



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:	13 December 2021
Centre ID:	OSV-0005696
Fieldwork ID:	MON-0034866

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
--	---

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
Monday 13 December 2021	09:30hrs to 15:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

From what the inspector observed on the day of inspection, it was clear that residents in Saol Beo were enjoying a good quality of life where they were supported to be active participants in their home and their communities.

One the day of inspection there were three residents at the designated centre. One resident was in the kitchen with the staff member on duty. A second resident was rising from sleep and the staff on duty told the inspector that another had asked to sleep in. The residents in this designated centre had high support needs and the inspector noted three staff on duty which appeared sufficient to meet with the residents' needs. There was a warm and welcoming atmosphere and the interactions between residents' and staff were observed to be kind, caring and respectful. The staff had a very good knowledge of residents individual communication style and support was provided promptly if requested. For example; one resident came into the kitchen and was observed to move quickly around the room in a determined manner. The staff members on duty were aware that the resident wished to make tea. The staff assisted the resident calmly and efficiently. This showed that the residents' wishes were respected and supported.

Saol Beo was a accessible bungalow located in a quiet housing estate close to a rural town. There was a spacious light filled entry hall, however, the paint was observed to be flaking from the wall and this will be referred to below. There was an open plan kitchen and dining room which was well equipped. There was a meal plan on the notice board. The inspector noted that the plan was made up of photographs of meals previously cooked in the designated centre. This showed that choice was encouraged, promoted and rights respected. Later that morning, a resident was observed cutting vegetables for dinner. It was evident that this task had been carefully assessed as a safe utensil was used and the resident appeared very content with their task. The staff told that inspector that residents and staff eat their meals together like a "family", and that the residents' enjoy this.

The inspector had a tour of the centre and found the bedrooms to be cheerful, welcoming and in good repair. There was a large sitting room with a comfortable suite of furniture and a reclining chair which a resident liked to sit it. Outside, there was an accessible patio, an area for sitting and a pleasant garden.

The residents at this designated centre had good contact with their family members and it was evident that the staff support this. For example; one resident received a gift during a weekend visit and there was a plan in place to support them to send a thank you card. Residents' were found to have purpose to their day and were actively involved in their communities. One resident was reported to enjoy going to the shop but they disliked wearing a face covering. A plan was put in place to go to a small shop where the resident was familiar with the shop owner and where a short visit could take place to buy their favourite treat while wearing a face covering for a short period of time. This showed proactive and thoughtful efforts to support

residents with the challenges posed by COVID-19. Residents' had the use of two vehicles which were used regularly. Trips included visiting friends, going to a walking club, to an exercise class and to Special Olympic events.

Overall, this centre was found to be very pleasant and calm where the rights and wishes of the residents' were respected and supported. The person in charge was not available on the day of inspection. The inspection was facilitated by the staff on duty who were knowledgeable and well informed about the day to day running of the centre. The inspector found that there were very good communication systems in place in this centre, for example; a daily communication book, individual residents' learning logs and a daily handover sheets. This ensured that there was a consistency to the care and support provided.

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

Capacity and capability

There were management systems in place to ensure that the service provided at Saol Beo was safe, consistent and appropriate to residents' needs. A plan was in place to progress the areas for improvement which were identified on the last inspection, for example; maintenance of the premises and access to financial information. This will be expanded on under the quality and safety section below.

On the day of inspection there were two staff on duty and a third staff member arrived later. The staff team included nurses and support workers who reported to a service manager. A deputy service manager was also available. The inspector found that the number and skill mix of staff provided was sufficient to meet with the high support needs of the residents. The roster was reviewed and this was found to be an accurate reflection of the staff on duty on the day of inspection. The staff on duty told the inspector that the person in charge was supportive and available as required. Formal supervision meetings were provided and took place every three months.

Staff had access to training as part of a continuous professional development programme. This include mandatory and refresher training courses. Some training events were delayed due to the impact of COVID-19 but a plan was in place to progress these and dates were agreed, for example; refresher training in moving and handling skills training and training in positive behaviour support. A programme of enhanced infection prevention and control training was provided. This showed that the training provided responded to specific needs as required.

The provider had ensured that an annual review had taken place and this included consultation with family members. A twice yearly provider-led audit was on file and was up to date. Internal audits were taking place on a monthly basis. These

included checks on safeguarding, medicines and management of incidents in the centre. Communication systems in the centre were found to be organised, person-centred and of a high standard. Each resident had a learning log notebook to record their likes, dislikes, challenges and achievements. The staff communication book was used daily, and filled with actions relevant to the care and support of the residents for example; plans to buy festive gifts and to prepare food, and notes about Christmas light displays for the residents to visit and enjoy. A compliments sheet was provided and this logged comments from members of the local community who expressed their happiness that the residents' were out in the community again after the recent restrictions. The provider had an organisational joint consultative committee in place and a staff member from Saol Beo attended the meetings. The work of this committee was reported to provide opportunities to exchange views, raise concerns and provide a flow of information to assist with shaping the organisation. This showed a good standard of consultation and involvement with staff and with the service.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided.

Regulation 15: Staffing

The inspector found that the number and skill mix of staff provided was sufficient to meet with the assessed needs of the residents living in this designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training as part of a continuous professional development programme and attended regular supervision meetings.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was resourced effectively, had a defined management structure and that systems were in place to ensure that a safe service was provided. The annual review and six monthly audits were completed and up to

date.

Judgment: Compliant

Quality and safety

The inspector found that this was a well managed service, with good governance and oversight arrangements in place. This ensured that the residents care and support was of a good standard and that they were safe. However, improvements were required in the maintenance of the premises and in the resident's access to financial information.

The person in charge had ensured that the healthcare needs of the residents was supported. Residents' had an annual medical review and access to the multi-disciplinary team was provided. There was evidence that the speech and language therapist and the physiotherapist had visited the centre recently. Occupational therapy supports were in place and there was evidence of reviews of the aids and appliances used for example; on a resident's wheelchair. Support from a dietitian was available and a review of the files documented a recent visit to the dentist where an improvement in the resident's gum health was recorded.

Futhermore, each resident had a comprehensive annual review of their personal and social care needs. A person-centred planning approach was used and residents' had goals identified and documented. These included; going to the panto, going for a seaweed bath and going to the local shops. Residents' goals were reviewed each week at the residents house meeting. The COVID-19 restrictions impacted on the residents ability to access their local communities. However, staff adapted the plans to ensure that residents could continue to attend activities that were safe, for example; drive in movies, online bingo, lighting candles at the church and attending religious services on line.

The inspector found that residents rights and choices were respected. For example, residents with multi-denominational spiritual beliefs had the local priest and the vicar to visit and the staff reported that this visit was enjoyed by all. On the day of inspection, residents were found to be actively expressing their wishes. The staff were observed responding promptly and using terms such as; "pick out what you want" or "show me and I will help you". This showed respect for the residents wishes and the promotion of independence and autonomy. Residents' meetings were taking place weekly and items discussed included shopping lists, plans for the week, how to make a complaint and how to make sure residents' feel safe. The recent international day of people with disabilities was noted as a day to celebrate on the calendar.

All residents had positive behaviour support plans in place and staff were knowledgeable about the strategies used to support residents if required. A positive behaviour support specialist was available and they had carried out a behavioural

support audit in the service. A report was prepared and was on file. Restrictive practices were used in this centre. They were reviewed regularly and a protocol for their use was in place. Staff had training in behaviour support and a refresher date was planned for a date in the near future.

There were no active safeguarding plans in place on the day of inspection. It was evident that safeguarding was discussed regularly as this matter was raised by a staff member without prompting from the inspector. This showed a good understanding and commitment to keeping residents' safe. Safeguarding posters were prominently displayed in the centre and all staff had access to safeguarding training which was up to date. There was an up-to-date safeguarding statement available which was reviewed recently. Furthermore, there was an easy-to-read staff code of conduct for resident use. This included a simple six step approach used to make a complaint and this was reviewed weekly with residents.

There were systems in place to prevent and control the spread of infection, including COVID-19. Residents' had access to an easy-to-read handwashing schedule which was made by the residents and displayed on the notice board. Touch point cleaning was taking place in the centre on the day of inspection, staff temperature checks were taking place and a self-declaration form was in use. A COVID-19 continuity plan was in place which listed actions required and dates when these actions were achieved. However, the inspector found that improvements were required with the storage of cleaning equipment such as mops and buckets which would improve the overall standard of infection prevention and control measures provided.

