



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

Issued by the Chief Inspector

Name of designated centre:	Gort Na Mara
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0003645
Fieldwork ID:	MON-0030271

About the designated centre

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

This is a centre providing full-time residential services to five adults with disabilities. It comprises three small terraced bungalows and one semi-detached two-story, two bedroom house located in a nearby town. The buildings are located in the north east of the country and are near several towns and villages. Where required, transport is provided to residents for ease of access to community-based amenities such as shopping centres, pubs, hotels, hairdressers, and barbers. Each resident has their own bedroom, decorated to their style and preference. The bungalows comprise two bedrooms, a sitting room/dining room (with a small kitchen area), and a bathroom. The semi-detached house comprises two bedrooms, a kitchen, and a sitting room. All houses have well-kept gardens and ample on-street parking available. The centre is staffed on a 24/7 basis by a person in charge, a clinical nurse manager I (CNM I), a team of staff nurses, one social care professional, and a team of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 15 February 2022	09:15hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This designated centre comprises three apartments and one residential house. The inspector visited two of the apartments and the house. The inspector had the opportunity to meet three of the five residents.

The inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing and this was done in a way that promoted their views and rights.

The inspector was introduced to a resident on their arrival and they invited the inspector into their home. The resident chatted with the inspector and the staff supporting them. The resident appeared in good form and interacted with the staff members in a jovial manner. They spoke of their plan for the day and informed the inspector that they were due to attend group activities in their local community centre.

The inspector met the second resident briefly. The resident was relaxing in their sitting room, listening to music. The residents' apartments had been decorated to meet their preferred tastes. There were pictures of the residents with their friends and families along with personal possession throughout both apartments.

The inspector met the third resident living in the residential house at a different location. The resident spoke to the inspector about delays to an upcoming appointment and how they were frustrated. The resident interacted with the staff members and sought support if required. Those supporting the resident were observed to have a well-developed relationship with the resident.

The inspector did not speak with family members directly on this occasion however, the inspector did review questionnaires that family members had returned as part of the provider's annual assessment of the quality and safety of care being provided to residents. The returned questionnaires reflected that family members were happy with the service provided. Residents were being supported to maintain links with their families; there were records that demonstrated that some residents were visiting their families, and others were meeting family members and completing activities.

A sample of weekly resident meetings were reviewed. The residents were encouraged to choose activities they would like to engage in and meals they would like to have. The meetings were also used to ensure that residents were updated with information. There were daily activity plans in place for residents, and there was evidence of these being followed. Some residents had yet to return to their day services, but steps were being taken to achieve this.

The inspector found that residents had received comprehensive assessments of their health and social care needs. These assessments had captured the changing needs

of the residents, and there was evidence of the staff team responding to the changes. However, the inspector observed that there had been delays in providing a ramp and handrails for a resident to support them to access their back garden. There were also some improvements required to infection prevention control practices. The impact of these issues will be discussed in more detail in the Quality and Safety section of the report.

The following 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 the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that there was a clearly defined management structure that was led by a person in charge. The person in charge was supported by a house manager, staff nurses and health care assistants. The existing management systems ensured that the service being provided to the residents was appropriate to the needs of the residents. This was achieved through the consistent and effective monitoring of the service provided.

The provider had completed the necessary reviews and reports as per the regulations, and action plans had been identified. The inspector reviewed the quality improvement plan devised for the service and found that overall actions that had been identified were addressed promptly. However, as mentioned earlier, there had been delays in installing a ramp and handrails for one resident living in the apartments. An occupational therapist had prescribed these on 11 January 2021; the provider had yet to install them.

An appraisal of the staffing rosters identified that there had been a period where there had been staff shortages and some changes. This had stabilised in recent months, and the current roster demonstrated that the residents were receiving continuity of care. The inspector also notes that additional staff nurses were allocated to the centre to support the changing needs of the residents.

Overall, staff members were receiving appropriate training, The training needs of the staff team were being reviewed regularly, and the provider had developed a training needs analysis. The review of information showed that some staff required refresher training, there was a suitable plan in place to address this.

The review of information identified that there were systems to support the effective management of complaints. A complaints log demonstrated that there had been a low number of complaints raised. The evidence also demonstrated that the complaints had been addressed promptly.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the size, purpose, and function of the residential service. However, improvements were required regarding the provider responding to actions identified by members of their multi-disciplinary team.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure.

Judgment: Compliant

Quality and safety

The inspector found that there were systems to promote positive outcomes for residents. Nonetheless, there were some improvements required concerning infection prevention and control practices and ensuring that the premises were laid

out to meet the needs of each resident.

The provider had adopted a number of procedures in line with public health guidance in response to infection prevention and control. There were COVID-19 contingency plans specific to the group of residents. A review of one of these plans found that there were enhancements required to ensure that the plans contained the most up to date information. This was brought to the person in charge who addressed the issues.

Staff had been provided with a range of training in infection control. Weekly and monthly audits were being completed that focused on infection prevention and control. Notwithstanding these measures, infection control risks were identified; the inspector found that the surface of a handrail in one of the bathrooms had been chipped and damaged. This had not been identified during infection control and prevention audits. The damage meant that the surface could not be appropriately cleaned. The inspector also found that the bathroom in question required a deep clean to remove staining in the shower area.

As mentioned earlier, the provider had failed to install a ramp and handrails that the provider's occupational therapist had prescribed in January 2021. The provider had therefore failed to ensure that all aspects of the centre were designed and laid out to meet the needs of all residents. The inspector also found that the residential house required enhancements such as painting and repairs to skirting boards and grouting in one of the bathrooms. The inspector was shown requests for the works to be completed and was assured that these were due to be addressed in the coming weeks.

The inspector reviewed a sample of residents' personal plans and assessments. The provider and staff team ensured that these plans were under regular review and, as stated above, reflected the changing needs of the residents. The plans outlined the supports required to maximise residents' personal development in accordance with their needs and wishes. Where possible, the staff team were encouraging and aiding residents to make decisions around the care they received and the activities they wanted to engage in.

While there had been person-centred plans developed for the residents, there were some improvements required to capture the work that had been done to support residents to achieve them. However, overall there were effective arrangements in place to ensure that the individual assessments and personal plans for residents were appropriate.

The inspector reviewed a sample of residents' health care records and found that these were under frequent review. Health care plans had been developed that focused on each resident's individual needs and listed the residents' medical histories and how best to support each resident in the future. Residents had access to allied healthcare professionals and were supported to attend appointments when required.

There were arrangements that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents'

behaviour support plans and found them resident-specific. Residents were accessing therapeutic services if needed, and records demonstrated that the provider multidisciplinary team members were supporting the residents regularly.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents.

Overall the service provided to the residents was to a good standard. However, as listed above, there were some improvements to ensure that all aspects of the service were fully compliant with the regulations.

Regulation 17: Premises

The provider had not ensured that all aspects of the premises were designed and laid out to meet the aims and needs of all residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The surface of a handrail in one of the bathrooms had been damaged. This meant that the surface could

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes

for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gort Na Mara OSV-0003645

Inspection ID: MON-0030271

Date of inspection: 15/02/2022

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:

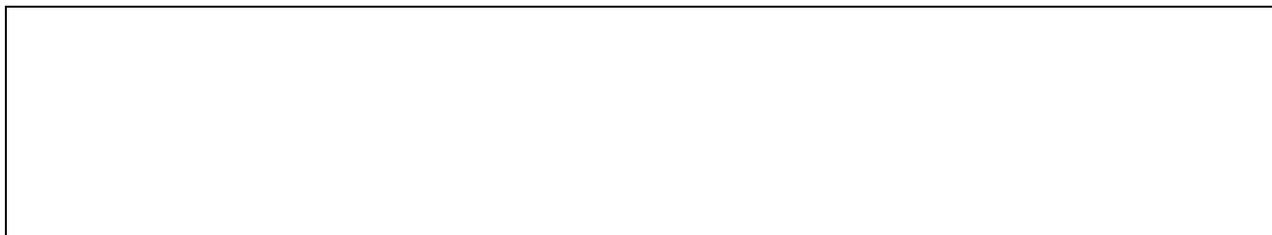
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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>A new system has been put in place to ensure all actions identified are prioritized and acted upon in a timely manner, and in consultation with all stakeholders to ensure a positive outcome for residents</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The resident's specific requirements are currently being reassessed by the Occupational Therapist and in consultation with architect new drawing will be developed to direct the installation of this aid. Timeframe will be six months 30.9.2022</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A new handrail has been installed in the bathroom</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/09/2022
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	15/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	15/03/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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