

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

## Issued by the Chief Inspector

Name of designated centre:	Stranbeg
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0004909
Fieldwork ID:	MON-0035060

## About the designated centre

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

Stranbeg is a centre run by the Health Service Executive. It provides residential care for up to seven male and female residents, who are over the age of 18 years and have a moderate to severe intellectual disability. The centre comprises of one bungalow dwelling and three apartments, which are both located close to rural villages in Co. Sligo. Transport arrangements are in place to ensure residents have opportunities to access the community and local amenities. Staff, which includes nurses and care staff, are on duty both day and night to support the residents who live here.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 14 May 2024	09:35hrs to 17:30hrs	Alanna Ní Mhíocháin	Lead
Tuesday 14 May 2024	09:35hrs to 17:30hrs	Nan Savage	Support

## What residents told us and what inspectors observed

This was an announced inspection. The provider was given four weeks' notice of the inspection. The inspection formed part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre. Overall, inspectors found that residents in this centre were supported to live meaningful lives through a good quality, person-centred service. The provider had strong arrangements in place to manage the service and to continually improve the service.

The centre consisted of two buildings that were located a number of kilometres apart. One was a dormer bungalow in a rural location. The other was three individual self-contained apartments on the edge of a town.

The dormer bungalow had four bedrooms on the ground floor. One bedroom was en-suite with a level access shower. There was a large bathroom with a level access shower for use by the other residents. There was a sitting room, living room, kitchen-dining room and a conservatory. The first floor of the centre contained two staff offices and staff bathroom. Outside, the gardens and grounds were well maintained. There was a paved patio area that was accessible to all residents. There was a wooden cabin in the back garden that was used for storage. The house was accessed at the front and back via ramps.

The apartments were located in a single storey building. Each apartment had a separate kitchenette-living area, bedroom, bathroom and laundry facilities. There was an office located in one of the apartments that was used by staff.

The centre was warm and bright. Overall, it was kept in a good state of repair. Furniture was new, clean and free from damage. As part of planned renovations, upgrades had taken place since the last inspection including the installation of new fitted kitchens in some apartments. Bedrooms were decorated and furnished in line with the residents' needs. For some residents, this required the use of soft padded areas to reduce risks of injury. Where required, residents had adjustable beds and equipment to facilitate activities of daily living, for example, shower chairs. Bedrooms were personalised with the residents' photographs, art and belongings. Overall, kitchens were well-stocked with ample fresh food for meals and snacks. Limited foods were stored in one of the kitchens in line with a resident's specific plan of care. This resident had access to a variety of food when required. The centre was clean and tidy. However, inspectors noted an area in one bathroom where there was dark discoloration on the tiles and sections of the floor covering. Inspectors were informed that plans were in place to replace this flooring. Parts of the door frame in this area were scuffed. Inspectors also found that the surface of an external door was damaged.

Inspectors had the opportunity to meet with six of the seven residents in the centre. One resident was on a holiday abroad at the time of inspection. Residents'

engagement with inspectors was limited but one resident responded 'yes' when asked if they were happy in their home and if the staff were nice. Residents were busy throughout the day. Some residents left to attend social appointments and at other times they participated in specific household activities that they enjoyed, sang songs with staff or just relaxed in the centre. Residents were supported to complete daily activities. For example, one resident was supported to make lunch. Residents' independence was promoted and, when they wanted, they completed household activities independently. For example, a resident made a cup of tea for themselves and others.

As part of an announced inspection, HIQA issue questionnaires to the residents before the inspection. These questionnaires are used to gather the residents' opinions on the centre and the service they receive. Six questionnaires were completed and reviewed by inspectors. All residents received support from a staff member or family member when completing the questionnaires. All responses indicated that residents were happy in their homes and with the service they received. Comments recorded in the questionnaires talked about the positive relationship between residents and staff, activities that residents enjoyed, and how the residents have choice in their lives. A family member of one resident spoke to inspectors. They were very complimentary of the staff and the service that their family member received in the centre. They said that staff were 'just like family' and that their family member received very good care. They gave an example of a particular time when staff supported the resident to meet with family members for coffee.

In addition to the person in charge, inspectors met with seven members of staff throughout the inspection. Staff spoke about the residents warmly and respectfully. They were very knowledgeable on the needs of residents and there was evidence that they regularly advocated on their behalf. They spoke about the supports that residents required to meet their needs and this was in line with the information contained within the residents' personal plans. For example, residents that required modified diets received this in the line with their nutrition and hydration plan and speech and language therapist recommendations. Staff supported residents that required assistance with eating and drinking in a respectful and dignified manner.

Staff had completed training on human-rights based care. They reported that much of the practice outlined in the training was already underway in the centre. They said that the training had highlighted the need to ensure that residents were offered choices throughout the day in relation to their daily activities. They said that it was also the right of residents to decline the choices offered to them.

There was a pleasant, relaxed atmosphere in the centre. The residents chose the music that was played in the centre and were heard singing along at different times throughout the day. Staff were observed interacting with residents in a friendly and caring manner. Staff were familiar with the residents' communication style and could chat comfortably with residents. Residents were observed using communication strategies and staff responded appropriately. This included different types of informal systems to communicate choices such as gestures, facial and body language. For example, the inspectors noted that a resident pointed to a picture to

support their communication and this was easily understood by staff. Staff and residents were heard laughing together at one point during the day. Staff offered choices to residents throughout the day and respected the residents' choice. When residents asked for help, staff were quick to respond.

Overall, inspectors found that residents had a good quality of life in this centre. Their rights were respected and they were supported to engage in a variety of activities that they enjoyed. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to residents.

## Capacity and capability

The strong management structures and good oversight arrangements in this centre, meant that the provider could ensure that residents received a good quality service that was in line with their needs.

There were strong governance and oversight arrangements in the centre. The lines of accountability were clearly defined. Staff were clear on who to contact should any issues arise or incidents occur. Incidents were reviewed and escalated through the management structures, as appropriate. Incidents were reviewed and trends identified so that any reoccurrence could be avoided.

The provider maintained oversight of the service through a suite of audits. These were completed in line with the provider's timeline. The provider also completed six-monthly unannounced audits of the centre. An annual report into the quality and safety of care and support in the centre was developed. Findings from audits, provider-led audits, incident reviews and self-assessments were included in the centre's quality improvement plan. This identified actions that needed to be taken to improve the service. A named person responsible for completing the action was identified. There was a timeline of when the actions should be completed. There was evidence that that actions were completed in line with the provider's targets.

The staffing arrangements were suited to the needs of residents. The number and skill-mix of staff were appropriate to support residents with their health and social care needs. Staff training was largely up to date in the modules that had been identified by the provider.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all of the required documentation in order to renew the registration of the designated centre. This was reviewed by inspectors and found to

be complete and contain all of the information set out in the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had the required qualifications and experience for the role. They worked in the centre on a full time basis. They were very knowledgeable of the needs of residents and the service required to meet those needs. They were knowledgeable of the regulations and their responsibilities as person in charge.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements were suited to the needs of residents. Inspectors reviewed rosters for the four weeks prior to the inspection and found that the person in charge maintained a planned and actual roster. The rosters demonstrated that number of staff on duty was suitable to support residents with their health and social needs. The skill-mix of staff was suited to the profile of residents. There were no vacancies in the centre on the day of inspection and all staff were familiar to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in this centre had largely up-to-date training in the modules that the provider had identified as mandatory.

Inspectors reviewed the staff training records for staff in one of the buildings in this centre. The records showed that the provider had identified 30 mandatory training modules for all staff. In addition, 12 training modules that were specific to the needs of residents in this centre had been identified. Staff training in all modules was largely up to date. Where staff required refresher training, dates had been identified for staff to complete these modules or the person in charge was awaiting an updated training certificate from the staff member. On the day of inspection, staff interactions with residents demonstrated that appropriate training has been received in a range of areas.



