



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

Issued by the Chief Inspector

Name of designated centre:	Gortacoosh Accomodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	26 July 2024
Centre ID:	OSV-0005870
Fieldwork ID:	MON-0044346

About the designated centre

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

This designated centre was established in early 2019 and is designed and operated to meet the specific needs and preferences of two residents for whom this centre is home. Each resident has their own separate self-contained living space within the house. The service aims to meet the needs of adults with a disability and / or dual diagnosis. Residents have staff support at all times. Residents are encouraged to be independent in everyday living but staff support is provided for those areas that require support and assistance. A process of person centred planning informs the support provided with and for residents and ensures that the service is matched as closely as possible to the assessed needs and preferences of the person. The service is open and staffed on a full-time basis; the model of care is a social model. The staff team is comprised of social care staff; day to day supervision and management is provided by the team leader and the person in charge. The service is located in a rural but populated area. A busy town that offers a range of community and social amenities is nearby and residents have access to their own dedicated transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 26 July 2024	09:10hrs to 16:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, the two residents who received supports in this centre were offered a very good quality service, tailored to their individual needs and preferences. While overall, the service provided was seen to be safe and effective, this inspection found that some improvements were required in relation to premises and fire precautions. There were remedial premises works required and issues in relation to the fire doors were found during the inspection.

The centre comprised of a single story detached three-bedroom house located in a rural area. The centre was observed to be clean and bright. Each resident had their own individualised apartment area within the centre, with a door separating both areas. Residents did share some facilities, such as laundry facilities. Residents had their own bedrooms and these were personalised according to their individual preferences. A second bedroom in one of the apartments was used by sleepover staff. One apartment had a fully equipped kitchen and the other apartment had a kitchenette area that suited the needs of the resident living there.

There were two residents living in this designated centre at the time of the inspection. The inspector had an opportunity to meet with both residents and the staff supporting them. Both residents appeared to be very comfortable in the presence of staff and management in the centre and were observed to be relaxed and content in their home. Staff and management working in the centre on the day of the inspection demonstrated a strong awareness of both individuals' communication and support requirements and preferences.

One resident interacted briefly with the inspector while making their own lunch and a cup of tea in the company of a staff member, and indicated that they would speak later with the inspector. Later on this resident met with the inspector at a time convenient to them in the sitting-room of their home. This resident answered some questions about life in the centre and spoke about some of the recent activities they had enjoyed in the centre, including a recent concert and art classes. They told the inspector that they liked living in the centre and indicated that they were safe and happy in the centre. They provided very positive responses to any questions they were asked about the centre and the care and support that they received. This resident communicated with the inspector when they wished the interaction to cease and this wish was respected.

The second resident did not wish to speak at length with the inspector but did interact with them briefly at different periods of the day. The inspector observed this resident getting ready to leave the centre for planned activities and relaxing watching TV in the living area of their home. The inspector also heard a number of interactions between this resident and staff. This resident enjoyed some banter with the staff supporting them and the person in charge and team leader. The

atmosphere in the centre was jovial and relaxed for the duration of the inspection.

Residents were observed relaxing in their home, enjoying meals and refreshments and attending to activities of daily living. Both residents left the centre for a planned activity and later told the inspector that they had enjoyed a scenic walk with tea and scone in a cafe that they regularly visited. Where desired by residents, pictures were displayed in the centre of residents taking part in various activities and of past occasions in the residents' lives. One resident had laid out their sitting room with their own belongings and photographs.

Staff in the centre presented as having a strong awareness of human rights and some staff confirmed they had received training in this area. Staff told the inspector that the priority in the centre was always the residents and indicated that there was a strong culture in the centre that focused on positive ways to support the residents in line with their preferences. There were some restrictions observed to be in place in this centre. These in were in place to promote the safety and wellbeing of residents and the local management team were able to provide a rationale for all of the restrictions in place and tell the inspector about how efforts were made to reduce or minimise the impact of these.

Staff told the inspector how residents valued their own space and how this was important to them in meeting their assessed needs. Although residents did have their own separate living spaces in this centre, they did enjoy spending time with each other also on occasion and sometimes attended social activities together or visited each other in their apartments. Staff told the inspector that both residents got on well together during these interactions.

There was evidence residents were consulted with. Annual satisfaction surveys completed for 2022 and 2023 were read. The inspector was also provided with a questionnaire completed by a resident prior to the inspection and saw that this contained positive responses about the care and support received in the centre and the services and facilities available to them. The second resident had opted not to complete this.

Overall, this inspection found that there was evidence of very good compliance with the regulations concerning the care and support of residents and that this meant that residents would be afforded services that met their assessed needs. However, issues in relation to the premises and the containment of fire were identified that did have the potential to impact on residents. The next 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 on the quality and safety of the service being delivered.

Capacity and capability

Management systems in place in this centre were ensuring that, overall, the services

being provided were of good quality and appropriate to residents' needs. In keeping with previous inspections of this centre, this inspection found that the management and staff team in place in the centre were very familiar with the residents living in the centre and were committed to providing an effective service that met their assessed needs. There was a clear management structure present and there was evidence that the management of this centre were maintaining good oversight while maintaining a strong presence in the centre. However, non compliances was noted in relation to premises and fire safety during this inspection. The premises issues had been ongoing since the previous inspection while the fire safety issues also appeared to be related to the underlying premises issues but had not been identified by the provider at the time this inspection was carried out.

This short-notice announced inspection was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. The previous inspection of this centre took place in February 2023, with overall good findings. The provider had submitted a compliance plan following that inspection and this inspection found that most of those actions had been completed, apart from the outstanding premises works. Although the provider did appear to be engaging with the housing association that owned the premises in relation to identified premises issues, the local management of the centre had not been fully informed of the outcome of the investigations into these issues at the time of the inspection and were unable to provide full information to the inspector. Further information and assurances were requested from the provider during the feedback meeting for this centre and subsequent to the inspection. This will be discussed in further detail under the quality and safety section of this report and under Regulation 23: Governance and Management, Regulation 17: Premises, and Regulation 28: Fire precautions.

The management structure in the centre was outlined in the statement of purpose submitted as part of the application for renewal of registration. The person in charge, a service manager, reported to a regional manager, who reported to the head of operations, who in turn reported to the director of care. The director of care reported to the chief executive officer, who in turn reported to a board of directors. The person in charge was supported in their role by a team leader and care/support workers.

A recent management change had taken place. Previously, the full-time role of the person in charge had been occupied by two individuals. However, one individual was departing this role and going forward, only one person in charge was appointed to the centre. The person in charge was seen to be very familiar with the residents in the centre and was well known by the residents and staff team present. It was evident that residents and staff were comfortable in the presence of this individual. The inspector spoke with the person in charge, a team leader and staff members during the inspection while a regional manager, who was also a person participating in the management of the centre, attended feedback remotely at the end of the inspection.

Staff in the centre were well informed, appropriately trained for their roles and

staffing was appropriate to meet the needs of the residents. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs. Staff spoken with were familiar with complaints and safeguarding procedures in place in the centre and were positive about the management team that supported them. Staff told the inspector that issues raised were responded to promptly. A review of incidents in the centre showed that incidents and accidents were responded to promptly and learning identified was shared with the staff team as appropriate.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that, for the most part, residents were being afforded safe and person centred services. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. Up until the time of this inspection, two individuals had occupied the role of person in charge. The inspector was informed that one of these individuals was departing the role and the second individual appointed would occupy this role in a full time capacity, with remit over two designated centres. This person possessed the required qualifications, experience and skills and at the time of the inspection was seen to have the capacity to maintain very good oversight of the centre. Evidence of the person's qualifications, experience and skills along with other required by the regulations was previously submitted by the registered provider and was reviewed by the inspector as part of the application to register the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

A planned and actual staff rota was maintained in the centre and a sample of this rota was reviewed by the inspector. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Residents were supported by a team consisting of care workers and a team leader. Residents were supported on a 1:1 basis and additional staff were provided if required, for example, to attend a medical appointment. A sleepover staff member was present by night in one apartment and a waking night staff member was

present in the second location. A sample of the roster over a two month period was reviewed by the inspector. This showed that staffing levels were appropriate to the number and assessed needs of the residents living in the centre. It was clear from speaking to and observing staff that regular staff had the knowledge and skills required to support the residents of this centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training records for the regular staff team that were named on the centre roster, relief staff and the person in charge. These records showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Mandatory training provided included training in the areas of manual handling, fire safety awareness and safeguarding of vulnerable adults and all of mandatory training was indicated as completed in the records provided. One staff member was due to complete refresher training in medication management and this was identified as booked. Aside from mandatory training specified by the providers' policies, staff had completed additional training in areas such as Driving at Work, Autism Awareness and Equality & Diversity.

Staff spoken with confirmed that they were offered supervision on at least a quarterly basis and that they were well supported in their roles in the centre by the person in charge.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, provider oversight was maintained through reporting and auditing structures with ongoing efforts were being made to ensure the centre was in compliance with the regulations. Overall, residents were being provided with a very high quality individualised service that met their assessed needs. However, this inspection found an ongoing regulatory action in relation to the premises that had not been fully addressed, as well as some fire safety issues. While underlying issues in relation to the premises had been identified by the provider and some plans were in place to address this, the fire safety issues had not been identified through the provider's internal systems. It is acknowledged that the premises issues were being investigated and the appropriate action was being considered at the time of the inspection and this is set out in further detail in the quality and safety section of this report. However, there was insufficient evidence provided to indicate that action in relation to this ongoing regulatory action had been taken in a timely manner.

Aside from this, management systems in place were ensuring that the service provided was appropriate to residents' needs. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was, overall, maintaining good oversight of the service provided in this centre, and that local governance and management arrangements in the centre were effective.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. Unannounced six-monthly visits were being conducted by a representative of the provider and a report on the most recent of these was reviewed. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. It was seen that the report of the most recent provider unannounced visit assessed a number of relevant areas related to residents' care and the governance of the centre. Action plans arising from these outlined completed or outstanding actions required to address any issues identified. An audit tracker documented when actions identified were completed. Records viewed showed that the outstanding maintenance and premises actions had been identified as an ongoing issue in the centre and had been escalated within the provider

Meeting records viewed showed that regular governance and team meetings were taking place and pertinent issues were discussed regularly. Staff members spoken to in the centre reported that the person in charge was very supportive to the staff team and that they would be comfortable to raise any concerns to any of the management team.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place in this centre for both residents. The inspector reviewed these and saw that they had been appropriately signed by the resident and that details of fees and charges were included as appropriate and these had been updated to reflect changes as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was present in the centre and contained all of the information as specified in the regulations. This document was submitted as part of the application for the renewal of the registration of the centre and was reviewed by the inspector prior to the inspection. Some minor amendments were required to ensure that this reflected accurately the management arrangements in the centre, which had recently changed. An updated statement of purpose was subsequently submitted by the provider.

Judgment: Compliant

Quality and safety

The welfare and wellbeing of residents in the this centre was maintained by a high standard of evidence-based, personalised care and support. The evidence reviewed during this inspection indicated that residents were receiving an overall good quality service, appropriate to their assessed needs. However, as previously mentioned, improvements were required in relation to the premises and the fire precautions in place.

Previous inspections of this centre had found some ongoing premises issues, such as problems with the flooring and some bathroom works that were required. The provider had submitted a compliance plan and follow up information following the most recent inspection indicating these works were scheduled for completion prior to this inspection taking place. The inspector saw during this inspection that efforts had been made to address some of these issues. However, some issues remained such as flooring and bathroom ware that required replacing. The inspector also noted that there were significant gaps underneath a number of fire doors in the centre. These had been installed in 2019 and previous inspections had not identified this issue, indicating that this was a more recent development and that these gaps were potentially arising from a structural or flooring issue rather than the doors themselves.

The inspector queried these issues with the person in charge and was informed that some works that were required would not be completed until any underlying issues had been resolved. They told the inspector a professional survey of the building had been carried out the previous week by the housing association that owned this premises to ascertain the root cause for some of the issues, but that they were not yet aware of the findings of this survey. The provider were requested to provide some further information and assurances during and following the inspection about this and this was submitted to the office of the Chief Inspector of Social Services. This information indicated that significant premises works would be required to rectify some settlement and ventilation issues that were causing flooring issues that had been identified in the premises. The information received indicated that these issues did not pose an immediate risk to residents but would likely at some time in the future have an impact on residents while work was being completed. The landlord, a housing association connected to the provider, were in the process of making plans to complete these works and contingency arrangements for the residents were being considered by the provider in the event that they would have to vacate their home.

Aside from these issues, the inspector saw that the day-to-day care and support of residents in this centre was very good. Residents were being supported to live in an environment that suited their assessed needs and were receiving 1:1 individualised supports. Residents were seen to have choices, to be active in their local communities and to have access to a variety of activities on a regular basis. The centre was seen to be clean and maintained to a reasonable standard, notwithstanding existing issues with flooring and bathroom ware.

