



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

Issued by the Chief Inspector

Name of designated centre:	Saol Beo
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	03 March 2023
Centre ID:	OSV-0005696
Fieldwork ID:	MON-0038695

About the designated centre

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

Saol Beo is a full time residential service, which is run by Positive Futures. The centre can accommodate three male or female adults over the age of 18 years, with an intellectual disability. The centre comprises of one bungalow located in a residential area on the outskirts of a town in Co. Leitrim and has access to amenities such as cafes, shops and religious services. Residents have access to their own bedroom, a shared kitchen and dining area, bathroom, utility and sitting room. Residents also have access to an enclosed garden area which is wheelchair accessible. The staff team comprises of nursing staff and support workers. Waking night support is provided.

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
Friday 3 March 2023	12:30hrs to 16:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the *National Standards for Infection Prevention and Control (IPC) in Community Services* (HIQA, 2018).

A previous inspection took place in December 2021. Due to concerns identified with the premises provided, the residents moved to an alternative designated centre for a period last year, while works in relation to a water leak were completed. Residents returned to Saol Beo in September 2022.

The inspector had the opportunity to meet with all three residents during the course of the inspection. Due to their assessed communication needs, they did not hold conversations with the inspector but used words and gestures to communicate. In addition to meeting with residents, the inspector spent time speaking with the staff and reviewing documentation to gather a sense of what it was like to live there.

On arrival at the centre, the inspector met with a resident who was relaxing in the sitting room while the staff member on duty was preparing a hot lunch. The resident smiled broadly when introduced to the inspector. They used some words to speak about their family and about staff members. At times, they used gestures to indicate their wishes. It was clear that the staff member on duty was very familiar with the resident's communication style and with their preferences. They were observed being very attentive to their needs and their interactions were caring, patient and respectful.

The residents at this centre did not attend a structured day centre. Instead, a programme of home based activities was organised each day in line with the residents' preferences. Later, the inspector observed the remaining two residents as they returned on the bus from a community outing. The purpose of this activity was to take some furniture for repair, take a walk and to do some shopping on the journey home. The residents did not speak with the inspector. However, they were observed cheerfully returning to their home, interacting with staff and enjoying their meal. It was clear that the residents living in Saol Beo had good opportunities for social interactions and were actively engaged in their communities. In addition, staff told the inspector that they were facilitated to maintain relationships with family and friends where appropriate. There were no restrictions on visiting to the centre at the time of inspection.

This designated centre comprised one property. The provider had a number of measures in place to assist with the prevention of infection and control of its spread. A walk around of the residents' home showed that significant repairs had taken place since the last inspection which ensured that matters relating to infection prevention and control were easier to attend to. These included freshly painted walls

and new flooring which was reported to be easier to keep clean. A safety pause system was in place at the entry and exit door. Hand sanitiser was provided, along with a supply of face masks and cleaning wipes. Additional hand-washing sinks were available and were appropriately equipped with soap and towels. Foot operated bins were found throughout the property. Signage relating to infection control was used throughout, however, this was discreet and did not impact on the homely atmosphere. All staff were observed to be wearing face masks in line with the provider's policy. The documentation held at the property was reviewed as part of this inspection. The inspector found that improvements with some documentation systems would enhance the infection prevention and control arrangements in place and this will be expanded on later in this report.

Overall, it was found that the residents living at Saol Beo appeared happy and comfortable in their home. Systems were in place to ensure that infection prevention and control measures were provided and monitored. However, some actions were required to improve the documentation in place. This would ensure that the infection prevention and control measures used were consistent with the Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety.

Capacity and capability

Overall, the inspector found that the registered provider had some systems in place to provide a safe service and to reduce the risk of healthcare-associated infections including COVID-19. However, some improvements were required with the documentation systems used which would further add to the effectiveness of the measures in place.

There were clear lines of authority and accountability to ensure oversight of infection prevention and control (IPC) measures in the centre. The centre was managed by a full-time person in charge. They were not available on the day of inspection. However, the inspection was effectively facilitated by the staff member on duty and by a manager who supported the role of person in charge. The person in charge was appointed as the COVID-19 lead in the centre. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose.

Information and guidance was available in the form of health and safety policies, procedures and guidelines. However, the inspector found that some required review to ensure that they were up to date. Furthermore, a streamlined system of documentation was required to ensure that the guidance provided was clear and that there was no duplication. The provider had a COVID-19 folder which was

reviewed by the inspector. This included easy-to-read guidance for residents use. However, although written guidelines and protocols were in place, some required review to ensure that they were in line with current public health guidelines. In addition, the isolation plan used for residents during an outbreak of infection required updating to ensure that it provided guidance on the specific isolation arrangements in place for each resident. For example, the zoning arrangements for use if a resident was unable to isolate and the bathroom arrangements in place for residents that did not have en-suite facilities provided.

The provider had arrangements in place to assess, monitor and review its performance in relation to infections prevention and control. An audit system was in place. Daily and weekly cleaning schedules were used and were found to be up to date. Enhanced cleaning and wiping down was used as required. Team meetings were taking place on fortnightly basis. These provided an opportunity for staff to discuss and review IPC matters if required and staff spoken with told the inspector that they were supportive. Staff training requirements were reviewed and although not available at the centre on the day of inspection, IPC specific modules were reported to be up to date.

The inspector found that the staffing arrangements in place were appropriate to the assessed needs of the residents living at the centre. Conversations were held with three staff members during the afternoon. They said that appropriate staffing arrangements were in place during day and night-time hours. Furthermore, if support was required that an effective on-call system was in place. If extra staff were required, this was provided by staff who were known to the residents and consistency of care and support was provided. The inspector discussed the infection prevention and control arrangements in place with the staff and found that all had training provided and good knowledge of what to do should the need arise. Furthermore, they were aware of the laundry and waste management systems used in the centre. In addition, they spoke about improvements in the storage of cleaning equipment such as mops and buckets since the last inspection and referenced a plan that was in place to enhance this system further.

The next section of this report will present findings in relation to the quality and safety of the service provided.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, some improvements were required with the documentation used to ensure best practice with IPC measures were consistently adhered to.

The residents living at Saol Beo had a range of assessed needs and access to healthcare services were facilitated as required. This included attendance at general

practitioner (GP) appointments and visits from allied health professionals such as occupational therapy (OT) as required.

The inspector found that infection prevention and control practices were part of the day-to-day routine in this designated centre. Staff were wearing face masks and were observed practicing hand hygiene at appropriate intervals throughout the inspection. The residents in this designated centre lived there full-time and there were no vacancies. Therefore, there was no requirement for specific IPC arrangements in relation to admissions, discharge or transfers out of the service.

As outlined above, the residents had returned to live in Saol Beo and after maintenance work was completed. The inspector found that the premises provided was spacious and accessible for the residents living there. It was clean and tidy and in a very good state of repair. The floor covering was new, the walls were clean and freshly painted and there was a new suite of furniture in the sitting room. The staff on duty told the inspector about the arrangements used to identify maintenance requirements and of how to progress their completion. For example, the dining room chairs had some wear and tear evident and were difficult to keep clean. The provider had arranged for their repair and they were dropped off on the morning of inspection. This meant that the maintenance systems used were working well.

The inspector reviewed the staff handover folder and found that it contained a handover sheet with a number of daily checks in place. These included cleaning schedules as outlined previously in this report. There was a number of pieces of equipment in use in this centre and arrangements were in place to ensure that they were kept clean. No equipment was shared by residents. The handover folder also had a COVID-19 self-declaration form which was completed by the staff on duty. However, this required review to ensure that it was up to date with current public health advice at the time of inspection.

Staff spoken with described the systems used for the laundering of linens and clothing. They talked about the separation of risk laundry, the use of alginate bags and were aware of the correct wash temperature to use to ensure that it was effective in the control of infection. Likewise, they were aware of how to separate risk waste, of the location of the risk waste bags and of how to store and dispose of these safely and in line with the provider's policy.

Overall, the inspector found that the care and support provided at this designated centre was of good quality and the environment provided was of a very good standard. Some improvements were required with the use of documentation in the centre which would further add to the effectiveness of the infection prevention and control measures already in place.

Regulation 27: Protection against infection

The inspector found that the provider was meeting the majority of the requirements of the national standards for infection prevention and control in community services,

and keeping the residents and the staff team safe. There was a clear lines of accountability and authority within the centre. There were sufficient staff in place. Audit systems were in place around IPC measures and when actions were required these were addressed. The property provided was clean, tidy and of a very good standard. Policies, procedures and contingency plans were in place to guide staff practice, however, these required improvement to ensure that they provided clear guidance, were effective and up to date with public health guidance on infection prevention and control.

Improvements were required in the following areas;

- The health and safety folder required review to ensure that the policies procedures and guidelines provided were up to date and in in line with current public health advice.
- The contingency plan used required review to ensure that the guidance for staff was in date.
- The isolation plan used required review to ensure that it provided clear guidance on the individual isolation requirements of each resident
- The COVID-19 staff self-declaration form required review to ensure that it was up to date.
- The documentation folders available on the day of inspection required review to ensure that the information provided was clear and that there was no duplication

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Saol Beo OSV-0005696

Inspection ID: MON-0038695

Date of inspection: 03/03/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Action 1: Health and Safety folder (Hard Copy) in the Saol Beo Service to be reviewed to ensure all is up to date and corresponds with the service’s online policy folder in line with current guidelines.</p> <p>By Who: Service Manager</p> <p>Status: Completed on 23.03.23</p> <p>Action 2: Contingency plan to be reviewed and feedback to be submitted to inspector relating to information highlighted in the inspection report.</p> <p>By Who: Service Manager & Operations Manager</p> <p>Status: Completed. Feedback sent on 04.04.23</p> <p>Action 3: Isolation plan to be reviewed and feedback to be submitted to inspector in relation to information highlighted in the inspection report.</p> <p>By Who: Service Manager and Operations Manager</p> <p>Status: Completed. Feedback sent on 04.04.23</p> <p>Action 4: Covid-19 Self Declaration form to be removed from the handover file in line with updated public health guidance.</p> <p>By Who: Service Manager</p> <p>Status: Completed on 23.03.23</p>	

Action 5: The policy folder (Hard Copy) in the Service to be reviewed: duplicate policies to be removed and ensure all are up to date and correspond with the service's online policy folder.

By Who: Service Manager

Status: Completed on 06.03.23

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	23/03/2023