



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

Issued by the Chief Inspector

Name of designated centre:	Sligo Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	17 November 2022
Centre ID:	OSV-0002688
Fieldwork ID:	MON-0036155

About the designated centre

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

Sligo Supported Accommodation is a full-time residential service located in an urban location on the outskirts of a busy town. It is registered for four adults with an intellectual disability who may also require additional support in relation to their mental health and positive behaviour support. A combination of support workers and community support workers assist residents during the day and there is a staff sleep-in arrangement to support residents during night-time hours. Transport is also available for residents to access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 17 November 2022	09:30hrs to 13:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Sligo Supported Accommodation is a two storey house which is located within walking distance of a large town. Each resident has their own bedroom and had access to a communal sitting room and kitchen and dining facilities. There was one en-suite bedroom provided and two communal bathrooms. This was appropriate to the number of residents living at the centre.

The inspector found that this designated centre was a well presented home and there was evidence of improvement since previous inspections. The entrance hall was clean and tidy and there was a safety pause station near the front door. Hand sanitiser, masks and gloves were provided, along with suitable arrangements for disposal of used PPE when exiting the house. The person in charge had signage in the hallway where pictures and information were displayed. These included information on the advocacy officer, the designated officer and the complaints officer. Furthermore, information was provided in an easy-to-read format for residents use. For example, guidance on hand hygiene and mask wearing. The communal sitting room was welcoming and homely. Personal items were displayed and the inspector found that the hard and soft furnishings provided were clean and in a good state of repair. There was a white board on the wall, which provided information on the planned activities for a resident. This was up to date. There was a combined kitchen and dining room which was well presented. The worktops were clean and clear of clutter. The person in charge had appropriate arrangements in place for the disposal of household waste and the bins provided were foot operated, sanitary and neatly lined. Handwashing facilities were provided with soap and paper towel available, along with a poster which guided staff on correct hand hygiene technique. The cupboards were observed to be neat and tidy with cleaning products available. There was a notice board where information on menu plans, activity trips and a picture based staff roster were displayed. In addition, residents had a cleaning agreement in place. This ensured that they understood their role in relation to the daily cleaning requirements and it meant that all people living there were supported to be involved. The staircase had a clean carpet and the paintwork was fresh and bright. The communal bathroom was very clean. The shower cubicle was spotless and a dedicated area for the storage of PPE was provided. Soap and towels were provided along with hand hygiene guidance.

To the rear of the facility there was a small garden area. The bins were stored neatly and were closed. A shed was provided for the storage of equipment. The inspector found that arrangements were in place for the appropriate storage of

cleaning mops. Colour coded mops and buckets were provided in line with the provider's policy and these were stored correctly.

On arrival to the designated centre, the inspector was met by a support worker who had been on sleep-over the previous night. A safety pause was completed which ensured that checks were in place to prevent and control the risks associated with COVID-19. These included a symptom declaration and a recording process which ensured that details of those that entered the centre were documented. Shortly afterwards, the inspector met with the team leader and the person in charge. All staff were observed to be wearing PPE in line with public health guidance and to practice hand hygiene at appropriate intervals throughout the day.

There were three residents in Sligo Supported Accommodation on the morning of inspection. Two residents had finished breakfast and were relaxing in the sitting room and the other resident was upstairs in their bedroom. The residents told the inspector that two people attended a structured day service and that they were waiting for their transport to arrive. The third resident had plans to go shopping and they discussed the item that they planned to buy with the inspector. The inspector observed the interactions between the residents present and the staff on duty. They were noted to be supportive and respectful. Furthermore, residents' opinions were sought before decisions were made. For example, prior to leaving the house on the shopping trip. All residents had contact with their family, friends and community and those spoken with told the inspector about activities that they were involved in and about outings they had planned for the future.

This designated centre experienced an outbreak of COVID-19 in December 2021. One resident spoke with the inspector about their experience at that time. They said that they stayed in their room and that the staff brought their dinner to them. They described the donning and doffing station that was set up and they told the inspector that the staff helped them to understand what was happening at that time. They discussed the importance of both COVID-19 and influenza vaccination and shared their vaccination status with the inspector.

The person in charge spoke further about the COVID-19 outbreak. They said that they had a contingency plan in place. This included a plan to use an isolation unit at another location. However, due to the positive COVID-19 status of the residents, this was not required and a cohort arrangement was put in place in the residents' home. Staffing arrangements were reported to be challenging at times, however, the person in charge said that due to the dedication and support of both local and redeployed staff that adequate support for the residents was sustained and the challenge was overcome. The person in charge told the inspector that the funder's infection prevention and control (IPC) team were available at all times and were very supportive. An adequate supply of PPE was available. Therefore, it was clear that this plan was effective and where changes occurred, these provided an opportunity for learning. This will be expanded on later in this report.

In summary, Sligo Supported Accommodation provided clean, comfortable and welcoming living accommodation for the residents where systems and processes

were in place to prevent and control the spread of infection.

The next two sections of this 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

The provider had ensure that there were effective governance arrangements and reporting relationships in place in this designated centre and this ensured that a good quality and safe service was provided.

As previously described, the inspector met with the person in charge on the day of inspection along with a team leader who provided support to the person in charge. The person in charge reported to a person participating in management (PPIM) and they told the inspector that they were in regular contact and the governance relationship was supportive. As previously outlined, the person in charge was aware of their overall responsibility for infection and prevention oversight. From conversations held and documentation reviewed, it was evident that they knew how to seek support from external agencies in relation to infection prevention and control if required.

