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## Gort Na Mara, OSV-0003645, 20 January 2021

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# 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:	Short Notice Announced
Date of inspection:	20 January 2021
Centre ID:	OSV-0003645
Fieldwork ID:	MON-0031603

## 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 six 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 - 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
Wednesday 20 January 2021	10:30hrs to 15:30hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with one of the residents. The resident asked if the inspector would be getting the vaccine and told the inspector that they would be getting it. The inspector then chatted with the resident about COVID -19 for a few moments. The resident also spoke about their plans to complete work in their garden and informed the inspector that there were new staff working in the centre.

The inspector observed warm interactions between residents and staff members supporting them throughout the inspection. Residents had been supported to complete questionnaires regarding the service provided to them; residents expressed that they were happy in their homes. There were also a number of compliments made by family representatives regarding the service their loved ones were receiving.

A review of residents' information demonstrated that, where possible, residents were being supported to engage in activities of their choosing. The review of this information also demonstrated that residents were being kept informed of the most up to date position regarding COVID-19, upcoming vaccinations and the level of current restrictions.

## Capacity and capability

Residents were receiving effective care and support. The centre was well resourced and had a clearly defined management structure. There were auditing systems in place which lead to the effective monitoring of the centre's and residents' information, and there were appropriate recording practices in place.

There was effective information sharing in the centre in relation to the communication between the person in charge, the staff team, and the senior management. This practice ensured that all those supporting the residents were aware of actions following audits and support plans in place for residents. This, in turn, lead to positive outcomes for residents.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the report and that these were being addressed.

An annual review of the quality and safety of care and support provided in the

centre had been carried out. Residents and their representatives were being consulted regarding the service being provided.

There was a staff team in place that was appropriate to the number and the assessed needs of the residents. The staff team was made up of a person in charge, house manager, registered nurses, social care worker, and health care assistants. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. A review of the planned and actual roster demonstrated a consistent staff team supporting the residents, including consistent relief staff when required.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centres complaints log and noted that there were systems in place to respond to complaints in a prompt manner.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

#### Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

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

Judgment: Compliant

#### Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure in place and that it was presented in a manner that was accessible to residents.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and sought to support residents to develop their independence.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. A number of residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team.

The centre was operated in a manner that promoted and respected the rights of residents. The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2020 and that goals had been set for them to work towards in 2021.

Residents had access to appropriate healthcare services. An appraisal of a sample of residents' information demonstrated that the provider's assessments of needs and observations of the staff team were capturing the changing needs of residents. Appropriate responses had been implemented, and members of the provider's multidisciplinary team and other allied healthcare professionals were actively involved in the supports being developed for residents.

The inspector reviewed a sample of intimate care plans as well as an active safeguarding plan and found that there were systems in place to respond to safeguarding concerns. . A review of risk assessments and positive behaviour support plans further demonstrated appropriate safeguarding practices. There were appropriate arrangements in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed and reviewed regularly. There were structures in place to ensure that residents received adequate positive behavioural support when necessary. Adverse incidents were under review by the centre's management team and members of the provider's multidisciplinary team. The inspector found that the systems in place to review the effectiveness of these plans was ensuring that every effort was being made to

identify and alleviate the cause of residents challenging behaviours. The inspector noted that following reviews of these plans that additional staffing had been sourced to support some residents and to reduce the occurrence of adverse incidents.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

There were appropriate systems in place to safeguard residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant