



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

Issued by the Chief Inspector

Name of designated centre:	Shannon Quay
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	16 November 2023
Centre ID:	OSV-0005727
Fieldwork ID:	MON-0033163

About the designated centre

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

Shannon Quay was located on the outskirts of a village in Co. Leitrim and is run by the Health Service Executive. The centre provides residential and respite care to five male and female adults with intellectual disabilities, with up to four residents receiving overnight care at any one time. The centre comprises one two-storey premises which provides residents with their own bedroom, en-suite and shared bathroom facilities, a utility, kitchen and dining area, a sitting room, a sun room and access to a garden space. It is staffed on a 24/7 basis by a full-time person in charge, nursing staff and healthcare assistants. Transport is provided so as residents have access to their day services and other community based facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 16 November 2023	11:45hrs to 18:05hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the name of the inspector that was visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by four residents and they were reviewed as part of the inspection.

Shannon Quay comprised one two-storey house located outside a small town in Co. Leitrim. The centre could accommodate four residents at any one time. One resident lived there full-time and four other residents received shared care/overnight care on a planned basis of varying duration. There were three residents in the centre on the day of inspection. The inspector got the opportunity to meet, and spend time with, all three residents.

Overall, this inspection found that residents living in Shannon Quay were provided with a person-centred service where their choices and rights were upheld. All residents expressed satisfaction with the service provided through the questionnaires. Observations and communications with residents on the day of inspection also indicated that residents were happy and content in the house.

Residents attended an external day service throughout the week. Residents were at their day service on the day of inspection. The inspector got the opportunity to meet and spend time with each resident on their return home. The atmosphere was relaxed and residents appeared content. Staff were seen to support residents with respect and appeared knowledgeable about residents' needs and communications.

The house was clean, homely and spacious. The communal areas were nicely decorated with framed photographs, house plants and table lamps all which helped to create a warm and cosy environment. Each resident had their own bedroom, where they could securely store personal belongings. Some residents showed the inspector their bedroom and they were found to be decorated in line with their individual preferences. For example, one resident proudly showed their bedroom and the bright colour of walls that they had chosen recently.

One resident showed the inspector their person-centred plan which was located in an accessible area in the living area. This folder contained photographs of personal goals achieved. Residents spoke about things that they enjoyed including; playing golf and pitch and putt, going to sports games, going to the cinema, going bowling, attending concerts and going on holidays. Two residents went to Spain on holidays over the summer, which they reported they enjoyed. One resident proudly showed the inspector some photographs on their mobile device.

Residents had access to technological devices, telephones, music players and

televisions in line with their needs and choices. At a recent house meeting, residents discussed getting a laptop for the house and the inspector was informed that this action was in progress. Some residents spoke about goals that they hoped to achieve in the future, such as holiday destinations they would like to visit. The inspector was told that some residents were planning to go to visit the Christmas light display in Dublin over the coming weeks. Another resident spoke about a training course that they were undertaking and a drama group that they were part of.

Residents were found to be fully involved in making decisions about their care and support. Annual reviews that occurred were attended by residents and their family representatives, as appropriate. Residents were supported to identify and achieve personal and meaningful goals for the future. In addition, residents were supported to enjoy a range of leisure and recreational activities as they chose. Residents reported that they liked living at the centre.

Residents attended regular residents' meetings in each house, where a range of topics were discussed. This forum also allowed for a space for residents to make choices about meals, activities and to be consulted with about the house. Topics discussed included safeguarding, advocacy, fire safety and complaints. There were a range of easy-to-read documents and notices throughout the houses also to support residents in their understanding of various topics. Residents also had access to easy-to-read material that was relevant to their care.

Staff spoken with appeared knowledgeable about the needs of residents. They were observed to be caring and respectful in their interactions with residents and were responsive to residents' communications. Residents appeared comfortable around staff, with each other and in their home. Residents were observed freely moving around their home and going to places in their local community, such as going to the barbers.

As part of this announced inspection, questionnaires were provided for residents to give feedback on the service. Four questionnaires were received. Overall, feedback given was very positive on all aspects of the service including choices offered, activities, food and staff. One resident said that they were looking forward to moving bedrooms and that they had chosen the colours for their bedroom. Another resident said that they were looking forward to going to stay with family at Christmas.

Overall, the service was found to provide good quality person-centred care to residents. Residents appeared relaxed and content in their home, with staff and with each other.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, this inspection found that the management systems in place in Shannon Quay ensured that the service was well governed and monitored. In general, the systems for monitoring the safety and quality of care and support was effective; however some improvements were required in fire safety and in the timely follow up on actions identified in one audit.

