



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

## Issued by the Chief Inspector

Name of designated centre:	Saol Beo
Name of provider:	Positive Futures: Achieving Dreams. Transforming Lives. Company Limited by Guarantee
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	04 December 2019
Centre ID:	OSV-0005696
Fieldwork ID:	MON-0021472

## About the designated centre

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

Saol Beo is a full time residential service, which is run by Positive Futures. The centre can accommodate three male or female adults over the age of 18 years, with an intellectual disability. The centre comprises of one bungalow located in a residential area on the outskirts of a town in Co. Leitrim and has access to amenities such as cafes, shops and religious services. Residents have access to their own bedroom, a shared kitchen and dining area, bathroom, utility and sitting room. Residents also have access to an enclosed garden area which is wheelchair accessible. The staff team comprises of nursing staff and support workers. Staff are on duty both day and night to support residents availing of this service.

**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 - 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 4 December 2019	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

On arrival to the centre the inspector met with one resident who was being supported with completing a puzzle at the kitchen table. The resident interacted with the inspector and appeared comfortable in their environment and was laughing and joking with the staff members who were supporting them.

The centre was homely and there were pictures of the residents engaging in activities with one another and friends throughout the centre. The inspector met with the two other residents after they had their breakfast. Again the residents appeared comfortable in their environment and were interacting in a jovial manner with those supporting them. One resident was supported to inform the inspector of the people that were important to them and the activities that they like to engage in.

The inspector asked if the resident would like to show them the house. The resident showed the inspector their bedroom which displayed mementos of the resident's achievements, hobbies and was decorated to their preferences. Each resident had their own bedroom and there was adequate space in the centre. The inspector observed the third resident receiving an individualised program with one to one staffing that was addressing their needs and helping them to manage their environment.

All residents were observed spending time with one another during meal time. The interactions were friendly and residents appeared to be enjoying themselves.

## Capacity and capability

Residents were receiving a service that was safe and adequately resourced. There was a clearly defined management structure in the centre that was led by the person in charge and the deputy service manager. The management systems were supporting a service model that met the residents' needs. The provider maintained good oversight of the service through a schedule of audits and other monitoring activities. The inspector reviewed audits that had taken place and found them to be thorough and that the actions for improvement were laid out in a clear format.

The provider was responding appropriately to any accidents or incidents which took place in the centre. There were systems in place that appropriately reviewed and responded to adverse incidents and the person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the report and that the management team were active in addressing these. The provider had also ensured that an annual review of the quality and safety of care and support in the centre had been carried out. As part of this review it was observed that the residents' representatives had submitted positive feedback about the service.

The provider had made appropriate arrangements for the post of person in charge which is a key leadership and management position in the centre. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. The number, and skill mix of the staff team was appropriate to the number and assessed needs of the residents being supported in the centre. The staff team consisted of nursing staff and support workers. The inspector interacted with staff during the course of the inspection and found that they interacted with the residents in a caring manner and were knowledgeable of the needs of the residents and the plans in place to support them.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. The provider had also provided the staff members with training specific to the needs of residents residing in this centre. The inspector reviewed a sample of staff members' supervision records and found that they were taking place regularly and were promoting learning.

#### Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development program.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted policies and procedures as laid out in schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support and were being encouraged to be active members of their community. Two areas for improvement were identified regarding residents' access to their own finances and a premises issue.

Residents were receiving a person centred care approach and this was evident when reviewing the residents' personal plans. Residents had received comprehensive assessments of their health and social care needs. These assessments were under regular review and this was leading to residents' plans being adjusted to the changing needs of each resident. Residents were being consulted regularly in relation to setting personal goals and the inspector found evidence that these goals were being achieved in a prompt manner with the residents. There were plans in place to support residents with aspects of their health, rights, social interactions, and community integration and these plans were updated when necessary.

Residents were assisted and supported to communicate in accordance with their needs and wishes. There were communication support systems in place for residents and staff members had received communication training to aid certain residents with their communication. Residents had access to information in a manner that met their needs and there was evidence of staff members reviewing information with residents on a regular basis.

Assessments of the residents' ability to manage their own money had been completed. The provider had also put systems in place to support the residents with their finances. However, residents did not have full access to their personal finances as they were being managed by residents' previous service provider. The residents' current provider had taken many steps to rectify this and had requested the support of advocates to act on behalf of the residents but the issue had yet to be resolved.

The rights of residents were being promoted by the staff team supporting them. Residents were receiving support that was promoting their independence and this was evidenced in the residents' personal plans. There was evidence of staff members along with advocacy services acting on behalf of residents and that residents were being supported to exercise choice and control in their daily lives.

Residents were being supported to develop their knowledge of self-awareness, understanding, and skills needed for self-care and protection. This has been promoted through resident meetings and staff members promoting positive interactions between each resident. The inspector reviewed information that highlighted that there had been occasions where residents had impacted upon one another in a negative manner. The person in charge had ensured that notifications had been submitted in relation to these incidents. However, a review of the residents' daily notes highlighted positive interactions between residents and staff member's comments also highlighted the positive relationships between residents. There were appropriate systems in place to safeguard residents and the inspector observed safeguarding plans that had been developed to reduce the impact of

residents upon one another. These plans were under regular review and were updated when necessary.

There were arrangements in place to ensure that the residents were receiving adequate positive behavioural support. Staff members were promoting positive interactions between residents and were recording challenging incidents. Learning was being generated from these incidents and this was leading to positive outcomes for the residents. Staff members had received training in the management of behaviours that are challenging; they had also recently completed training focusing on restrictive practices. There were restrictive practices being implemented in the centre that were under review and there was evidence of the person in charge and staff team seeking to consider all alternative measures before using a restrictive procedure. The use of certain restrictive practices had seen a significant reduction as a result.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify record, investigate and learn from adverse incidents. Risk assessments were detailed and reviewed regularly by the person in charge. The residents personal plans highlighted that the person in charge and staff team were promoting positive risk-taking and in turn were supporting the development of residents social skills and their involvement in their local community.

The provider had ensured that the centre was designed and laid out to meet the needs of the residents. There was however a maintenance issue in the centre that required attention. The person in charge and provider had been active in seeking to resolve this issue as it was directly impacting upon the residents. The inspector reviewed correspondences regarding same and it was clear that the provider was acting on behalf of the residents to rectify the issue.

There were a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. The fire evacuation plan was reviewed with residents regularly and residents had partaken in recent fire safety training along with the staff team. Fire drills were taking place in the centre regularly and the provider had demonstrated that they could safely evacuate residents. The inspector also found that the provider had ensured that personal emergency evacuation plans were in place.

There were systems in place to ensure the safe ordering, administration, and storage of medicines. These procedures met the requirement of the Regulations. Staff were trained in the safe administration of medications and there were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Risk assessments of self-administration of medications were in place for residents and there was evidence that these were reviewed and updated to reflect residents changing needs.

## Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

## Regulation 12: Personal possessions

The person in charge ensured that residents held control over the property and possessions that they retained in the centre. While residents had access to daily pocket money and could request money for other expenditure, they did not have access to their own financial information, as this was being managed by residents' previous service provider. This arrangement required review in order to ensure residents could fully plan and have control over their finances. There was also a risk that this arrangement could impact negatively on residents' spending choices.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

## Regulation 17: Premises

There was a maintenance issue in the centre that required attention. The person in charge and provider had been active in seeking to resolve this issue as it was directly impacting upon the residents.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate precautions against the risk of fire and the provider had provided suitable fire fighting equipment in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place relating to management and administration of the residents' medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had received comprehensive assessments of their health and social care needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were being promoted and respected by those supporting them.

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
<b>Capacity and capability</b>	
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
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Saol Beo OSV-0005696

Inspection ID: MON-0021472

Date of inspection: 04/12/2019

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"><li>• The people we support have been supported to engage an advocate to help ensure they get full access to their finances.</li><li>• Since the inspection the HSE have agreed to provide statements to each of the women on a regular basis.</li><li>• The management team will continue to liaise with the HSE to ensure suitable arrangements are put in place for the women to access their finances as and when they want. To be reviewed on 31/03/20 for completion by 30/06/20.</li></ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• Works had commenced on the outstanding maintenance issues during the inspector's visit; these were completed on 06/12/19.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2020
17 (1) (b)	Provide premises which are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	06/12/2019