



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Streedagh View
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0007983
Fieldwork ID:	MON-0037819

About the designated centre

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

Streedagh View is a four bedded bungalow located in a rural part of Co. Sligo and within driving distance to the local town. This designated centre is operated by the HSE and it provides full-time care and support to four adults with intellectual disability and a range of assessed needs. It is a nurse led service with a staff team consisting of nurse managers, nurses and healthcare assistants. This includes a waking night support system which is provided by a nurse and a healthcare assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 13 December 2022	10:30hrs to 14:00hrs	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 spoke with the residents and met with the staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Streedagh View was a bungalow located in a rural area and surrounded by open countryside. Residents had access to dedicated transport and it was a short drive to the nearest town. The designated centre was a modern build home. There was a large open plan kitchen/dining area with an adjoining reception room which was bright and cosy. There was a second sitting room near the front entrance with a small desk area in the corner for staff to use. Each resident had their own bedroom, one of which was en-suite. A spacious bathroom with a wet room space for showering was provided for the use of the other residents.

There were four residents at this designated centre on the day of inspection. On arrival, the inspector met with one resident in the kitchen where there was an aroma of freshly cooked breakfast. Other residents were rising from sleep and preparing for their day. There was no day service attached to this centre at the time of inspection, however, a range of home and community based activities were provided. The inspector met with a staff member who attended the centre every weekday to facilitate activities. The inspector was told about some of the activities that the residents liked to participate in. These included; attendance at an active age club, beach walks, shopping, swimming and trips to seaweed baths. It was clear to the inspector that activities planned were based on the residents' choices and only if they choose to participate or to attend. In addition, the inspector observed one resident enquiring about the plans for the day and expressing their desire to go on a particular activity. The inspector noted that the resident was listened to attentively and supported to understand the risks relating to the severe weather on the day of inspection and that therefore, it would not be possible to go out at that time. These conversations were gentle, respectful and supportive.

One resident spoke with the inspector about their experiences during the COVID-19 pandemic. They were aware of the fact that the risks had not gone away and they spoke about the importance of staying safe and away from other people at that time. They also spoke about their vaccinations. They said that they felt worried about the injection but that the staff helped them to feel better. The resident also spoke about meetings which were held at their home and about the importance of feeling safe. They told the inspector that if they had a worry or a concern that they could speak to the staff on duty about it. This showed that this resident was supported to understand risks associated with healthcare associated infections and to understand the control measures that were put in place. Furthermore, they had both formal and informal opportunities to speak with their peers or to raise

individual concerns if required. Later, they gave the inspector a tour of their bedroom. It was personally decorated, bright and welcoming. The ensuite facility was clean and tidy and this room provided a very pleasant and individualised space for the resident's enjoyment.

The inspector found that in general, the IPC measures in place were protecting residents from risk. This designated centre was a very well presented home which was clean, tidy and well maintained. There was a safety pause station at the front entrance where hand sanitiser and masks were provided. A visitors' sign-in sheet was available along with an infection prevention and control (IPC) safety pause book. This included a checklist to guide staff on IPC requirements; including hand hygiene readiness, a symptom check reminder and reflective questions on what was working well and what required improvement in relation to IPC in the designated centre. The inspector reviewed this and found that it was up-to-date and appeared useful.

The main bathroom was neat, clean and tidy. There were floor to ceiling wall tiles and the fixtures and fitting were in good repair. Although a hand hygiene sink was provided, the system used to ensure that soap and paper towel was provided required review to ensure that it was available for use at all times.

The kitchen and dining room were observed to be in very good repair with no damage to the flooring, cupboards or worktops observed. The kitchen was organised and clear of clutter which meant that it was easier to keep clean. The bins were organised, lined and foot operated. A hand hygiene station was provided at the kitchen sink and there was a cupboard for the storage of soap and household cleaning items. The inspector found that further checks were required to ensure that hand cleaning foam and hand lotions were in date and disposed of if expired.

The main sitting room was located beside the kitchen. It provided a lovely area for residents to relax in, to watch television or to look out at the garden. The hard and soft furnishing were very well maintained, with no visible stains or damage. One resident was watching television in this room. Although they did not speak with the inspector they smiled and appeared content. The inspector found that they seemed to enjoy spending time in this room, while also being close to the kitchen. Therefore they could observe the daily activities happening there and they were not isolated.

Signage was displayed in this designated centre, however, it was discrete and therefore did not affect the homely environment. It included guidance on hand hygiene and on the use of personal protective equipment (PPE). There were no visitor restrictions at this centre at the time of inspection and all residents were reported to have regular contact with their family members and enjoyed trips home if possible.

In summary, Streedagh View provided clean, comfortable and welcoming living accommodation for the residents where there were good systems and processes in place to prevent and control the spread of infection. A review of some of the checks and documentation in place would further add to the high standard of care and support provided.

The next two sections of this report presents 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 clinical nurse manager 1 (CNM1) who provided support to the person in charge. The person in charge and the CNM1 told the inspector that they were in regular contact with each other and the governance relationship was supportive and effective. The person in charge was aware of their overall responsibility for the oversight of infection prevention and control in the centre. This centre experienced an outbreak of COVID-19 in August 2022 and this will be expanded on later in this report. From the conversations held and documentation reviewed, it was evident the staff team were aware of how to seek support from other areas when required. For example, the support of the CHO1 IPC team and the IPC link nurse.

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. There was a nurse on duty each day and at night-time the support of both a waking nurse and waking healthcare assistant was provided. Additional staff supports were available if required and these staff members were reported to be familiar with the needs of the residents. The inspector spoke with four staff members that were on duty on the day of inspection. They told the inspector of their enjoyment of their work and the positive atmosphere in centre. They said that team meetings were taking place on a regular basis. A review of the minutes provided showed that the meeting were well attended and matters pertaining to IPC were discussed. Staff spoken with were aware of the importance of good hand hygiene and the adherence to standard precautions at all times. They spoke about their experience of the COVID-19 outbreak and were aware of what to do if a resident had symptoms or appeared unwell. They were aware of the cleaning schedules used and of the arrangements in place for the washing of laundry and disposal of waste if transmissions based precautions were in place.

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 inspector reviewed the measures in place to assess, monitor and review the provider's performance in relation to infection prevention and control. There was a COVID-19 folder provided. It contained information and guidance for staff. These included updates from the provider on current public health guidance and a picture based outline of the members of the CHO1 IPC team.

The provider had a contingency plan which was updated in August 2022 after the COVID-19 outbreak. The COVID-19 response manager and the lead worker representative were named and these were up to date. A comprehensive post outbreak review had taken place and the inspector found that the work of the person in charge and the staff team ensured that the outbreak was confined and did not spread within the centre. The person in charge told the inspector that this was due to the fact that there a dedicated worker system was assigned to each resident and there was no staff cross over. This was reported to work well.

There was a general isolation plan which provided guidance in the event of a suspected or confirmed case of COVID-19. For example, the signage to use, the recording of clinical observations and the correct use of PPE. A zoning system was used and a map was provided which showed blue and yellow zones in the centre. In addition, residents had individual nursing intervention plans which recommended isolation, single nominated care and the avoidance of communal areas. However, there were no person specific isolation plans available on the day of inspection. Therefore, there was no guidance for staff in relation to which resident should use which isolation zone should an outbreak occur. Or which resident should use which toilet facility, for example, the main bathroom or a commode facility in their room. This required review to ensure the systems in place were individualised in order to suit with the residents' assessed needs.

The provider had a number of systems in place to audit the quality of care and support provided. The annual review of care and support and the six monthly provider-led audit were up to date. A general audit tool was in use to guide staff on the annual, quarterly, monthly and weekly audits required. In addition, a specific support visit from members of the CHO1 IPC team had taken place in November 2022. The actions identified from this review included the recommendation to include a hand hygiene reminder to the safety pause system used in the centre. The inspector found that this recommendation had been actioned and were now in place. However, the auditing system used did not identify the gaps in the isolation plan arrangements which were found on inspection and this required review.

In general, 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. However, some improvements were required in relation to the checks used to ensure that hand hygiene station were appropriately equipped at all times and that the residents' isolation plans were person specific and in line with their assessed needs.

The next section of this report explores how the governance and oversight arrangements outlined above affect 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. However, the improvements referred to above would further add to the quality of the service provided.

The inspector found that the residents living in Streedagh View were supported to understand infection prevention and control risks and were involved in decisions regarding their care. As previously referred to residents' meetings were taking place on a regular basis and easy-to-read documents were available for residents use.

Residents had comprehensive healthcare support plans in place. A review of these documents provided evidence of 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 and physiotherapy. They were also supported to attend vaccination clinics for both influenza and COVID-19. This meant that a circle of care was in place for each resident and their healthcare needs were attended to.

As previously outlined, 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. Staff were observed to be wearing PPE appropriately and to clean their hands at regular intervals throughout the day.

A walk around of the centre showed that designated centre was very clean, tidy and in good repair. The provider had ensured that systems were in place for the laundering of clothing and linens and the management of household and risk waste. There was an adequate supply of cleaning products and risk and non-risk waste bags and bins were available at short notice if required. In addition, staff spoken with were aware of these arrangements and of how to use them if required. There were a number of pieces of equipment provided for residents use, however, the staff on duty told the inspector that these were individual to each resident, not shared and were cleaned regularly.

Overall, the inspector found that this was a very clean, tidy and organised service where the staff on duty were aware of residents' IPC needs and were 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. However, some improvements were required in relation to the checks used to

ensure that hand hygiene station were appropriately equipped at all time, that the residents isolation plans were person specific and in line with their assessed needs and that all audits used were effective.

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 generic 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.

However, some improvements were required as follows;

- To ensure that hand hygiene stations were appropriately equipped at all times
- To ensure that the residents' isolation plans were person specific and linked to residents' individual assessed needs
- To ensure that isolation plans linked with the isolations zones used
- To ensure that the auditing system used was effective

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 Streedagh View OSV-0007983

Inspection ID: MON-0037819

Date of inspection: 13/12/2022

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> <ul style="list-style-type: none"> • The Registered Provider has ensured 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. Completed 16/12/2022 • The Person in Charge has ensured that all hand hygiene stations are now appropriately equipped within the deisgnated centre. Completed 16/12/2022 • The Person in Charge has ensured that the residents’ isolation plans are resident specific and are now linked to residents’ individual assessed needs • The Person in Charge has ensured that isolation plans are now linked with the isolations zones used within the designated centre. Completed 16/12/2022 • The Person in Charge has ensured that all gaps identified in the isolation plan have now been addressed. Completed 16/12/2022 • The Person in Charge has updated the auditing system which now identifies any gaps in the isolation plan arrangements within the designated centre. Completed 16/12/2022 	

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	16/12/2022