The local management team comprised a person in charge who reported to a director of nursing (DON). The person in charge was supported in their role by a clinical nurse manager 1 (CNM1), who completed some management tasks. The person in charge had responsibility for two other designated centres which were all located within a short distance from each other. The local management team were available throughout the inspection and demonstrated good knowledge of the centre and the needs of residents.

There was a centre training plan in place to ensure that staff had the skills and competencies required to support residents with their care. The training plan included mandatory and site specific training to meet the needs of residents. This included training in emergency medication that one resident was prescribed. A review of the training plan and sample of staff records demonstrated that staff had completed all of the required training. Staff were supported through annual 1:1 meetings with their line manager, and through attendance at various meetings. Staff spoken with said that they were well supported and could raise any concerns at any time to the members of the management team.

The staffing skill mix consisted of nurses and healthcare assistants. There was one healthcare assistant working during the day, with waking night cover each night. There was an on-call system for out-of-hours to provide support if required. There was a part-time nurse position that covered two designated centres under the person in charge's remit, and who did some operational management tasks. There appeared to be enough staff to meet the needs of the residents living in the centre. Where additional staff were required, for example, to support residents to do individual activities, this was put in place. Residents confirmed this when they spoke with the inspector.

The inspector found that there were good systems in place for monitoring and oversight of the centre. This included an annual schedule of audits to be completed at set intervals throughout the year. Areas audited included; safeguarding, complaints, health and safety, infection prevention and control (IPC), fire safety, finances and incidents. The local management team were actively reviewing trends in incidents and responding where actions to reduce risks were required. In addition, there was evidence that behaviours that occurred were under ongoing review to support residents involved, and to minimise any safeguarding risks.

The provider ensured that six monthly unannounced audits and an annual review of the service occurred as required in the regulations. These included consultation with

residents and their representatives as appropriate.

Overall, the management team demonstrated that they had the capacity and capability to manage the service and to ensure that a safe and high quality service was provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider within the time frames required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced in their role in July 2023. They had the qualifications and experience required to manage the designated centre. The person in charge worked full-time and had responsibility for three designated centres in total. The arrangements that the provider had in place supported the person in charge to effectively manage Shannon Quay designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place in the centre, which was found to be accurate about who was working on the days of inspection. The skill-mix of staff included nurses and healthcare assistants. One staff worked day and night, with waking night staff in place each night to support residents with their needs. This was covered by healthcare assistants with an on-call arrangement in place in the event of emergencies. Where additional staff was required, for example, for residents' individual planned activities, this was put in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a list of training that all staff were required to complete to ensure

that they had the skills and competencies to support residents and ensure a safe service. All staff working in the centre had completed the mandatory training, with appropriate records maintained and available for review.

Judgment: Compliant

Regulation 21: Records

A sample of records that are required to be in place in the centre under the regulations were reviewed and found to be in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. However, the following areas for found to require improvements;

- auditing and oversight of fire safety was not effective in identifying issues with some fire doors
- there was a policy and procedure on managing personal property of residents in place, however some aspects of recording property had not been reviewed in light of the revised policy. This had been identified on an internal audit, but had not yet been completed

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be submitted to the Chief Inspector of Social Services was submitted as required in the regulations.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Shannon Quay were provided with person-centred care and support. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing were regularly monitored.

There were comprehensive assessments completed of residents' health, personal and social care needs. Care and support plans were developed for any identified need; including behaviour support, health related care needs and feeding eating drinking and swallowing (FEDS) needs. Residents were supported to attend a variety of healthcare professionals such as dentists, chiropodists, opticians and general practitioners (GP). In addition, residents had access to multidisciplinary team (MDT) supports as required.

A human rights based approach to care was evident in the centre. Residents were consulted about the centre through regular residents' meetings. Residents were supported to be part of advocacy groups and to attend advocacy and safeguarding talks. It was clear through speaking with residents and through a review of documentation that residents' life choices were listened to and respected. In addition, it was evident that residents' religious preferences were respected.

Residents' protection was taken seriously in the centre. The person in charge ensured that staff undertook training in safeguarding. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures and safeguarding plans were developed, as required. These were kept under ongoing review and noted to be discussed at team meetings. In addition, residents were supported to understand safeguarding and about how to keep themselves safe. It was noted in the completed questionnaires that some residents said that they didn't like another resident shouting, although acknowledged that they felt safe. Residents spoken with on the day said that they liked living in the centre and felt safe there. It was clear that the management team were trying to ensure the best supports and appropriate information on safeguarding was provided to all residents.

The house was well maintained and homely. Residents' finances and personal possessions were protected. Residents could choose to lock their bedroom doors as they wished and they had ample space to store their personal belongings securely.

There were arrangements in place for fire safety. These arrangements were kept under review and regular monitored. However, there were issues found with the fire

containment doors on the day of inspection that had not been identified through any of the regular checks. This issue was resolved on the day by maintenance personnel.

Overall, the inspector found that the service provided ensured that residents were safe and that their personal preferences were listened to and respected.

Regulation 12: Personal possessions

Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that contained ample space for storage of personal belongings. Where there was a shared care arrangement, residents' belongings were stored securely in individual cupboards. Residents had their own bank accounts and were supported to manage and safely store their personal finances in line with their wishes. Regular checks were completed by the staff and management team to ensure that records of finances were well maintained.

Residents had an inventory of their personal belongings; however these required review and updating in line with the most recent policy and procedure. This had been identified in a recent internal audit. The action related to this is covered under Regulation 23: governance and management.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had opportunities to engage in a wide range of activities that were of interest to them. All residents had access to an external day service in a nearby town that they attended five days per week. Residents spoke about courses that they undertook and particular interests that they were pursuing. Residents enjoyed a range of activities such as; playing golf, going to the cinema, going to concerts, going on 'spa days' to hotels and going on holidays. Some residents had enjoyed holidays abroad in Spain over the summer. Residents also enjoyed holidays to the 'Emmerdale' set in the United Kingdom and visiting a holiday destination there. Some residents had plans for further holidays abroad.

Within the house residents had access to a range of leisure and recreational activities such as; exercise equipment, board games, arts and crafts, watching movies, using the Internet and residents who had an interest in sports had access to sports channels on the television.

Judgment: Compliant

Regulation 17: Premises

The house was found to be spacious, clean and well maintained. Each resident had their own bedroom that was decorated in line with their preferences. Where there was a shared care arrangement (residents who shared a bedroom on alternating nights), every effort was made to ensure the room was personalised to the residents' likes when they were receiving overnight care. Residents also had space to store personal belongings securely.

There was suitable laundry equipment for residents to launder their clothes, and the kitchen had suitable cooking equipment to enable residents to cook meals and do baking.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information that was required under the regulation.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety. These included; regular fire drills, a fire alarm system, fire fighting equipment, emergency lights and fire doors. Fire drills demonstrated that residents could be evacuated to a safe location under different scenarios. Residents spoken with talked about what they would do in the event of the fire alarm going off, which included going to the assembly point. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required, as relevant.

There was an issue found on the day with regard to some fire doors and gaps at the key locks. This was addressed on the day.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that comprehensive assessments of need were completed for each resident. Where the need was identified, care and support plans were developed and these were kept under ongoing review and updated as required. Residents and their representatives were involved in the annual review of each residents' care and support. Residents were supported to identify personal goals for the future, and these were found to be kept under review to ensure that they were completed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health. Residents were facilitated to access a range of allied healthcare professionals and interventions, where recommended. Residents were given information in an easy-to-read format to aid their understanding of various healthcare issues. Residents had end-of-life care plans in place, as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received training in behaviour management. Where residents required supports with behaviours of concern, they were supported through access to MDT professionals and the development of support plans to guide staff in the supports required. There was evidence that every effort was made to establish the causes of behaviours displayed and to support residents in the best possible way to manage their behaviours that may impact on others.

There were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding. Staff had received training in safeguarding vulnerable adults and audits were completed to assess staff knowledge in safeguarding. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures. Safeguarding plans were

developed, where required, and were found to be kept under ongoing review.

Safeguarding was a regular agenda item at both staff meetings and residents' meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information. In addition, residents were informed about, and facilitated to attend, a safeguarding conference in recent weeks.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights based service. Residents were consulted in the running of the centre through regular meetings, where their everyday life choices and input about the centre was sought. Residents' choices with regard to medical issues were respected. Residents were supported to practice their faith and to engage in activities that were of interest to them. Residents spoke about the range of activities that they chose to do, and said that staff help them to do any activity that they chose.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 Shannon Quay OSV-0005727

Inspection ID: MON-0033163

Date of inspection: 16/11/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 the following actions have been completed</p> <ul style="list-style-type: none"> - The Fire Safety Register has been reviewed to include key holes in the Fire Doors. This has been added to the Fire Safety Check in the center's Fire Register book. The key holes have been replaced .All the ironmongery on the fire doors are now upgraded to fire rated lever handles .Thumb turn latches have been fitted to the two ensuites bathrooms within the center . Completed 17-11-23 - A record of personal property card is now in place for all residents as per CD CDLMS Personal Possessions policy.This property card is for all personal items to the value of €30 and all personal clothing items to the value of €50 or more. - Completed 20-11-23 - Going forward all actions identified in the internal audit will be transferred to the centers Quality Improvement Plan and closed out within an identified timeframe. 	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/11/2023