The inspector reviewed the staffing arrangements in place and found that the roster was up to date and provided an accurate reflection of the staff on duty on the day of inspection. As mentioned, this included a social care worker who had completed their shift that morning and a second staff member who was providing a resident with 1:1 support for a planned outing. A sleepover arrangement was in place in this designated centre. However, the inspector found that this could be changed to a waking night arrangement if required. For example, the inspector found that during the COVID-19 outbreak the staff sleep-over arrangement was paused and a waking night staff member was put in place. This showed that the provider was responsive to the needs of the residents and could adapt quickly if required. An out-of-hours arrangement was in place and relief staff were used if required. The person in charge told the inspector that, in the main, these staff members were consistent and familiar with the residents' needs. However, one new relief staff member had commenced employment recently and a recruitment campaign to secure further staff was ongoing.

Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; infection prevention and control basics, hand hygiene and donning and doffing PPE. The inspector viewed a sample of the training provided and found that all modules reviewed were up-to-date. The person in charge had recently completed an IPC link practitioner training

course and it was evident that they had put their learning into action in this designated centre. For example, staff were provided with additional cleaning and disinfection training in order to ensure adherence to IPC prevention measures. Furthermore, staff had access to a programme of formal supervision and the person in charge had a schedule in place. The inspector reviewed a sample of supervision meetings and found that the template used was effective and that the discussions were supportive.

The provider had ensured that there were a number of measures in place to assess, monitor and review its performance in relation to infection prevention and control. These included an up-to-date quality improvement plan where actions highlighted through the audits used were recorded and an action plan agreed. The person in charge told the inspector that this process was under review and would move to an electronic format in the future. A service specific regulation 27 audit tool was introduced to the service recently and it was reported to be useful and effective. For example, the provider completed an unannounced IPC audit in September 2022. The audit included a review of IPC documentation in place, a premises check, a review cleaning audits along with an opportunity to observe staff practices in relation to IPC.

There was a site specific safety statement, a site specific risk register and individual risk assessment available on residents' files. In addition there were a number of protocols and internal audits available for staff use. These included a monthly audit completed by the person in charge and a weekly audit completed by the team leader. Furthermore, there were monthly audits on PPE stocks and first aid box checks and weekly audits on the transport used by residents and daily cleaning checks. The person in charge told the inspector that a review of the audit schedule was ongoing. This was in order to learn from the specific requirements of the service and to amalgamate and reduce the amount of documentation used. This showed that a culture of learning, development and service development in relation to IPC measures was in place.

As previously mentioned, this designated centre experienced a COVID-19 outbreak in December 2021 which was reported to be very challenging. The provider had a COVID-19 framework in place and staff spoken with were aware of how to act promptly if required. Each resident had an individual isolation plan which guided staff on how to ensure that their needs were addressed and IPC risks were reduced. There was clear evidence of the review and updating of this framework post outbreak, for example, the safe zone system used was noted as effective, the one way system used worked and the use of the isolation unit was not required. Furthermore, the person in charge told the inspector that staff were redeployed from the day service and required at short notice. As it was not possible to complete a site based induction session; a short video was recorded and made available for staff to view before they reported for duty. This provided guidance to staff on how to use the premises during the period when transmission based precautions were in place. It included a visual guide on how to enter and exit the property, the internal layout of the building and an overview of key locations such as the safety pause stations, the PPE storage area and the donning and doffing stations used.

The inspector found that the governance arrangements in this designated centre were concise, supportive and effective. This impacted on the provider's ability to ensure that there were safe practices in place in relation to infection prevention and control.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The standard of care and support provided in this designated centre was found to be of a high standard which ensured that the residents living there were receiving a good quality and safe service.

The inspector found that the residents living in Sligo Support Accommodation were supported to understand infection prevention and control risks and were involved in decisions regarding their care. A keyworker systems of support was in place and keyworker meetings were taking place on a monthly basis. In addition, the inspector reviewed the minutes of the residents meetings and found that discussions on COVID-19 were a standing item on the agenda. Easy to read documents relating to infection prevention and control were available for residents use and a system to support informed consent was in place.

Residents had comprehensive healthcare support plans in place. A review of these documents provided evidence of residents' access to a general practitioner (GP) and members of the multi-disciplinary team. For example, residents had access to speech and language therapy, occupational therapy, dietetics and were supported to attend vaccination clinics for both influenza and COVID-19. This meant that a circle of care was in place for each resident which ensured their healthcare needs were attended to.

The inspector found that the staff on duty had good knowledge of the standard precautions required to prevent and control the spread of infection and there were systems and processes in place to ensure that IPC was part of the routine delivery of care. As previously outlined, the person in charge had completed an IPC link nurse training programme and there was evidence that their learning was put into practice in the designated centre. For example, staff were in the process of completing additional training in cleaning and disinfection which would ensure that the high standard of cleanliness was upheld.

A walk around of the centre showed that designated centre was very clean and tidy. This property was recently renovated and in good repair. The provider had ensured that systems were in place for the laundering of clothing and bedding, and the

management of household and risk waste. There was an adequate supply of cleaning products, dissolvable laundry bags and risk and non-risk waste disposal bags available and staff were aware of how to use these.

Overall, the inspector found that this was a very clean, tidy and organised service where the staff on duty were aware of residents' needs and knowledgeable of the practices required to meet those needs. The provider and the person in charge had ensured that infection prevention and control systems and procedures were in place and that the staff were aware of how to use these.

Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and control of infection and that residents who may be at risk of a healthcare-associated infection were protected. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policies and protocols, risk assessments and individual isolation plans. Effective governance arrangements were in place which ensured that residents were supported to understand IPC risks and that that staff were aware of how to act promptly if required. There was a site specific COVID-19 preparation plan in place and where an outbreak occurred, the plan was reviewed, updated and provided an opportunity for learning for the future.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant