



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:	Short Notice Announced
Date of inspection:	16 February 2021
Centre ID:	OSV-0005727
Fieldwork ID:	MON-0031802

About the designated centre

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

Shannon Quay is 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 four male and female adults with an with disabilities. The centre comprises of 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 (who is a qualified nurse), nursing staff and care 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:	4
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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 16 February 2021	09:23hrs to 13:50hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

During the course of the inspection, the inspector found that care and support provided to residents who lived at Shannon Quay either full-time or under a shared care arrangement was to a high standard. Care and support provided was person-centred in nature, directed by their assessed needs and choices and actively promoted the well-being of residents.

On the day of inspection, the inspector had the opportunity to meet with all four residents living at the centre at the time. Two of the residents permanently lived at the centre, while the other residents came to the centre for set days during the week under shared care arrangements between their families and the registered provider. The inspection was facilitated by the person in charge, and the inspector had the opportunity to also meet with two staff members and speak in depth with one of the staff members about daily life at Shannon Quay.

During their time at Shannon Quay, the inspector spoke with three of the residents around the kitchen table, while ensuring that that social distancing was maintained and wearing a face mask. Residents who were able to express their views on the centre verbally, spoke about how they liked living at the centre and got on well with the staff who supported them. Residents also told the inspector about the activities they enjoyed prior to March 2020, which included going to music concerts and sporting events. They also spoke about how due to increased public health restrictions these had been curtailed, and how activities now centred around the centre such as cooking, table top games, watching television and going on walks in the local area.

The restrictions on activities was further elaborated upon by staff, who told the inspector that only one resident currently had the opportunity to access their external day service placement, and this in itself had been reduced from five to two days a week. Staff spoke about activities they had introduced to compensate for the lack of or reduction in day service provision. These activities included on line exercise classes, cooking sessions, and taking every opportunity which presented itself to access the community. For example, during the inspection one resident went with staff to get the centre's vehicle National Car Test NCT done, which also allowed them the chance to enjoy a takeaway coffee and purchase snacks which they excitedly brought back to the centre. Also as it was 'Shrove Tuesday' on the day of the inspection, residents were being supported by staff to make pancakes, with the activity being accompanied by laughter, excitement and a variety of sweet fillings.

Residents also spoke about how they were involved in making every day decisions about the activities they wished to do as well as the centre's weekly menu, with one resident during the inspection being encouraged by staff to help with the preparation of the evening meal of cottage pie and vegetables. Another resident had opted to stay on later in bed, and this was supported by staff, and when the

inspector spoke with them at lunchtime when they were making a drink in the kitchen they said they enjoyed the opportunity to do this.

Residents' involvement in decision making at the centre was further illustrated by their attendance at weekly house meetings where they discussed a range of topics including weekly menus, grocery shopping, COVID-19 updates and fire safety.

Residents were also given the opportunity to voice any complaints about the care and support they received at Shannon Quay. Records reviewed during the inspection, showed that residents had on occasions accessed this right, and where complaints had been raised, these were investigated and addressed in accordance with the provider's complaints policy, in a swift and timely manner and to the satisfaction of the complainant.

The centre was very spacious in design and maintained to a good standard. As part of its design it comprised of both a communal lounge and sun room area which enabled residents to either socialise together or have privacy if they wished. The communal areas were nicely decorated and were personalised to reflect the likes and interests of residents; especially those living at the centre full-time, with photographs showing them with family or memories important to them. The dining room area included information to assist residents with their daily choices and communication, such as posters with 'key words', maths times tables, and photographs to support one resident at the centre to indicate activities they wished to do during the day. The dresser in the dining room also displayed information to assist residents in making a complaint or access advocacy services. Due to the current global pandemic, the walls of the centre were also adorned with information for both residents and staff on the public health restrictions, use of personal protective equipment PPE and hand washing technique guidance.

Throughout the day, the inspector observed that residents had free access to all parts of the centre, with one resident spending a lot of time in the staff office either relaxing on a bed in the room or working at a desk that staff had set up for them in the room's bay window. Also during the inspection, the resident frequently came into the office to see the inspector, and while maintaining social distancing, gave the inspector the 'thumbs up' sign and when asked if they liked living at the centre, they replied 'OK'. Although the resident was no able to verbally communicate what they enjoyed about living at the centre, the inspector observed that they appeared relaxed, happy and comfortable in their home, as well as with staff support offered to them during the inspection. Staff were also observed and spoke with the inspector about how the resident was supported to express their views and needs, either through a small range of words, which they were being supported to expand upon or through staff knowledge of their gestures. Staff also spoke about the use of sign language to support the resident's communication, which was reflected in their care plan, and the person in charge also telling the inspector about informal lambh training staff had received from a speech and language therapist.

Residents and staff spoke with the inspector about how they had maintained family and community relationships, in light of the public health restrictions. One resident told the inspector that they had, had the opportunity to visit their sibling in Dublin at over the Christmas period when public health restrictions were eased which they enjoyed. Residents also told the inspector about how they either spoke to their

families daily either on the telephone or through video messaging on their personal computer tablet. Staff also spoke about how walks in the local community, had led to residents becoming better known in their local area, and neighbours saying 'Hello' to them.

In summary during the inspection, residents were observed to be treated with dignity and respect by staff and actively encouraged to make decisions about their daily lives; within the current public health restrictions. The centre had a 'homely' feel to it and residents appeared both happy and relaxed at Shannon Quay. Through documentation reviews, observations and speaking with both residents and staff, it was clear that both the person in charge and staff at the centre were continually striving to ensure that the care and support provided was person-centred in nature, reflected residents' needs and created a warm and friendly home at Shannon Quay, which was further reflected in full compliance being found in all regulations assessed by the inspector as described later in this report.

Capacity and capability

Clear and effective governance and management arrangements at Shannon Quay ensured that the care and support provided to residents was person-centred, reflected their needs, promoted well-being and achieved compliance with all regulations assessed as part of the inspection.

Practices at the centre were overseen by a full-time and suitably qualified person in charge who although being responsible for a further two designated centres in the local area was actively involved in the running of the centre and ensured a high quality of care was provided. The person in charge spoke about practices they had implemented to ensure care and support at the centre was to a high standard, and how this was further enhanced by the appointment of a full-time nurse at the centre in response to the admission of a new resident to the centre in 2020 and subsequent changes to staffing arrangements to meet residents' needs.

The person in charge with the assistance of the aforementioned nurse completed a comprehensive annual suite of management audits which looked at all practices at the centre such as residents' care plans, health & safety, complaints and accidents & incidents. The outcome of these audits assured the person in charge that the centre provided care and support both in line with residents' needs, organisational policies and the requirements of regulation. The inspector observed that where improvements had been identified through the audits, these were acted upon swiftly and with positive outcomes for residents and service delivery.

Local management audits were also complemented by further activities undertaken by the provider in line with regulation. The provider undertook six monthly unannounced visits to the centre as well as an annual review into the care and support provided. Both of these assessments were completed by the person in charge's line management, reviewed practices at the centre and provided

assurances that residents' needs were being consistently met. When asked about the impact of COVID-19 on these processes, the inspector was told that the six monthly visits were currently being conducted through a combination of phone and documentation review remotely, but this had not impacted upon their effectiveness. A review of the latest visit's outcome reflected this discussion with areas for improvement identified and clear action plans in place from their resolution

Improvements identified in practices at the centre were further captured through its own centre specific 'Quality Improvement Plan' (QIP) which incorporated the outcomes of all completed audits, and updated the provider's senior management on progress made to date to address these findings. The QIP process ensured accountability across the provider's management structures ensuring positive outcomes for residents were achieved within the desired time frames set.

In addition, to the person in charge and newly recruited nurse, residents at Shannon Quay were also supported by a team of care assistants , with two staff being available during the day and at evening times to meet their needs. Since the centre's last inspection, the person in charge discussed the admission of a new resident to the centre. As part of their transition and the changing needs of the centre, the person in charge spoke about a review of staffing arrangements which had been undertaken. The person in charge told the inspector about the positive outcome of this review, which had resulted in residents having the consistent support of two staff during the day and night-time up to 23:00. The nurse's appointment as well as supporting the day-to-day management of the centre, also gave residents and staff greater access to healthcare support and advice. The staffing review also led to the conversion of the previous night-time sleep over arrangement to a waking night which had positive impacts for residents. For example, the availability of staff throughout the night gave greater freedom of movement to a resident with an assessed risk of falling, as well as reducing the use of a restrictive practice associated with the night-time locking of external doors, again increasing residents' freedom of movement at the centre.

Throughout discussions with staff during the inspection, it was apparent that they were very knowledgeable about the needs, interests and preferences of residents. This knowledge was further reinforced by their regular access to training, with all staff having completed the provider's mandatory training requirements. Staff told the inspector that they had good access to training and could also raise their future training needs through their attendance at team meetings and participation in annual supervision with the person in charge. Staff also spoke about their attendance at regular team meetings also ensuring they were updated on changes to residents' needs and the daily operations of the centre, which ensured a consistent approach to care and support provided to residents.

Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet the

residents' assessed needs in a timely manner and support them to participate in activities of their choice. Where changes in residents' needs had been identified this had led to a review of staffing arrangements at the centre to ensure their ongoing effectiveness.

Judgment: Compliant

Regulation 16: Training and staff development

Training arrangements ensured that staff knowledge on residents' needs and current developments in health and social care practices was regularly updated. Furthermore, in response to a possible management of an outbreak of COVID-19, staff had received up-to-date training on the use of PPE as well as the signs & symptoms of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements ensured that practices at the centre were subject to regular review to ensure they were effective in meeting residents' needs and complying with both regulatory requirements and organisational policies. Where improvements were identified, these were addressed leading to changes in care practices or staffing arrangements ensuring that residents needs were met and they were kept safe from harm.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had arrangements in place at the centre which ensured that all incidents which required notification to the Chief Inspector were submitted in accordance with regulatory time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Arrangements in place at the centre ensured that complaints about the care and support provided were appropriately captured, investigated and recorded including the satisfaction of the complainant with the outcome. Where not satisfied with the outcome of their concern, the provider's policy included arrangements for the complainant's right to make an appeal.

Judgment: Compliant

Quality and safety

Residents at Shannon Quay received a high standard of care and support which was person-centred in nature and reflected their assessed needs, likes and preferences. Furthermore, practices at the centre and supports provided by staff ensured that residents were supported to make choices and their well-being was safeguarded

Comprehensive personal planning arrangements were in place for all residents at the centre. With discussions with residents and staff along with observations during the day reflecting the guidance described within said reviewed care plans on how residents' needs should be met. Care plans were structured with clear guidance for staff on all aspects of the residents' needs to ensure a consistency of approach. Where changes were required to the care provided, these were reflected in updates and reviews of care plans which further ensured residents' needs were consistency met and documents were current in nature. Residents also had an accessible version of their care plan available to them, which elaborated further on their 'likes & dislikes' and how they preferred to be supported, and ensured their views on the type of care they wanted was adhered to by staff.

Where care plans included supports on behaviours that challenge, information to staff clearly guided them on how to support the resident during an incident of this nature as well as the proactive supports which should be adopted. Guidance in this area was kept under regular review and staff had access to a behavioural specialist and regular training to ensure their practices met the needs of the resident and reflected current good practice models. Behavioural supports also involved the use of agreed restrictive practices which were again were subject to regular review to ensure their appropriateness in meeting identified need. Clear rationales on the use said agreed restrictions were available to staff which ensured they were only enacted when really necessary. For example, due to an identified risk of certain residents leaving the centre, previously the front door was locked. However, this had been subject to review and was now only locked when only one staff member was on duty and specific residents were awake during the night. These changes meant that other residents' right to leave the centre was not impeded during the day as two staff were on duty. Also in relation to the resident who required additional support, they were able to leave the house if they wished during the day, due to a second staff being available to ensure their safety when the

community.

Also as stated earlier in the report, residents were supported to access a range of activities both within the centre and the local community which reflected their needs and preferences. The range of activities had been impacted upon due to COVID-19 restrictions, but staff had provided alternatives which residents enjoyed.

Risk management arrangements at the centre ensured residents were kept safe from harm. The person in charge ensured that up-to-date risk assessments had been completed relating to both residents' needs and the operations of the centre. Sampled risk assessments were comprehensive in nature, clearly identified the risk and agreed actions to be taken to mitigate its impact. Guidance contained within the risk assessments ensured that staff were knowledgeable in this area and residents' well-being was ensured.

Risk management arrangements as well as incorporating health & safety issues also included arrangements for the safeguarding of residents from possible abuse. Clear arrangements were in place for the reporting and management of possible incidents of this nature, and where they had arisen previously, comprehensive safeguarding plans had been implemented to protect those involved, with said plans being subject to regular review to ensure their effectiveness. On the day of inspection, discussions with the person in charge and staff, as well as documents reviewed showed that there was no current safeguarding issues at the centre indicating the effective management of this type of incident when it arose previously.

Also included under the risk management arrangements at the centre was the area of infection control especially procedures associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages. The plan was very much a 'live document', and kept under regular review to ensure it guided staff effectively and reduced the level of risk. As part of the centre's response to COVID-19, the person in charge had reviewed and enhanced infection control procedures at the centre. For example, as the centre provided shared care to up to five residents, changes had been put in place in relation to when residents were admitted to or discharged from the centre to ensure that vacated bedrooms and communal areas were appropriately cleaned. The person in charge told the inspector that previously a more relaxed approach was taken on when residents came to the centre with times being agreed between staff and the residents' families. However, due to the increased requirements for cleaning in response to the risk of COVID-19, residents now had to be collected from the centre by 13:00 and could not be admitted for their stay until after 16:30.

In addition, to enhance daily cleaning schedules, staff wore face masks when at the centre and supplies of personal protective equipment (PPE) and alcohol sanitizer were readily available throughout the centre. In addition, the provider and person in charge ensured that staff were kept up-to-date on practices linked to the management of COVID-19 through training opportunities, staff meetings and a

wide range of information displayed throughout the centre. Similar exercises ensured that residents were made aware of how to prevent the risk of COVID-19 from their perspective, with easy read information available at the centre, and regular updates through their weekly house meetings on the use of face masks, hand washing, the impact of public health restrictions on activities and updates on when they may receive vaccinations.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs, wishes and interests, although the range of these activities had been impacted upon by the introduction of public health restrictions.

Judgment: Compliant

Regulation 17: Premises

The premises was both clean and in a good state of repair and its design and layout met both the assessed needs of residents and the requirements of Schedule 6 of the regulations. The centre had a homely feel about it, and provided residents with facilities to either socialise communally or have privacy when at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to the resident were identified, assessed and appropriate control measures implemented.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control practices at the centre were comprehensive in nature and had been enhanced following review to ensure that risks associated with the centre providing shared care to residents being addressed.

Judgment: Compliant

Regulation 28: Fire precautions

Comprehensive fire safety arrangements were in place at the centre including the availability of maintained fire detection, containment and extinguishing equipment. As well as emergency evacuation arrangements for residents and staff which were subject to regular review to ensure their effectiveness.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management arrangements in place at the centre ensured that residents were given their medication as prescribed by suitably trained staff members.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive care plans guided staff on how residents' needs should be supported, with plans being subject to regular review to ensure they were up-to-date and promoted a consistency of approach by staff. Furthermore, accessible care plans were available to residents to increase their knowledge on how their needs would be met while at the centre.

Judgment: Compliant

Regulation 6: Health care

Arrangements were in place at the centre which ensured that residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents needed support with challenging behaviour, clear care plans were in place to ensure staff approaches reflected the resident's specific needs, were consistent in nature and reflected current good practice models. Regular reviews of plans and agreed restrictive practices ensured supports were proportionate to the needs of the resident and effective in nature.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre were comprehensive with all staff having received up-to-date training to ensure their knowledge reflected current health and social care practices. Where concerns of this nature had arisen at the centre previously, comprehensive and proportionate safeguarding plans had been implemented under advice to manage the situation and reduce identified risks and future occurrences.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively encouraged by staff to make decisions about their lives and the day-to-day operations of the centre through their involvement in annual reviews of their care plans and participation in regular house meetings.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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