



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:	Short Notice Announced
Date of inspection:	29 July 2020
Centre ID:	OSV-0004909
Fieldwork ID:	MON-0029838

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 located within a few kilometres of each other near a town in Co. Sligo. Residents have access to their own bedroom, bathrooms, living areas and garden spaces. Transport arrangements are also in place to ensure residents have opportunities to access the community and local amenities. 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 - 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
Wednesday 29 July 2020	11:30hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Due to COVID-19 restrictions, and to reduce risk, the inspector carried out the inspection in one house in the designated centre as a sample of the service being provided. The inspector met with two residents who used this service. These residents did not discuss their lives in the centre with the inspector, but they appeared to be comfortable and relaxed in the company of staff and with each other. These residents were enjoying the activities that they were involved in.

Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre. The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. The provider and management team had addressed the issues that had been identified in the previous inspection report.

There was a suitably qualified and experienced person in charge who knew the residents in the centre and their care and support needs.

In depth six-monthly unannounced audits of the service were being carried out on behalf of the provider. These audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits indicated a high level of compliance and actions arising had been completed or were being addressed.

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

The provider had ensured that records were well managed. Records viewed, such as fire records, the risk register, operational policies and residents' files were maintained in a clear and orderly fashion, were up to date and were suitably stored.

There was a variety of training and operational policies and procedures to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as safe administration of medication, falls management, infection control and epilepsy awareness. All policies required by schedule 5 of the regulations were available to guide staff and were up to date and

informative. Some policies, such as the visitors policy, had been reviewed and updated to reflect the revised requirements due to COVID-19.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and also for the management of the infection should an outbreak occur. The inspector viewed this plan and it was comprehensive and relevant. Systems included training in hand hygiene, infection control, use of personal protective equipment (PPE) and provision of up-to-date information and guidance.

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded, investigated and resolved.

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records were well managed and were kept up to date. Records that were viewed during the inspection were maintained in a clear and orderly fashion, were suitably stored and were readily available to view when required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management, investigation, and resolution of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for her role. She was based in the centre and demonstrated a strong knowledge of residents and their care and support needs.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was

promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. Furthermore, the centre was maintained in a clean and hygienic condition, there was a documented cleaning programme and there was guidance on cleaning and laundry practices. The provider had also ensured that information was provided to residents in a suitable to support them to understand the impact of COVID-19 on their lives.

The provider had made arrangements to identify and manage risk. These included risk identification and control measures, a comprehensive health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19. The provider had strong measures in place, including multidisciplinary involvement, to reduce falls risks in the centre.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. These included internal fire safety checks, fire safety training and fire evacuation drills. Fire drills involved both staff and residents and had been carried out in a timely manner.

The provider had ensured that suitable measures were in place to respond to behaviour that is challenging and to support residents to manage their behaviour. There were procedures, such as up-to-date behaviour support plans, and involvement of a multidisciplinary team to support residents to manage behaviours of concern. Clear protocols were also in place for the use of p.r.n. (as required) medication for behaviour support.

There was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 11: Visits

The provider had protocols in place for the return of visiting to and from the centre in line with national public health guidance. Residents had resumed limited personal contact with family and friends subject to risk assessment and adherence with the required protocols. Staff had arranged for residents to keep contact with their families through phone calls, social media and technology when personal visiting had not been possible during COVID-19 restrictions.

Judgment: Compliant

Regulation 20: Information for residents

The range of information provided to residents had been reviewed and updated to supply residents with information relating to COVID-19 and how it would impact on their lives.

Judgment: Compliant

Regulation 27: Protection against infection

There were strong measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout, hand sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received training in hand hygiene and use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges, including protocols for the appropriate use of chemical restraint.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 26: Risk management procedures	Compliant