Judgment: Compliant

### Regulation 23: Governance and management

There were strong governance and management arrangements in the centre.

The lines of management were clearly defined. Staff knew who to contact should any issues arise. A clear escalation pathway existed should any incidents occur. There were on-call arrangements for a senior manager to be available to staff outside of regular business hours. Staff received regular supervision in line with the provider's policy. A review of incidents in the centre that occurred in 2024 found that these were reported and escalated as required. The person in charge reviewed the incidents that occurred in each quarter to see if any trends had emerged.

Oversight of the service was maintained through a suite of audits. There was a schedule that outlined at what times throughout the year audits should be completed. A review of the audits in the centre completed in 2024 found that audits were completed in line with this schedule.

Any findings from these audits were added to the centre's quality improvement plan. This identified what actions needed to be taken to address the issue identified and gave a timeline for when this should be completed. The quality improvement plan also included issues identified through self-assessment by the person in charge, risk assessments and provider-led audits. The plan indicated that issues were addressed in this centre in line with target timelines.

The provider had completed six-monthly unannounced audits and an annual report into the quality and safety of care and support in the centre. A review of the most recent annual report found that it was very comprehensive. Actions for service improvement were identified and target timelines for their completion were recorded.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Inspectors reviewed contracts of care for three residents. These contracts outlined the terms of residency for the resident. It identified details of the service to be provided and the fees that the resident would incur. Each contract had been signed by the resident's representative and by a provider representative.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed. It contained all of the information as set out in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place. Complaints were due to be reviewed on a quarterly basis. The inspector noted that this had been completed in the centre and that no complaints had been received in the previous quarter.

Judgment: Compliant

## Quality and safety

Residents received a good quality service in this centre. Staff were given clear information on how to support residents. Residents were supported to communicate their wishes. The safety of residents was promoted through good risk management and safeguarding arrangements.

Staff were provided with clear information in relation to the supports required by residents to meet their needs. The residents' assessments and care plans were current, regularly reviewed, and updated with clear details of any changes to the residents' needs. There was evidence of input from a variety of relevant professionals. Staff were knowledgeable on the content of the plans and on how to support residents.

Residents were supported to communicate their choices, opinions and wishes. This was achieved through staff knowledge of the resident's communication strategies, their likes, and their dislikes. This ensured that residents' rights were respected. They were supported to make choices in their daily lives and engage in activities of their choosing. The centre was suited to meet the residents' needs so that they could spend time with other residents or spend time alone.

Residents' safety was promoted. Risk assessments identified risks to residents and ways to reduce those risks. The assessments were up to date and gave clear guidance to staff. Safeguarding procedures were followed and safeguarding plans were implemented. The plans were reviewed and updated frequently

Overall, residents had a good quality of life. This was achieved through a person-centred service that promoted the rights of residents and that ensured their safety.

### Regulation 10: Communication

The provider had ensured that residents were supported to communicate their needs and wishes.

Inspectors reviewed four of the residents' files. Residents' communication needs were assessed and supports to meet those needs were identified. Residents' files contained communication profiles that were developed by a speech and language therapist. Staff were very familiar with the residents' communication styles and could converse easily with residents.

Judgment: Compliant

### Regulation 11: Visits

The provider had made appropriate arrangements for residents to receive visitors.

The policy in relation to visitors attending the centre was clearly outlined and supported residents to receive visitors in line with their wishes. The centre had adequate space for residents to receive visitors in private. A residents' family member outlined how staff supported a resident to meet with family members recently.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in activities that were in line with their wishes.

Inspectors reviewed the daily notes for two residents. The notes covering the two months prior to inspection were reviewed. These notes indicated that residents were supported to engage in activities within the centre and in the wider community that were in line with their wishes. Staff displayed flexibility in their day to ensure that residents were supported to leave the centre for an outing when they wanted. Residents were also actively supported to connect with family and friends, as they wished.