Staff spoken with confirmed that they felt that residents were safe in this centre and that residents enjoyed a very good quality of life in the centre. Some of the staff team had worked with residents prior to their transition into this centre and told the inspector about the positive changes that this centre afforded residents in their lives due to the individualised and tailored supports that were offered to them. Residents had personal plans and healthcare support plans in place that were in line with their assessed needs. Staff were familiar with the goals that residents had and how these were progressing.

Residents' information was laid out in a manner that made it easy to find and that provided good guidance and key information to staff. Communication support guidelines in place for a resident were seen to be comprehensive and provide very good guidance to staff. Residents had good access to healthcare, including mental health supports. The person in charge told the inspector that a psychiatrist visited the residents in their home on a six-monthly basis. Staff had received appropriate training in the area of positive behaviour support. The training matrix identified that all staff had received training in Crisis Prevention. Intimate care supports were clearly outlined and were being considered in a manner that would provide dignity and autonomy for individuals. Residents were also supported to maintain relationships with family members and friends as desired.

Regulation 13: General welfare and development

The registered provider was providing each resident with appropriate care and support and providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents were seen to be well supported in this centre in line with their assessed needs and wishes. There was evidence that residents were supported to attend a variety of activities including community based activities. For example, residents regularly went to concerts, local parks, cafes and restaurants and enjoyed activities such as art if they chose. One resident told the inspector about the activities that they enjoyed and there was documentation in place that also provided evidence of this. Residents were supported to maintain personal relationships. For example, residents were supported to receive visitors in their home or to visit family members in their home if they chose to do so.

During the previous inspection, one resident had been unable to return to their day service following the COVID-19 pandemic. However, at the time of this inspection, the inspector was informed that this resident now did have an opportunity to attend day services and had resumed attending once a week, although they now had reduced interest in this and did not wish to avail of further opportunities to attend.

Judgment: Compliant

Regulation 17: Premises

At the time of this inspection the registered provider had not ensured that the premises of the designated centre was of sound construction and kept in a good state of repair internally. There were ongoing issues in relation to the flooring, which showed some potential signs of subsidence in some areas, and some flooring and bathroom ware was seen to be severely stained and discoloured. As discussed in the quality and safety section of this report, further information was requested by the inspector and this was submitted by the provider following the inspection. This indicated that a survey, completed in the week prior to the inspection on behalf of the landlord of the premises, had found structural issues that would require building remedial works to be completed that would impact on residents in the future. This information indicated that premises works would be required to rectify some settlement and ventilation issues that were causing flooring issues that had been identified in the premises.

Some assurances were provided by the provider that the premises was safe for residents to occupy until these works could be completed. However, some issues were also identified under Regulation 28: Fire precautions that were potentially linked to the structural issues present did pose a risk to residents. This has been covered under that regulation.

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide in place that set out the information as required in the regulations. This document was submitted as part of the application for the renewal of registration for the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for containing fires. Gaps were noted under all of the fire doors in the centre and these required review. Significant gaps were observed by the inspector underneath at least six of the fire doors in the centre and this meant that these doors would not provide adequate containment in the event of a breakout of fire in the centre. The risk associated with this was mitigated somewhat by the arrangements in place to evacuate residents, which were also reviewed by the inspector. Residents had 1:1 staffing available to them at all times to support evacuations and evacuation drills viewed showed that residents regularly took part in these drills and that any actions or learning from these drills was considered and addressed. Also, appropriate fire fighting equipment and an appropriate alarm system was in place and this equipment was regularly serviced.

Also, an emergency exit light was not functioning correctly at the time of the inspection. The registered providers' internal systems had not identified these issues prior to the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an annual needs assessment had been completed for both residents and the registered provider had arrangements in place to meet the assessed needs of the residents living in this centre. The person in charge had ensured that personal plans were in place for both residents that reflected their assessed needs, outlined the supports required to maximise residents' personal development in accordance with their wishes, age and nature of their disability. Personal plans were subject of a review, carried out annually or as

changing circumstances required.

Both residents' personal plans were reviewed by the inspector. Person centred planning meetings had been completed within the previous year. The inspector saw that goal planning was documented in the centre and that residents were being afforded opportunities to set and achieve goals.

Support plans were in place that provided good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. Goals varied depending on the particular interests and capacities of each resident but some of the goals set by residents included concerts, an overnight break, getting a passport and taking a flight, and day-trips to preferred locations. Meetings between residents and their assigned key worker were taking place at least monthly. The inspector also saw numerous pictures in residents' documentation and on display that showed that residents were achieving some of the goals that they had previously set.