The premises provided was designed and laid out to meet the assessed needs of the residents at the designated centre. However, the inspector saw that there was bubbling and flaking paint along the entrance hall and corridor. Furthermore, there was evidence of mould on the lower walls of the sitting room. This was discussed with the staff on duty and the deputy service manager who provided evidence of weekly contact with the owner of the premises in order to progress this matter. The staff member reported a recent inspection of the premises was carried out by the owner and that a plan was in place to action the outstanding maintenance issue in the near future.

Secondly, a matter in relation to residents' access to their financial information which was identified on the last inspection was ongoing. Improvements were identified for example; residents' had access to personal items such as their purse, passport and public service information. Furthermore, a resident had opened a personal post office account. However, the deputy service manager and that staff on duty reported that the processes relating to financial matters were problematic. These issues were identified by the provider and a plan was in place to seek a resolution.

Regulation 12: Personal possessions

Improvements were noted since the previous inspection however, residents did not have access to their financial information. The staff on duty reported that these matters were problematic and that a plan was in place to seek a resolution.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet the assessed needs of the residents at the designated centre. However, the paint work at the entrance hall and corridor was bubbling and flaking and there was mould on the walls of the sitting room.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that measures were in place to prevent and control the spread of infection in the designated centre, including risks in relation to COVID-19. However, improvements were required with the storage of cleaning equipment which would improve the overall safety of the service provided.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents had individual assessments and personal plans in place that were subject to regular review. Residents were involved in their annual reviews and were supported to set goals for the future.

Judgment: Compliant

Regulation 6: Health care

The person in charge ensured that residents had an up-to-date health care plan in place and had access to medical and allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills required to support residents with behaviours of concern. Restrictive practices were in use in this centre and an up to date protocol for their use was in place.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that residents were assisted and supported to understand the importance of safeguarding. Safeguarding training was provided to all staff and there was evidence that staff were aware of their role in relation to residents safety.

Judgment: Compliant

Regulation 9: Residents' rights

The provided had ensured that that residents were treated with dignity, their rights were respected and choice and independence was encouraged.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially 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 Saol Beo OSV-0005696

Inspection ID: MON-0034866

Date of inspection: 13/12/2021

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> <p>Currently, the people we support have control of their property and possessions that are retained in their own home. One person has a Post Office account which was set up last year with the support of the Service Manager. Each person has access to their own money but only after they request and collect it from the HSE. Positive Futures is continuing to advocate for each person to have full access to their personal finances.</p> <ul style="list-style-type: none"> • New advocacy referrals were sent to the HSE on 13.01.22 on behalf of each of the women to escalate the ongoing matter of people having access to their personal finances. The Service Manager contacted the Disability Liaison Officer to seek support and a confirmation of address form has been signed by Garda that will be required for each person supported to open their own financial account. • Two people we support are progressing the opening of new Credit Union accounts in their own names. This process is due to be completed by 31.01.22. • Positive Futures was due to have an annual review meeting with the HSE in November 2021, however, this was cancelled by the HSE. On 13.01.22, Positive Futures sought to arrange a new date so agreement can be reached on how each person can access their personal finances. 	
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"> • A new maintenance issue was observed and escalated by the Service Manager to the HSE on 10.10.21 in relation to paint damage on a wall in the hallway. A leak developed in the area on 13.12.21 and a plumber completed work on the central heating on 	

17.12.21.

- Work which needs to be completed on the walls has continued to be escalated to the HSE Case Manager and Property Manager via phone calls and emails. The HSE has acknowledged the work to be completed as high priority and has escalated the concern internally. As damage is spreading, this was followed up by the Service Manager and Operations Manager on 13.01.22 and an HSE engineer is due to come to Saol Beo on 17.01.22 to assess the current issues.
- Annual Review Meeting with HSE requested by Positive Futures' senior management on 13.01.22. Maintenance issue above to be discussed at this meeting.
- The HSE have provided assurance that an action plan of work will be put in place week commencing 17.01.22.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Immediately following inspection, an interim measure was put in place by the Service Manager – the mops and bucket are now stored in the garage. Completed 13.12.21.
- A new outdoor unit is being built to hold mops and buckets safely. Work to be completed 04.02.22.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(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	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	04/02/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
--	--	--	--	--