



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:	Short Notice Announced
Date of inspection:	21 July 2020
Centre ID:	OSV-0002619
Fieldwork ID:	MON-0029810

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
--	---

How we inspect

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
Tuesday 21 July 2020	11:00hrs to 15:20hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This centre provided full-time and shared care to four male residents. At the time of inspection two residents who had a full-time residential placement were in the centre, while two other residents who availed of shared care were at home with their families during the COVID-19 pandemic.

The inspector got the opportunity to meet with the two residents who were residing at the centre on the morning of the inspection, prior to them going out on a day trip. Residents and staff told the inspector about their plans to go playing golf for the day.

The residents chose to speak individually with the inspector. One resident had just returned from a short walk independently in the community and chose to speak with the inspector in the sitting-room. The inspector spent time talking with the resident while adhering to the public health advice on maintaining physical distancing. The resident said that he was happy in the centre and felt safe. He said that if he was not happy about something that he would go to the person in charge. He said that he gets on well with his peers and that the staff are nice. The resident spoke about how he was getting on during the COVID-19 pandemic, stating he goes for walks every day and enjoys watching sport and reading the newspapers. He said that he was missing his day placement, adding that he was missing friends and was mostly missing using the computer to access the internet.

Another resident who the inspector met was relaxing in their bedroom and requested that the inspector greet them in their bedroom. The inspector stood at the bedroom door and the resident communicated briefly with the inspector on their own terms. They were observed to be watching a television programme and doing some work with their printer.

In addition, the inspector got the opportunity to meet with one staff member who was working on the day of inspection. This staff member appeared very knowledgeable about residents' individual needs and stated that she had been working with the residents for many years. It was evident from observations and talking with the staff member that she knew the residents very well, and she spoke about the residents in a respectful and caring way.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in February 2019.

Since the last inspection there had been a change in the organisational management structure, which the inspector found led to an overall improvement in compliance with the regulations. The provider had strengthened the governance of the centre, and the systems that were in place ensured a more effective oversight arrangement and ongoing monitoring of the operations of the centre.

The person in charge worked full-time and was responsible for two other designated centres all of which were in close proximity. She managed her time between all three centres and had daily interactions with the centre. The person in charge undertook a schedule of internal audits in the centre in areas such as; medication, fire safety, finances, safeguarding and incident analysis. There was evidence that learnings from incidents were discussed regularly at team meetings and that actions that were identified through these audits were followed up on. A review of incidents that occurred demonstrated that the person in charge ensured that notifications that were required to be submitted to the Chief Inspector of Social Services were completed.

The provider ensured that unannounced six monthly provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. The annual review included feedback received from residents and their representatives. The person in charge completed a self-assessment every quarter to assess compliance with the regulations under the Health Act 2007 and where actions were identified, these were followed up on. There was also a service specific quality improvement plan (QIP) with identified actions based on findings from the person in charge's self-assessment in addition to actions arising from findings from HIQA inspections, provider-led audits, risk assessments and senior management evaluation.

The provider ensured that the centre was resourced to meet the needs of residents, and there was a regular team of care assistants working with residents which ensured good continuity of care. There were plans underway to convert one temporary staff to permanent staff, which the person in charge said would be happening within the coming weeks. Clinical oversight of residents' needs was provided by a staff nurse who also worked across all three centres under the person in charge's remit. Regular staff meetings were held with the care staff, staff nurse and person in charge in attendance, and a review of records demonstrated good attendance and participation by members of the staff team. In addition, the person in charge attended regular teleconferencing meetings with colleagues and members of the management team during the COVID-19 pandemic where information sharing, guidance and learnings were discussed.

Regulation 14: Persons in charge

The person in charge was in post in the designated centre since May 2019, and had the qualifications and experience to manage the centre. She worked full-time and was responsible for two other designated centres which were located nearby. The

inspector found that the person in charge was knowledgeable about residents' needs and had good operational oversight of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Overall the inspector found good governance and management systems in place, and found that the person in charge and provider were responsive to issues that arose. There were systems in place to ensure effective oversight and monitoring by the management team to include; internal audits, six monthly provider audits, a quality improvement plan that was under ongoing review and regular meetings between staff and management.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications that were required to be submitted to the Chief Inspector were completed as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The person in charge maintained a folder that contained all the policies and procedures as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided to residents was safe, person-centred and ensured a good quality of life for residents.

The systems in place in the centre ensured residents' safety; including staff training in safeguarding, staff knowledge audits completed by the person in charge and

regular discussions about safeguarding at staff and residents' meetings. Residents were supported to develop the awareness and skills to self-protect by discussion at residents' meetings and an awareness talk on safeguarding had taken place with residents last year by a member of the multidisciplinary team. Where concerns of a safeguarding nature arose, these were addressed through the safeguarding procedures and plans were put in place where required. One resident spoken with said that they felt safe in the centre and got on well with peers and staff.

Residents who required support with behaviours of concern had comprehensive plans in place which detailed triggers to behaviour and included proactive and reactive strategies to support residents during times of heightened anxiety. The inspector found that behaviour support plans were reviewed by the person in charge and members of the multidisciplinary team following incidents of concern, and plans were updated where required. Staff spoken with demonstrated good knowledge about how to support residents with issues that may cause increased anxiety, in line with the support plans in place.

At the time of inspection residents were adhering to the public health guidelines for COVID-19. This included non-attendance at day services and revised arrangements for visitors to the centre. Risk assessments were completed with regard to visitors coming to the centre, and for residents visiting family members, which was in line with public health advice. One resident spoken with talked about a recent visit home to his family. Residents had access to their own televisions and DVD players in their bedrooms in line with their wishes, and one resident was observed to have an iPad and laptop. The inspector was informed that residents also like to buy television guides and newspapers to keep informed of current affairs and TV programmes.

Residents had assessments completed for health, personal and social care needs. Where required, support plans were put in place to guide staff in the supports required. Residents had individual folders in place called 'All About Me', which contained information and photographs of activities enjoyed, minutes of annual review meetings and personal goals identified by residents. Prior to COVID-19, residents had achieved goals such as; going on holidays, going social dancing, attending concerts, going to a funfair and football games. Residents' personal goals were reviewed since the COVID-19 pandemic in light of restrictions in the community, and new goals were agreed. However, the inspector found that for one goal that had been requested by a resident through a survey completed with him in April, there was no evidence that this had been reviewed and progressed. The resident had mentioned this goal to the inspector as being something he missed while not attending his day service, and when the inspector brought this to the person in charge's attention, she agreed to follow up with the resident to see how this goal could be progressed.

The provider had good systems in place for infection prevention and control; including hand hygiene equipment, posters and personal protective equipment (PPE). In addition residents' meetings indicated that regular discussion took place with residents about COVID-19. There was a folder in place with information about COVID-19; including a site specific contingency plan, guidance documents and risk assessments that had been identified as being required as part of a risk

management checklist for COVID-19. The inspector found that the risks associated with COVID-19 were under ongoing review, and the person in charge was in the process of updating some of the assessments in line with recent changes. In addition, residents had risk management plans in place in relation to risks associated with COVID-19 which included arrangements for self-isolation, if required. Staff had completed training in hand hygiene, use of PPE and infection prevention and control.

Regulation 10: Communication

Residents had access to telephones, televisions, DVD players, laptops, radios, newspapers and had subscriptions to television sports channels in line with their personal preferences.

Judgment: Compliant

Regulation 11: Visits

There was a visitor's policy in place which had been updated and reviewed to include safe procedures for visitors to the centre during the COVID-19 pandemic. The designated centre had suitable facilities to receive visitors, including an area for residents to meet with their visitors in private if they so wished.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had good systems in place for the prevention and control of infection; including protocols based on the national public health guidance and contingency plans in the event of an outbreak of COVID-19. The risks associated with COVID-19 were under ongoing review by the person in charge and management team. Residents were supported to understand preventative measures to minimise the risk of COVID-19 through regular discussion at residents' meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal goals were developed with residents as part of the personal planning process; however the inspector found that one goal that had been identified by a resident in April about what he wanted to achieve during the COVID-19 public health restrictions had not been reviewed as to the effectiveness of this goal, and no progress was made to support the resident to achieve this goal.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that there were good supports in place to assist residents to manage any behaviours of concern and help with stress reduction. All staff were trained in the management of behaviours, and staff who the inspector spoke with demonstrated an understanding of residents' specific support needs. There were no restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that safeguarding procedures were followed with regard to concerns raised, and that staff and residents were supported to understand safeguarding through staff training, discussion at team meetings and residents' house meetings. Intimate care plans were in place for residents which were reviewed as required.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shalom OSV-0002619

Inspection ID: MON-0029810

Date of inspection: 21/07/2020

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 05(6) (c) This action is now completed. The Person in Charge has reviewed the personal plan and supported the resident to achieve their goal. Furthermore, the person in charge will review resident's personal goals on a monthly basis to ensure compliance.	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	25/07/2020