Judgment: Compliant

Regulation 6: Health care

The registered provider was providing appropriate healthcare for residents, including access to a general medical practitioner. Healthcare records were reviewed for both residents in the centre. There was detailed information recorded in each residents' personal file about their healthcare needs and how these were supported in the designated centre. Healthcare action plans were in place for identified healthcare needs and the records reviewed showed that residents were supported to access appropriate healthcare and had access to appropriate health and social professionals. Residents had received significant input from health and social care professionals including occupational therapy, urology, dietetics, audiology and optician. Residents were also provided with information to support them to manage their health and make choices about their health. The person in charge told the inspector that one resident had been supported to successfully manage some chronic health conditions and had succeeded in reversing a diabetes diagnosis through lifestyle changes. Documentation also showed that residents' medicines were being reviewed and reduced where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to participate in decisions about their own care and support.

Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen to consult with residents about their preferences.

Residents were being consulted with about the running of the centre and issues that were important to them. Documentation in place showed that residents regularly met with their keyworkers and were offered choices in relation to the activities they took part in. Residents were involved in setting their own goals. The inspector also viewed a number of documents that showed that residents had been consulted with about various issues related to their care and support in the centre, including changes to their tenancy agreements.

One resident had recently been supported to apply for a passport and residents were supported to access financial supports and entitlements and were consulted with about their finances. For example, following an increase in their rent, residents had been informed about this and supported to apply for an increase in their rent allowance to offset this.

Residents had access to advocacy services and were supported to access this service if required. At the time of the inspection, residents were not accessing external advocacy services but the person in charge told the inspector that residents had previously used this service with a positive outcome.

The inspector viewed a large number of easy-to-read documents and social stories that were available to residents about various topics including COVID-19, getting a passport, a specific concert that was being offered, medications, finance and rights. There was evidence documented that these were discussed with residents. Residents were supported to attend religious services of their choice and attended mass weekly as was their preference.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gortacoosh Accomodation Service OSV-0005870

Inspection ID: MON-0044346

Date of inspection: 26/07/2024

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>The provider and the Housing association will monitor completion of works and ensure works are fully finished in line with regulation 17 and 28.</p> <p>Remedial issues will be addressed and quarterly reviews of progress will take place between Rehabcare and Housing association.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The building surveyor engaged by the housing association has confirmed that the property will require substantial works to the floor to address the subsidence issues. The floor will need to be removed and new timbers or concrete installed.</p> <p>The surveyor has confirmed that there is not likely to be any further deterioration in the short term - 18 to 24 months.</p> <p>The works required will cause significant disruption and the two residents will need to be housed elsewhere while the works are ongoing. The housing association engaged an architect to give an opinion of the feasibility of building a new dwelling on the site to accommodate these two residents and their care supports. The architect's opinion is that this will be feasible from a construction and a planning perspective.</p> <p>Having consulted RehabCare, the housing association are therefore proposing that a new permanent home is provided for the residents, which would require only one move by the residents. This new build process is estimated to take 22.5 months to the date of completion.</p>	

In the meantime, the housing association are addressing any remedial issues identified and will monitor the property quarterly for any further floor-related issues. The housing association will remedy any further issues which might arise for the duration of the tenants' stay.

A schedule of the timelines is set out below;

Remedial works: Completion By

Floor staining bathroom to be addressed: new floor and toilet to be provided. Contractor has been appointed 04.10.2024

Gaps in flooring in bathroom and kitchen. Contractor has been appointed. 04.10.2024

Fire doors gaps being remedied by a qualified contractor. Contractor has been appointed.

Certification of compliance will be provided. 04.10.2024

Permanent solution-new build on site Completion By

Estimate of costs to be prepared 30.09.2024

Funding in place 29.11.2024

Rehab Group and housing association's Boards approval 20.12.2024

Procurement and appointment of architects 31.01.2025

Preparation of plans and detailed costing for new construction 31.03.2025

Planning approval process 30.06.2025

Sign contractions contracts 30.06.2025

Construction 30.06.2025

Handover and occupation 31.07.2026

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Emergency Exit Light was not functioning correctly at the time of the inspection. The bulb was replaced on July 31st 2024 and is now in working order in the centre.

Fire doors gaps being remedied by a qualified contractor. Contractor has been appointed.

Certification of compliance will be provided. (as per Regulation 17 also)

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/07/2026
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	31/07/2026
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2024

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	04/10/2024
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