



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:	Unannounced
Date of inspection:	28 June 2023
Centre ID:	OSV-0004909
Fieldwork ID:	MON-0040631

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 both located close to rural villages in Co. Sligo. Transport arrangements are in place to ensure residents have opportunities to access the community and local amenities. Staff, which includes nurses and care 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 (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 28 June 2023	11:00hrs to 17:50hrs	Jackie Warren	Lead
Wednesday 28 June 2023	11:00hrs to 17:50hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, inspectors met with residents, the person in charge and staff on duty, and also viewed a range of documentation and processes.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised and supported the care and wellbeing of residents.

Inspectors met with all the residents who lived in the centre. Some residents did not have the verbal capacity to speak with inspectors or to discuss living there, while some residents did speak with inspectors during the inspection.

Inspectors observed interactions between staff and residents throughout the day. Staff were observed welcoming residents warmly on their return from their day activities. Staff talked about what residents liked to do and explained how they would support these wishes. It was also clear that staff understood residents' communication needs and were able to communicate effectively with them.

Residents were involved in various activities that they enjoyed. On the day of inspection a resident was relaxing in a sitting room, getting their nails polished, and having a snack, while background relaxing music was being played. This resident said that they loved shopping, especially for clothes, and did this often with staff. Some residents were visiting and meeting with family members. One resident had been out for the day for a beach outing. Another resident enjoyed going swimming at the local pool and going to the gym, both of which they did weekly. The inspector was shown a photo memory book of a resident who had recently been supported to take a foreign resort holiday. All residents enjoyed going out for meals and coffee and were supported to do this frequently.

The centre comprised two houses in rural villages and this suited the needs of residents. The centre was comfortably furnished and decorated, suitably equipped and well maintained. There was plenty of space where residents could relax or carry out activities that they liked. All resident had their own bedrooms, and bedrooms were individualised and comfortably furnished. The houses were sufficiently spacious for residents to have privacy. Each house had a well-equipped kitchen and adjoining gardens. Wheelchair accessible vehicles were available in both houses to ensure that residents could access amenities and activities that they enjoyed. Suitable facilities were also available for residents to do their own laundry if they

wished.

Observations and related documentation showed that residents' preferences were being met. Some activities that residents enjoyed in the centre and wider community included outings to local places of interest, holidays, horse riding, gardening, recycling, beauty treatments, meeting friends, and visits with their families.

Overall, it was clear during the inspection that the centre suited the specific needs and interests of the residents and respite users who lived there, and that they were well supported by staff to live the life that they enjoyed and preferred. However, some improvements to systems were required to ensure that a safe level of care for the residents would continue to be provided, and enhanced. These improvements are further discussed in the following sections of this report.

Capacity and capability

The governance structure in this designated centre ensured that each resident was provided with the appropriate care and support in accordance with their interests, wishes and assessed needs. However, this inspection did identify some improvements which were required to aspects of premises, contracts of the provision of services, assessment of property management and fire safety systems.

The person in charge held the overall responsibility for this service and they were regularly present to meet with staff and residents. There was also an on-call arrangement in place which ensured that staff were supported by a member of senior management at all times both day and night. The person in charge had the experience and qualifications to manage the service and they appeared to be knowledgeable about the individual needs of each resident.

The registered provider had ensured that the residents in Stranbeg received continuity of care and support from a familiar staff team. Staff spoken to on the day of inspection were found to have a good knowledge of the care and support needs of each resident.

The governance systems in place in the designated centre ensured that the service delivery was safe and effective. There were systems in place for regular auditing in the centre. The provider was completing the unannounced six monthly audits as required in the regulations, the latest being completed in January 2023. The annual reviews of the quality and safety of care and support of residents were also being carried out. In addition to this, a number of internal audits were occurring on a regular basis including audits of residents' finances, safeguarding management, fire safety and infection prevention and control. The areas identified for improvement from the audits were either addressed or were in the process of being addressed. The provider had a quality improvement plan with time bound action plans to address these issues. The person in charge informed inspectors that the quality

improvement plan was reviewed and updated on a monthly basis.

The person in charge and the person participating in management were both familiar with the arrangements, the procedures and the requirement to notify the Chief Inspector of Social Services of any proposed absence of the person in charge from the designated centre.

The provider ensured that all the policies and procedures required under Schedule 5 of the regulations were in place and were specific to the care needs of the service. They had also been reviewed within the required time frames. An inspector reviewed a sample of the policies on the day of the inspection and they were found to be clear, transparent and easy accessible. The directory of residents was available in the designated centre and contained all the information required by the regulations and was comprehensively maintained by the person in charge.

The registered provider had ensured that an appropriate admission policy and procedure was in place in line with the centres' statement of purpose and it contained the relevant information as required by the regulations. Although there were written agreed contracts of the provision of services in place, the sample reviewed by inspectors had not been signed by either the residents or their representatives.

Regulation 19: Directory of residents

The directory of residents was made available upon request. The provider had ensured that the directory of residents was up to date and contained all information as required by the regulation.

Judgment: Compliant

Regulation 22: Insurance

A valid insurance certification was presented upon request. This was reviewed and was found to be satisfactory.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision within the designated

centre. There were robust systems in place to ensure six monthly provider-led visits and the annual review were occurring in line with the requirements of the regulations. In addition, internal audits were occurring on a regular basis, which ensured this service was regularly monitored for improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents admissions to the designated centre were in line with the statement of purpose. The inspectors reviewed a sample of contracts for the provision of services and although there was a written agreed contract it was not signed by the residents or the residents representative.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose and function was available at the designated centre. It was recently updated in March 2023 and included all required information as outlined in Schedule 1 of the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection however, the person in charge had access to the registered providers policy on the management of volunteers which set out the processes to be followed in line with the requirements of the regulation.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of absence

of a person in charge.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 4: Written policies and procedures

An inspector reviewed a sample of the policies during the course of this inspection. The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre. They had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a good level of person-centred care. However, to ensure the ongoing safety and comfort of individuals in the centre, accessibility of outdoor areas in one house, evacuation procedures, and some aspects of management of personal property required review.

The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. Inspectors found that residents received person centred care and support that allowed them to enjoy activities and lifestyles in line with their preferences and assessed needs.

The centre consisted of two dwellings in rural villages close to a busy city. The location of the centre enabled residents to visit the facilities and leisure amenities in the area. Wheelchair accessible transport and staff support was available to ensure

that these could be freely accessed by residents.

The centre suited the needs of the residents, and accommodation was warm, clean, comfortable and well maintained. One of the dwellings was divided into two self-contained units. Communal rooms in all houses were tastefully decorated with pictures and photos, furniture and soft furnishing, art and decorative effects, and the kitchens were well equipped and laid out. Since the last inspection of the centre one kitchen had been fully refurbished to a high standard. Flooring had also been replaced to provide smooth seamless surfaces which were easily cleanable and improved accessibility for wheelchair users. All residents had their own bedrooms, all of which were comfortable and personalised. However, in one house in the centre improvement was required in areas external to the main building. While this house was very well maintained internally, improvement to accessibility to gardens was required, and the use of an external cabin required review.

Residents were supported to take part in a range of social and developmental activities both at the centre, at day care services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Family contact and involvement was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were suitable arrangements in place to manage any temporary absence of a resident from the designated centre. Such absences were being recorded, and there was an up-to-date policy to guide this practice.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, suitably recorded and readily accessible. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans.

Systems were in place to safeguard residents and staff from risks associated with fire. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, and participation of residents in fire evacuation drills, all of which had taken place in a timely manner. Personal emergency evacuation plans had also been developed for each resident. However, improvement to the fire drill process was required to ensure that, in so far as is reasonably practical, each resident would have the opportunity to take part in a fire drill in a night-time situation, and that fire drills were adequate to establish if residents could be evacuated in line with the guidance in each person's individual evacuation plan.

There were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to

manage their own medication.

The arrangements for the management of residents' private property required review. While most residents' bedrooms were well furnished with furniture for the storage of clothes and personal belongings, a small number of residents did not have all their personal belongings stored in their bedrooms. The provider was asked to assess the current arrangements for storage of personal belongings to establish if they were best suited to residents' needs. There were arrangements in place for the safe and secure management of residents' money, and residents could access their money in a timely manner as required.

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 12: Personal possessions

While most residents' bedrooms were well furnished with furniture for the storage of clothes and personal belongings, a small number of residents did not have all their personal belongings stored in their bedrooms. The provider was asked to assess the current arrangements for storage of personal belongings to establish if they were best suited to residents' needs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre met the aims and objectives of the service, and the needs of residents. All houses in the centre were well maintained, clean and suitably decorated and equipped, and provided residents with comfortable communal and private space. However, maintenance of an external building and accessibility to the garden in one house required improvement:

- an external cabin was cluttered with miscellaneous items. Consequently this area was not readily cleanable and presented a falls risk for those entering this area
- although there were solid paths around one house, these did not extend to the patio seating area and a poly tunnel, and therefore, these were not readily accessible to all residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that these absences were being suitably managed. All such absences were being recorded, and there was an up-to-date policy to guide this practice.

Judgment: Compliant

Regulation 28: Fire precautions

There were many suitable measures in place to protect residents and staff from the risk of fire. These included servicing of equipment, ongoing fire safety checks, staff training and fire doors for the containment of fire. However, the fire drill process required improvement:

- fire drill records did not reflect that all the circumstances recommended in residents' evacuation plans had been included and tested. For example, there was no evidence that evacuation from all identified fire doors, and use of ski sheets had been trialled
- night drills were not recorded in sufficient detail for learning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. These were made available to residents in a user-friendly format.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Stranbeg OSV-0004909

Inspection ID: MON-0040631

Date of inspection: 28/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To ensure compliance with Regulation 24 the following actions have been undertaken;</p> <ul style="list-style-type: none"> • All contracts of care have been reviewed and updated following the completion of a financial assessment to clearly delineate all charges to include rent charges. • All updated contracts of care have been discussed with residents and or their representatives and have been signed accordingly. Completed 30-7-23 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: To ensure compliance with Regulation 12 the following actions have been undertaken;</p> <ul style="list-style-type: none"> • The current arrangements for the storage of personal belongings has been assessed for each resident. • For Health and Safety reasons, one resident does not have personal belongings stored in their bedroom as per assessed risk. In relation to this resident, storage space for personal belongings has been created in an alternate space by the maintenance team including wardrobe space for hanging clothes and shelves space. <p>One resident's bedroom has been modified in response to their changing needs and the recommendations from an Occupational Therapy report. A large wardrobe was removed from their bedroom to create additional space to facilitate safe transfers and mobilizing of the resident. An alternative compact wardrobe and chest of drawers to be chosen by the resident and installed for the storage of clothing and personal possessions. Date to be Completed 15-9-23</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance with Regulation 17 the following actions have been undertaken;</p>	

- New furnishings have been ordered for one bedroom
- External cabin has been cleaned and decluttered. Consideration has been given to this space and recommendations have been received from external day service personnel on how best to utilize the space to meet the recreational needs of the residents. The space will now be used for residents as a sensory/relaxation area when they choose and will be kept clean and safe from risk of falls.
- The solid pathway will extend to seating/patio area ensuring it is readily accessible for all residents. Date to be completed -30-9-23

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance with Regulation 28 the following actions have been undertaken;

- Fire safety has been discussed with all staff in the center individually and at team meetings specifically in relation to the fire drill process.
- Fire drills have taken place to include evacuations from all different fire exits on the premises. Use of equipment has been included in these drills and this has been documented and learnings from this shared with staff.
- Practice fire drills will continue to be completed on a monthly basis and will include different scenarios/circumstances for resident's evacuation plans including nighttime drills.
- Resident's personal evacuation plans have been and will continue to be updated as circumstances change.
- Detailed records of fire drills will be maintained in the Centre's Fire Safety Register. As part of the CHO1 Disability Services audit schedule, monthly fire safety awareness audits are completed with a selection of staff in addition to a quarterly fire safety audit. Completed 30-7-23

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	15/09/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/09/2023

Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/07/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2023