation 30: Volunteers
There were no volunteers in place on the day of inspection.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge maintained records of all notifications which were submitted to the office of the chief inspector; however, some improvements were required to ensure that the use of all restrictive practices were submitted as required by the regulations.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
The provider had all policies in place as required, although the policy on safeguarding residents had not been reviewed as required, the provider was aware and the policy was under review at the time of inspection.
Judgment: Compliant
Quality and safety

The inspector reviewed a sample of residents' personal profiles and daily notes which indicated that residents were socially active and attended their local community on a regular basis. Residents who met with the inspector stated that they were happy and that they got on well with staff members and other residents. Each resident had a personal plan which gave a good insight in each resident's individual care needs and preferred activities and life choices. These plans were detailed in nature and annual reviews were occurring as required with the presence of the resident, their representatives and relevant staff members. These reviews gave an opportunity for residents and their representatives to voice any concerns or compliments which they may have and the review process was used as a platform in which future care needs and life choices could be discussed. Resident's individual goals were also discussed and a review of supporting documents indicated that goals such as attending concerts, seasonal events and holidays were progressed as required. Overall, the inspector found that a good level of social care was available to residents and the arrangements which were in place such as staffing, transport and personal planning assisted in supporting residents to live their lives in-line with their individual choices and preferences.

The provider had systems in place for recording and responding to adverse events which may impact on the quality and safety of care. A review of a sample of recorded events indicated that both the provider and person in charge had addressed all issues of concern in a prompt manner. The person in charge was also completing regular reviews and trending of adverse events which also assisted in ensuring that care practices were maintained to a good standard. The provider had arrangements in place to ensure that any issues of concern were appropriately risk assessed. The person in charge maintained detailed risk assessments and a review of this documentation indicated that all risks were well managed at the time of inspection. The systems in place also facilitated positive risk taking which promoted resident's independence such as, attending their local community, using public transport and remaining in the centre independently. Again, each of these activities were risk assessed on a regular basis to ensure that appropriate controls and measures were in place.

The provider had fire safety precautions in place such as emergency lighting, alarm panels, fire extinguishers and designated emergency exits. Staff were conducting regular checks of these precautions and the provider had arranged for competent people to service fire safety equipment as required. Staff were conducting regular fire drills which indicated that residents could be evacuated in a prompt manner. There was also evidence of learning as additional documents which supported the evacuation of residents had been updated to reflect the observations of staff members during fire drills. However, as discussed previously in the report, some improvements were required as the action plan in regards to fire precautions which was previously submitted to the office of the chief inspector had not been implement as described.

Residents who met with the inspector stated that they felt safe and that staff were very nice. Arrangements for the safeguarding of residents were on display and

regular residents' meetings were occurring in which safeguarding was discussed. There was one identified restrictive practice in place on the day of inspection which had been previously reported to the office of the chief inspector, but this restrictive practice was currently under review in light of guidance which was published by the office of the chief inspector. However, some improvements were required as recent measures which were implemented in response to safety concerns had not been assessed as restrictive practices to ensure that the least restrictive measure was utilised at all times. Some residents were assessed as requiring support with behaviours and behavioural support plans which were devised in response assisted staff in providing a consistent approach to care; however, further improvements were required as the provider failed to demonstrate that all agency staff had completed training in supporting residents with behaviours of concern.

Regulation 12: Personal possessions

Residents could lock their rooms if they so wished and there were systems in place to ensure that residents were supported to manage their individual finances.

Judgment: Compliant

Regulation 13: General welfare and development

The arrangements which were in place assisted residents to access their local community on a regular basis. Resident's individual education, training and employment needs were supported through their individual day services which residents attended as they so wished.

Judgment: Compliant

Regulation 17: Premises

The centre was very homely in nature and resident's personal space was decorated with individual photographs and posters. There were also improvements in regards to the premises since the last inspection with works completed to the centre's bathrooms which made them more accessible to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The were systems in place which ensured that any risks were appropriately managed and reviewed. These systems also promoted resident's independence and facilitated them to access the community and take public transport without the assistance of staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was proactive in regards to fire safety and regular fire drills were occurring. Staff were also conducting regular checks of fire precautions and competent people were employed to ensure that fire safety equipment was serviced as required. However, some improvements were required as the action plan in relation to fire doors which was previously submitted to the office of the chief inspector had not been implemented within the submitted timescale.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Resident's personal independence was promoted through the assessment to manage their own medications and one resident was self medicating on the day of inspection, but some improvements were required as the associated risk assessment as described in the regulations had not been completed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan in place which was reviewed on a regular basis and assisted in supporting the delivery of care. A review of documentation also indicated that residents were supported to engage in activities which they liked and they were also supported to identify and achieve personal goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was one restrictive practice in place which was under review at the time of inspection; however, some improvements were required as two measures which were implemented in response to safety concerns had not been assessed to ensure that the least restrictive option was utilised. Improvements were also required in regards to the provision of behavioural support training as the provider failed to demonstrate that all agency staff members had completed training in this area of care.

Judgment: Substantially compliant

Regulation 8: Protection

Residents stated that they felt safe and interactions with staff members were observed to be warm and pleasant. Information on protecting residents was on display and safeguarding was discussed with residents on a regular basis. There were no active safeguarding plans on the day of inspection.

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	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 8: Protection	Compliant

Compliance Plan for Gweedore Service OSV-0005331

Inspection ID: MON-0023969

Date of inspection: 30/07 and 03/09/2019

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: <ul style="list-style-type: none"> • The provider has ensured that all sections in the Employment details for staff have been corrected and/or added too as appropriate. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Person In Charge has ensured that all Agency staff has submitted all relevant documentation around their training needs as requested. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Person In Charge will ensure Annual reviews will demonstrate residents and resident's representatives as part of the review process. • The Provider will ensure planned action in regards to fire precautions will be completed in line with the fire regulations. A follow up risk assessment will be completed by an 	

external company.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • The Person in Charge has ensured notifications will be submitted as requested by HIQA Regulations. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • The Provider will ensure a planned action in regards to fire precautions will be completed in line with the fire regulations. A follow up risk assessment will be completed by an external company. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> • The Person in charge has ensured a risk assessment has been completed and made available in the resident care plan around the self medication of Medicines 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

- The Person In Charge has ensured measures are in place with the support of the Psychologist, Behavioral therapist and staff in relation to restrictive practice.
- The Person in Charge has ensured that training was organized for all staff in Positive Behavioural Supports & Restrictive Practices including agency staff.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	10/09/2019
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	10/09/2019
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	Substantially Compliant	Yellow	09/10/2019

	to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2020
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and 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.	Substantially Compliant	Yellow	04/09/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	30/09/2019

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	10/09/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/09/2019