



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

Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	09 August 2023
Centre ID:	OSV-0002619
Fieldwork ID:	MON-0031075

About the designated centre

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

Shalom provides both full-time and shared care residential services to male adults with a mild to moderate intellectual disability. The centre is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. The centre has its own mode of transport to enable residents to access the community, if required. This centre comprises of a bungalow dwelling and accommodates up to three residents at any one time. Residents have their own bedroom and also have access to a communal kitchen dining area, utility room, shared bathroom and sitting room. Residents also have access to a well-maintained garden space both to the front and rear of the centre. The centre is staffed by a team of care assistants and a staff nurse, under the supervision of the person in charge. This includes active night-time staff.

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
Wednesday 9 August 2023	14:30hrs to 18:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to be active participants in the running of their home and to be involved in their communities.

Shalom is a bungalow located in a residential area close to busy town. There was a small front garden with cheerful flowers at the front door and bird feeders on the tree. The entrance hall was bright and welcoming. The kitchen and dining room were well-equipped and suitable to the assessed needs of the residents. The sitting room had a new suite of furniture since the last inspection and was a welcoming and comfortable room. There was a shared bathroom which was clean and tidy. A utility room was provided for the storage of cleaning products and the laundering of linens and clothing. This had new units, a new door and a new window fitted since the last inspection. It was a well organised room. At the rear of the house there was a garden with outdoor furniture for residents' use.

On arrival, the inspector met with the person in charge and the assistant director of nursing. The residents had left the centre to attend a festival in the town. The inspector met with the residents on their return later that evening. Two residents offered to show the inspector their bedrooms. They were warm, comfortable and personally decorated. One resident told the inspector that they enjoyed sleeping in their bedroom and they showed the inspector their new curtains. The second resident showed the inspector their en-suite shower room which was recently renovated. They told the inspector that they enjoyed living in Shalom, that it was like their own home and that it was a happy house.

The inspector met with the staff members on duty on the day of inspection. When asked, they spoke with the inspector about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred rights based approach in their work. They told the inspector that the residents were active participants in the running of their home.

Overall, the inspector found that the residents at Shalom were provided with a good quality, person-centred and rights based service where they were active participants in their community and in the running of their home. The staff employed were familiar with residents' support needs and attentive to their requirements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review.

As outlined, this inspection was completed to monitor compliance and to inform a registration renewal application. The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation. A contract of insurance was in place.

The management structure consisted of a person in charge who reported to the assistant director of nursing. As outlined above, both were present on the day of inspection. The person in charge had responsibility for the governance and oversight of three designated centres which were located close to each other. They told the inspector that they had the capacity to provide this oversight and that the provider supported them in their role. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The provider had a statement of purpose which was available for review. It had been revised recently and contained the information required under Schedule 1 of the regulation. The policies and procedures required under Schedule 5 of the regulation were prepared in writing, were reviewed regularly and were available to read in the centre.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. This included staff who were available at the designated centre during the day should a resident wish to remain at home. In addition, the night-time support in place had changed to a waking night arrangement since the previous inspection. Agency staff were used. They were reported to be consistent and familiar with the assessed needs of residents. When the person in charge was not available, an on-call system was used, which staff said worked well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. All training modules from the sample reviewed were up to date. In addition, a formal schedule of staff supervision and performance management was in place, with meetings

taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

The provider had arrangements in place for the storage and maintenance of records at the centre. The sample reviewed found that documents in relation to residents and staff were available to view and were kept in accordance with the Schedules of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for the care provided

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill-mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and

facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

Regulation 21: Records

The provider had arrangements in place for the storage and maintenance of records at the centre. The sample reviewed found that documents in relation to residents and staff were available for review and were kept in accordance with the Schedules of the regulation.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

The inspector found that the service provided in Shalom was person-centred and safe. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community.

Comprehensive assessments of residents' health, personal and social needs were completed. Each resident had a personal-centred plan and an assessment of need which were reviewed regularly. Residents were involved in setting goals through their personal planning meetings. Examples of goals included; going to football matches, playing golf, visits to a religious shrine and planning an overnight hotel trip.

Residents who required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. In addition, residents had access to consultant based services if required.

The provider had prepared a guide for residents' use which included the terms of residency and a summary of the services and facilities provided. This was available in easy-to-read format.

As outlined, the premises provided was designed to meet the needs of the service.

The property was of sound construction and in a good state of repair. It was comfortable, welcoming and well-presented. Improvements were made since the last inspection. These included, a new door, window, en-suite enhancement and new furniture.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risks.

The provider had arrangements in place to reduce the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had completed fire training.

In summary, residents at this designated centre were provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Where concerns arose, the provider had put actions in place to address these, and to reduce any negative impacts on residents.

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the number and needs of the residents. It was of sound construction and in a good state of repair.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a residents' guide available in easy-to-read format which met with the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant