



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:	07 September 2021
Centre ID:	OSV-0007983
Fieldwork ID:	MON-0033000

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 which is operated by the Health Service Executive (HSE). This designated centre provides a nurse led service with a staff team consisting of nurse managers, nurses and healthcare assistants.

According to the provider, the mission of Streedagh View is to provide a quality safe service to adults with an intellectual disability that is rights based, person centred, supportive and empowering. The service aims to assist each adult to live fulfilled and meaningful lives by providing an environment that nurtures and supports the development of skills, and provides opportunities to meet individual aspirations and life goals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 - 2015 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 7 September 2021	09:30hrs to 14:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that residents living at Streedagh View were provided with person-centred care, where their choices and rights were respected. Observations and discussions with residents and staff on the day, indicated that residents were happy in the centre and that they were supported to make decisions about their lives.

On the day of inspection there were two residents residing at the designated centre. The staff member on duty told the inspector that two other residents were at home with their families at that time. The inspector had the opportunity to meet with and speak to the residents at the centre while adhering to the public health guidance of mask wearing and social distancing. In addition, the inspector met and spoke with three staff members working in the designated centre and to the person in charge who arrived later. Staff spoken with appeared knowledgeable about each individuals' health and support needs. When interacting with residents throughout the day, staff were found to be attentive to the residents' wishes and supportive of their decisions.

On arrival at the designated centre, the inspector met with a resident in the entrance hall. The resident was asked if they wished to be introduced and this showed respect for the resident. This resident had limited communication skills but was observed to affectionately reach for the staff members support and smile at her during the conversation that followed. Another resident was taking a nap in a recliner chair. The person in charge informed inspectors that this resident enjoyed using this area to relax and had learned the skills required to raise and recline the chair as wished. Later, the inspector was invited to have tea at the kitchen table. One resident was observed to chat contently while having her tea. The second resident was observed completing household chores independently. Chores included wiping the table and putting cups in the dishwasher. This resident smiled broadly and used 'Lamh' signs to tell the other resident that they were 'friends'. The interactions observed between them were caring and respectful which demonstrated compatibility and friendship. When requested, a resident offered to show the inspector their bedroom. The room was spacious, bright and personally decorated. The resident was observed to make choices about the environment and asked the staff to close the window as there was a 'draft'. During the visit to her room, plans for the following day were discussed with the staff member. These included an appointment at the beauty salon for a manicure. Later, the resident was observed watering the potted plants outside and taking a trip to the shops on the bus. Another was observed walking from the living space to the bedroom area as desired which showed freedom of movement. The staff reported that this resident preferred quiet time at home. However, since moving to Streedagh View, this resident was reported to have increased interest in trips to the shops to choose favourite items. These items included plants for the garden, fresh flowers for the house, new pyjamas and apple tart.

This designated centre was located in a quiet area surrounded by open countryside.

Since moving to the centre, the staff reported positive relationships with their neighbours nearby. A vehicle was available to transport the residents to the local town which was a short drive away. The designated centre was a modern build home with a cheerfully painted front door and a spacious entrance hall. 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. Level access flooring was fitted throughout the house which reduced the risk of trips and falls. A tracking hoist was in place to support the mobility needs of the residents however, staff reported that this was not required at this time. Level access continued around the outside of the designated centre. There was an open gate at the side of the house and a patio area at the back door with outdoor furniture. Staff told the inspector that this was used the previous weekend when friends came for an outdoor visit. There was a swing seat which was reported to be enjoyed and a lawn to the rear. Colourful plants chosen by the residents decorated the area and there were apple trees growing near the front gate.

A review of documentation indicated that there were good systems of communication in the centre and in the community. Residents' meetings occurred regularly where a range of topics were discussed such as; planning meals, outings and activities. There was evidence of written minutes and easy-to-read visual minutes for residents' use. In addition, opportunities for family contact and interaction with neighbours in the community appeared well supported.

Overall, Streedagh View was observed to have a homely, welcoming atmosphere. The residents' that the inspector met with appeared to be comfortable and happy in the centre and with staff supports given. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

The inspector found that this designated centre had effective governance arrangements in place to promote the safety and welfare of residents, and to ensure that person-centred care was provided. However, some improvements were required with staff training which would enhance the overall quality and safety of care.

The registered provider had a full time person appointed with the appropriate qualifications, skills and experience to manage the designated centre. On the day of inspection, there were three staff on duty which was sufficient to meet the needs of residents. This was a nurse led service and the staff rota was reflective of what was being worked on the day. An easy-to-read rota was displayed and available for residents use. Relief staff were used at this centre however, they were regular and

therefore provided consistency of care to the residents. A sample of staff files were reviewed and were found to be in line with the Schedule 2 requirement of the regulations. Inspectors spoke with three staff members during the inspection. One staff member described the centre as feeling like 'living at home' and that the staff team are 'very caring'. An example of this was the fact that consistent staff were employed in order to reduce the residents' risk of exposure to healthcare associated infections such as COVID-19.

Staff had access to training as part of a continuous professional development programme. A training matrix was in place which included all mandatory training requirements and refresher options. Some training events were not delivered due to the impact of COVID-19 and require updating. These include infection prevention and control basic training, cardiopulmonary resuscitation training and practical sessions in patient moving and handling. Staff spoken with told the inspector that the person in charge and the nurse manager were regularly available and that both formal supervision meetings and informal supervision discussions took place on a regular basis. The person in charge said that staff meetings took place on a monthly basis and more often if required. Copies of the Health Act (as amended) 2007, and regulations were available in the centre.

The residents at Streedagh View moved from a congregated setting four months previous. Staff told the inspector that the transition period took place over an extended period of time, at an appropriate pace and with the full involvement of the residents. This resulted in a positive experience and the residents were reported to be very content in their new home and community. For example, one residents is completing more tasks than previously for example, trips to town to buy new night wear. This was a new designated centre and effective monitoring systems were in place to assist with the identification of improvements if required. It was evident on the day of inspection that the designated centre had the resources required to meet with the resident's needs. These included mobility equipment, sufficient staff during the day and night and transport available. Staff reported that the current bus was 'on loan' and that a new vehicle was ordered.

Overall, this designated centre was found to provide good quality, person-centred care to residents and the management team were responsive to the individual needs of residents. Improvements in access to staff training in line with residents assessed needs would enhance the overall quality of care provided.

Regulation 14: Persons in charge

The registered provider had a full time person appointed with the appropriate qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had adequate arrangements in place which ensured that sufficient staff were available to support the residents who lived at this centre. A sample of staff files were reviewed and were found to be in line with the Schedule 2 requirement of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff at the centre had access to supervision meetings with their line manager and to training sessions as part of a continuous professional development programme. However, updates were required for infection prevention and control basic training, cardiopulmonary resuscitation training and practical sessions in patient moving and handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

This was a well run and well governed centre. The provider had ensured that the centre was adequately resourced and there was a clear management structure in place along with clear lines of authority. The person in charge held regular meetings with her team. In addition, the person in charge maintained regular contact with her line manager. This is a new designated centre and effective monitoring systems were in place to assist with the identification of improvements if required.

Judgment: Compliant

Quality and safety

This centre provided a good quality and safe service which supported the care and welfare needs of residents. It was evident through observations on the day and through a documentation review that residents were consulted about the running of the house and about their day-to-day activities. They were found to be actively involved in decision making in the centre and their rights were promoted.

Residents' had an individual assessments of needs completed and these were up-to-date. Person-centred plans were in place and were available in accessible formats in order to support residents' understanding. This was a nurse led service with a keyworker system of support in place for each resident. There was evidence that the residents set goals together with their keyworker, for example; booking appointments at the beauty salon, going for a haircut, keeping in contact with friends, planning a trip to buy goldfish. The inspector noted that these activities had taken place and new goals were agreed.

The individual healthcare needs of residents' were assessed and supported. Residents were supported to access a range of allied healthcare professionals, with evidence of access to general practitioner, speech and language therapist, occupational therapy, audiology, dermatology, dietitian and to specialist support such as the tissue viability care. During the COVID-19 restrictions there was evidence that these appointments continued by telephone which demonstrated continuity of care and support. A review of the documentation showed that care plans were in place for specialist care areas for example; dementia care and epilepsy care. Care notes were available on file and these were clear, up-to-date and informative.

Residents who required support with behaviours of concern had up-to-date support plans in place. There was evidence that support plans were reviewed by the positive behaviour support specialist and other relevant members of the multidisciplinary support team. These provided comprehensive detail on the proactive and reactive strategies in place and there was evidence that when used these were effective. An example of this was the reduction in the use of a restrictive practice for one resident and the planned and supported reduction in the use of medicines for another. There were no active safeguarding concerns at the the time of inspection however, a review of the documentation showed that residents' had an individual safeguarding protocol called 'How do I keep myself safe?' as part of their personal plan. The registered provider ensured that the designated centre was operated in a manner that respected and promoted resident's rights. There was evidence that residents were involved in decision making and family members attended their annual review meetings. Access to a community based advocacy service was provided and promoted but not required at the time of inspection.

The provider ensured that there were systems in place for the prevention and control of infection. This included a daily safety pause system, posters on display around the house about prevent infection transmission, use of personal protective equipment (PPE) and availability of hand sanitisers. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19. These included up-to-date outbreak management plans, risk assessments and individual resident isolation and contingency plans. The HIQA self-assessment tool was completed and up-to-date.

Effective fire safety precautions were in place, including, fire containment, emergency lighting arrangements and clear fire exits were also available throughout. Fire drills were completed on a monthly basis and were scheduled to occur for the day staff team and the night staff team. During a recent fire drill, one resident

resisted evacuation. In response to this, the person in charge ensured that the residents personal emergency evacuation plan and the risk assessment were updated. This demonstrated effective systems in the centre which identified, assessed and monitored risk. Also, the centre had a specific safety statement and emergency plans for use in the event of adverse events. Risks that had been identified with regard to care and support of the residents had been assessed and kept under regular review, for example; falls risk assessment and epilepsy risk assessments.

Overall, inspectors found that residents were supported with their individual needs, and supports were provided to help residents' achieve their individual goals. Residents were supported to make decisions and their rights were promoted. The provider ensured that there were systems in place to prevent and control the spread of infection and to manage risk

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk in the centre. Arrangements were also in place to monitor and learn from incidents that may occur.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place prevent and manage risks associated with COVID-19, including up-to-date outbreak management plans, risk assessments and individual resident isolation and contingency plans.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety precautions were in place, including, fire containment arrangements, regular fire drills, emergency lighting arrangements and clear fire exits.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan
The provider had effective systems in place to ensure that residents' needs were assessed for and that person centred plans were developed to guide staff on how to support residents with these needs.
Judgment: Compliant
Regulation 6: Health care
Where residents had assessed healthcare needs, the provider ensured that these residents received the care and support that they required. All residents had access to a wide range of allied health care professionals as and when required and this support continued throughout the COVID-19 pandemic.
Judgment: Compliant
Regulation 7: Positive behavioural support
Clear systems were in place to support residents requiring positive behaviour support. Behaviour support plans were available to guide staff and to ensure consistency of the support provided. These were regularly reviewed.
Judgment: Compliant
Regulation 8: Protection
Procedures were in place to guide staff with concerns that may occur in relation to the safety and welfare of the residents. Residents were support to understand how to understand the importance of safeguarding and all staff had received training. There were no active safeguarding concerns at the time of inspection.
Judgment: Compliant
Regulation 9: Residents' rights

The centre was found to promote the rights of residents, with evidence of consultation with residents about running of the centre and making decisions in their day-to-day lives. Access to a community based advocacy service was available but not required at the time of inspection.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Streedagh View OSV-0007983

Inspection ID: MON-0033000

Date of inspection: 07/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has ensured a schedule is in place for staff to be trained in Cardio Pulmonary Resuscitation, Patient Moving and Handling and Infection Prevention and Control within the Designated Centre.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/09/2021