



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

Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	27 October 2021 and 28 October 2021
Centre ID:	OSV-0002619
Fieldwork ID:	MON-0031077

About the designated centre

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

Shalom provides both full-time and shared care residential services to male adults with a low to moderate intellectual disability. The centre is managed by the Health Service Executive (HSE) and is located on the outskirts of a town in Co. Sligo. The centre has its own mode of transport to enable residents to access the community, if required. This centre comprises of a bungalow dwelling and accommodates up to three residents at any one time. Residents have their own bedroom and also have access to a communal kitchen dining area, utility room, shared bathroom and sitting room. Residents also have access to a well-maintained garden space both to the front and rear of the centre. The centre is staffed by a team of care assistants and a staff nurse, under the supervision of the person in charge. Sleepover cover is provided by one staff each night and a 24 hour on-call nursing service is available also.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 27 October 2021	09:45hrs to 14:45hrs	Alanna Ní Mhíocháin	Lead
Thursday 28 October 2021	07:30hrs to 09:15hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

In this centre there was evidence of a well-governed service that promoted the rights and independence of the residents. It was clear that residents enjoyed a good quality of life and were supported to engage in activities of their choosing that they found enjoyable.

The inspection occurred over two days in order to facilitate the residents' schedule and routine. On the first day, the inspector met with management staff and staff from the centre who facilitated the inspection of the premises and relevant documentation. On the second day, the inspector met with one of the residents before they left the centre for the day. The person in charge facilitated the inspection on the second day. At all times, the inspector adhered to public health guidelines on the prevention of the spread of infection of COVID-19.

The centre itself was a four-bedroomed bungalow located on the edge of a town. Each resident had their own bedroom, another bedroom was used for respite and another for sleep-in night staff. Overall, the house was clean and welcoming. There was a sitting room with large, new, comfortable furniture. There was a bright kitchen with new cabinets, dining table and a desk for staff to complete documentation. There was a utility room next to the kitchen with laundry facilities for residents. The main bathroom had a wetroom style shower. One bedroom was en-suite with a step-in shower. This shower had some mould on the shower tray and shower head. This will be discussed later in the report. Residents' personal photographs were displayed throughout the house. The residents' artwork was also on display. Halloween decorations had been put up in the living areas of the house. Residents' bedrooms were personalised with their own objects, photographs and furniture. There was damage to trunking around wires in one resident's room and this had been covered with black electrical tape. Windows were left open in the house during the day for ventilation as this had been identified as an issue. This will be discussed later. Outside, the lawn and hedging was neatly maintained. However, some of the paint on the house was peeling and there was moss in places on the path and driveway.

Staff interacted with residents in a courteous and friendly manner. They were very respectful when they spoke about residents and were knowledgeable of their care needs, interests and preferences. They promoted residents' independence and offered support with daily tasks as needed.

One resident told the inspector that they were very happy in their home. They said that the staff were nice and that they respected residents' rights. They talked about restarting day services and activities in the community since the easing of COVID-19 restrictions. These activities included hobbies that the resident enjoyed and work experience opportunities. When asked about planning these activities, the resident responded 'I choose what to do'. They also said that they would be very happy and comfortable to report any concerns or complaints that they might have and named

staff members that they could contact with concerns. The inspector also had the opportunity to speak with a family member of one of the residents. The family member reported that they were very happy with the service in the centre and had no concerns. They were keen to emphasise the good quality of the care that was provided in the centre. They reported that staff were kind, caring and professional, and that they acted as advocates for residents when needed. They said that there was open communication between the staff and family and that they would be comfortable raising any issues or concerns that might arise.

Overall, there was evidence of a good, person-centred service in this centre that promoted the residents' independence and respected their rights. Residents were supported to engage in activities of their choosing and to be active participants in the running of the centre.

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 each resident.

Capacity and capability

There was good governance, management and oversight of this service. This ensured that residents were in receipt of a good quality service and that their assessed needs were met.

The provider's statement of purpose outlined the service that was to be provided in the centre. This statement contained the necessary elements outlined in the regulations. It was also evident that the service delivered in the centre was in keeping with the statement of purpose.

A review of documentation showed that the provider had completed annual reviews of the service and six-monthly unannounced audits in line with the regulations. Findings from these reviews were included in a quality improvement plan. Actions that needed to be completed were identified and specific timelines for their completion were set. Updates on each action point were provided monthly. The quality improvement plan also included items identified from additional audits that were completed by the provider. There was a schedule of audits in place and evidence that the audits had been completed in line with this schedule. There were clear lines of accountability and management structures. In addition to the necessary qualifications and experience outlined in the regulations, the person in charge had very good oversight of the service and the needs of the residents.

The staffing number and skill mix were sufficient to meet the assessed needs of the residents. Nursing staff were available as required. The person in charge reported that there were plans to change the night-time staffing arrangement and to recruit additional staff. Appointments to these posts were imminent and it was hoped that

they would be in place in the next few weeks. These changes in staff would allow for waking night staff and an additional staff member to facilitate social outings for residents. It would also allow staff to address any possible future needs of residents.

Staff training was largely up to date. Where training was out of date, this had been identified by the person in charge and staff were listed for refresher training when it became available. When formal training was not available due to COVID-19 restrictions, staff had undertaken some extra online training while awaiting formal refresher training. Staff also reported that they had undertaken some additional courses, outside of the mandatory training set by the provider, to better meet the needs of residents.

Overall, the governance and management of this service ensured that the care delivered to residents was safe and of a good quality.

Regulation 14: Persons in charge

The person in charge had the necessary qualifications and experience for the role. They had very good oversight of the service and staffing requirements to meet the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff and mix of skills in the centre to meet the assessed needs of residents. There were plans in place to further develop the staffing in the centre to ensure that residents could fully engage in social activities of their choosing and to support residents with any future health or personal needs. Staff received regular supervision.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was largely up to date in areas that were deemed mandatory by the provider. Where refresher training was required, there were plans in place to provide this training. Staff had undertaken additional training to meet the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight and management of this service. The whole service was reviewed routinely through the use of annual reviews and six-monthly unannounced audits. Specific service areas were monitored through the use of an audit schedule. There were clear lines of accountability and reporting relationships in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the service that was delivered in the centre and included the necessary elements as outlined in the regulations.

Judgment: Compliant

Quality and safety

Residents in this centre were in receipt of a good quality, person-centred service that supported them with their assessed health and social needs. The service also promoted the residents' rights and their independence. The residents received a safe service. However, some improvements were required in relation to the area of infection prevention and control.

The layout of the centre met the needs of the residents. All areas of the house were accessible and there was sufficient space for residents to spend time together or alone, if they wished. The person in charge reported that the maintenance department had been alerted to some areas that required repair and that there were plans to complete a renovation and refurbishment of the centre. This included the removal of moss and leaves from the side of the house to avoid any slips. The issue of poor ventilation and the possibility of mould had been identified by the provider in a risk assessment. This required that windows be left open in the centre. There were plans to address this and to put vents into the windows. However, mould was noted in one shower. Cleaning schedule records and enhanced cleaning schedules in light of COVID-19 were available. Staff were knowledgeable of the cleaning tasks to be undertaken and were observed adhering to public health guidelines throughout the inspection. The provider had a contingency plan to support residents in cases of suspected or confirmed COVID-19 and had access to infection prevention and

control specialist nurses as required.

Residents' safety was promoted in this centre. All staff were up to date on their safeguarding training. Audits on staff safeguarding knowledge showed that they were aware of the steps that should be taken if there were any concerns around abuse of a resident. Safeguarding was included and discussed with residents regularly in residents' meetings. Intimate care plans were in place for residents, they had been recently reviewed, and residents had been included in their own review meetings. Risks to residents and staff safety was assessed by the person in charge. Control measures had been identified and the risk assessments were routinely reviewed and updated. There was a comprehensive risk register for the centre and each resident had their own risk assessments. These included assessments of positive risk taking where residents' independence was promoted; for example, remaining in the centre alone, using public transport without staff support.

The promotion of independence formed part of the way in which residents' rights were upheld. Residents were active participants in the running of the centre with their choices included in the day-to-day activities of the centre. Residents chose what they would like to wear, eat and do. They were supported to add items to the weekly shopping list and meal plan. Residents were observed making their own food. Residents chose their own personal and social goals for the year at their annual review meeting. This formed part of their personal plan. Residents' key workers reviewed these goals with residents on a monthly basis and new goals were added to the list. There was evidence that these goals were met with residents engaging in activities in the house; for example, baking and cooking. They were also involved in activities in the wider community; for example, attending a walking group, social farming, horse-riding, swimming and attending a gym.

Residents' personal plans also outlined their healthcare needs. Residents had a named general practitioner in the locality and access to a variety of healthcare professionals as required. Any healthcare need that was identified had a corresponding care plan that was regularly updated by staff. The personal plan also included behaviour support plans where necessary. These plans had been devised by a behaviour support therapist. There were clearly outlined behaviours that indicated that residents were becoming uncomfortable or anxious, situations that could upset residents, and steps that could be taken to support residents manage their behaviour. These plans were frequently reviewed and updated by the behaviour support therapist with input from other members of the multidisciplinary team.

Overall, residents in this centre were supported to live meaningful lives, as independently as possible. They received good quality, safe, person-centred care.

Regulation 17: Premises

The premises met the needs of the residents. Residents had their own room. The building was accessible and there was sufficient communal and private space.

Residents had access to kitchen and laundry facilities. The provider had plans to refurbish and upgrade the premises.

Judgment: Compliant

Regulation 18: Food and nutrition

There was sufficient fresh food and snacks in the centre. Residents were involved in choosing the weekly groceries, meal planning and meal preparation.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a comprehensive risk register for the centre. Each resident had their own risk assessments. Control measures to reduce risks had been identified. Risk assessments were regularly reviewed and updated.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had steps in place to protect residents from the risk of infection. This included cleaning schedules, contingency plans in case of COVID-19 infection and risk assessments. However, a known risk of mould was noted in one shower.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had up-to-date personal plans. A review meeting was held annually with input from the resident, their family and members of the multidisciplinary team. Personal and social goals were set by the residents and there was evidence that these were met. The plan was available in an accessible format for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and well managed. Residents had access to a range of healthcare professionals as required. Any identified healthcare need had a corresponding care plan that was routinely updated by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans, devised by a behaviour support therapist, if required. Staff were given clear guidance on how best to support residents manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

Residents in this centre were safe. Staff training in safeguarding was up to date. Staff were knowledgeable on steps that should be taken if there was any concern regarding the abuse of a resident. Residents regularly discussed safeguarding at resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected and upheld. Residents were involved in the running of the centre and could exercise choice over their daily lives. Residents were involved in all aspects of their care and in review meetings. Residents privacy and dignity were respected.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 Shalom OSV-0002619

Inspection ID: MON-0031077

Date of inspection: 27/10/2021 and 28/10/2021

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken</p> <ul style="list-style-type: none"> -A deep Clean of the bathroom area was carried out with particular emphasis to the area of mould within the shower-Completed 2/11/21 -A new shower head has been installed –Completed-2/11/21 -A new shower tray with easy access will be installed by the maintenance Department by 30/11/21 -A plan is also in place for the painting of this bathroom by 30/11/21 	

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	30/11/2021