Judgment: Compliant

### Regulation 17: Premises

The centre was well suited to the needs of residents. However, some improvement was required in relation to one bathroom and an external double door.

The centre was designed and laid out to meet the needs of residents. The centre had adequate private and communal space. The centre had equipment necessary to support residents with their daily activities. These were regularly serviced by an external company. The centre was accessible to residents. Overall, the centre was clean and in a good state of repair. However, inspectors noted that some sections of the wall and flooring in a bathroom had not been maintained in a clean condition. Part of the flooring in this bathroom had become defective and therefore not readily cleanable. The painted surface of the external double door was worn.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

Residents' food and nutritional needs were assessed and used to develop personal plans that informed practice. Staff adhered to advice of specialist services, including recommendations on therapeutic and modified consistency dietary requirements.

The centre contained ample fresh food for meals and snacks. A review of residents' meeting notes found that residents were supported to make choices in relation to their meals every week.

Staff were very supportive and encouraging when assisting residents with their meals. Residents had plenty of time to eat and drink, therefore, meals were unrushed and a time of enjoyable social sharing.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had identified appropriate risk management systems.

The provider had a risk register that identified risks to residents, staff, visitors and

the service as a whole. This was reviewed by inspectors. Appropriate control measures were identified to reduce the risks and clearly documented. These risk assessments were reviewed regularly. Individual residents also had risk assessments relating to their individual needs. The inspector reviewed the risks assessments for four residents and found that all relevant risk had been identified and appropriate control measures implemented. The risk assessments had been recently reviewed and updated.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The assessments of need and personal plans for four residents were reviewed by inspectors.

Resident's needs were adequately assessed within the previous 12 months. Where a need was identified, a corresponding care plan had been developed. These were regularly updated.

Resident's personal plans identified goals for personal development. The development of the plans included input from the resident, their family representatives and relevant staff members. The personal plans were reviewed annually and included a review of the effectiveness of the previous years' plan.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were well managed.

The review of resident files indicated that residents had access to a variety of healthcare professionals in line with their needs. Records of medical history and appointments was maintained. There was evidence of follow-up on recommendations made by healthcare professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required, residents had adequate support to manage their behaviour.

Residents' files contained behaviour support plans, when required. These were devised by appropriately trained professionals and gave clear guidance to staff on how to support residents manage their behaviour. In conversation with staff, they were knowledgeable on the needs of residents and the supports outlined in the plan. Staff were observed using some of the supports with residents.

Judgment: Compliant

### Regulation 8: Protection

Residents' safety was promoted in this centre.

Where required, safeguarding plans were devised. Inspectors reviewed the open safeguarding plans in the centre and noted that measures to protect residents from abuse were consistently implemented. Safeguarding procedures were followed. Staff were knowledgeable on the steps that should be taken to protect residents and on what to do should a safeguarding incident arise.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were promoted.

Inspectors noted that residents were routinely offered choices throughout the day and their choices were respected. Where required, residents were referred to independent advocacy services. One resident had expressed a preference to remain living in the centre rather than move to another house and this had been respected by staff. Additional supports for the resident had been identified to support their choice to remain in the centre.

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
<b>Capacity and capability</b>	
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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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

# Compliance Plan for Stranbeg OSV-0004909

Inspection ID: MON-0035060

Date of inspection: 14/05/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            To ensure compliance with Regulation 17 the following actions will be undertaken :</p> <ul style="list-style-type: none"> <li>• There will be a deep clean undertaken of the accommodation including all three apartments. To be completed by Friday 21-6-24</li> <li>• The bathroom wall tiles and flooring will be replaced .This will be completed by 31-7-24.</li> <li>• The external door will be replaced .This will be completed by 30-8-24.</li> </ul> <p>.</p> <p>The CH CDLMS Audit Schedule inclusive of the environmental Meg Audit is in place within the center and all actions identified are placed on the center’s Quality Improvement Plan. All actions will be completed within the identified timeframe.</p>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	30/08/2024