

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

Issued by the Chief Inspector

Name of designated centre:	Birch Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	21 May 2024
Centre ID:	OSV-0004467
Fieldwork ID:	MON-0043568

About the designated centre

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

Birch Services is a residential service, which is run by Brothers of Charity Services, Ireland. The centre provides accommodation and support for thirteen male and female adults over the age of 18 years, with an intellectual disability, including those with a diagnosis of dementia. The centre comprises of two bungalows and both are located on the outskirts of two separate towns in Co. Roscommon. Both bungalows comprise of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. 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:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 May 2024	09:30hrs to 17:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements in response to a concern received by the chief Inspector. This centre was last inspected in June 2023. Overall, the inspector found that the provider was responsive in all of the areas identified in the concern and was responding appropriately through active and continuous engagement with a resident and their representatives as specified in local policies.

As part of this inspection, the inspector met with the person in charge, and staff on duty, who were supporting residents with their home based activities and day services, in both houses as per the residents choice and preference. Some residents were also attending their day service programmes locally as scheduled. Transport was provided in both houses to facilitate activities, and outings.

The inspector commenced the inspection in one house identified in the information received, and completed a review of required documentation relevant to the areas raised in the concern and observation in this house. On arrival to the centre, one resident opened the door and greeted the inspector and were provided with identification to explain the inspectors identity and why they were visiting. The inspector met with four residents in this house but spent time with one resident and hearing about their life and daily experiences in the centre. They again raised some of the points that had been highlighted in the concern, but assurance was received from the management team about the measures they had completed and were still undergoing at the time of the inspection. This included review of staffing, activities and compatibility in the centre. Later in the day, the inspector attended the second house where they met two residents who were again receiving home based activities. Residents spoke about improvements in this house as a result of a review by management on the placement and compatibility needs of residents. Residents chatted easily, and were observed to be relaxed and comfortable throughout this discussion. Residents then left to complete planned activities, which included buying the local newspaper to read up on local news, such as sporting events. Residents spoken with all enjoyed supporting and watching their local football team and talked about recent matches and the outcomes for the county team in particular.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs, while also ensuring that all residents benefited from a quality of life. It was also evident that the person in charge and staff helped residents on a daily basis to understand and manage there schedule effectively, through a personal outcomes approach. Residents also participated in weekly meetings where they discussed and planned events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff and residents were seen to be engaging warmly and comfortably during the inspection. They were observed to be happy going about their activities.

Staff in both houses explained to residents why the inspector was visiting their home, and if they were happy to meet or speak with the inspector. In both houses several residents were happy to meet and chat with the inspector and enjoyed a refreshment during this interaction. One resident, who met the inspector at the door, was also happy to show the inspector around the house that morning.

The inspector also completed walkarounds of both houses and was shown work completed in response to previous actions identified and the inspector found that the management team had completed all of the actions and work required to ensure that the centre was in line with the requirements of the regulations but specifically schedule six of the regulations.

Easy to read versions of important information was made available to residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights.

It was very clear that staff were familiar with residents' needs and their various ways of communicating. Staff could interpret the behaviours of residents and explain to the inspector what it was that they were communicating, and staff were seen to respond appropriately and effectively in the non-verbal cues.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service delivered to residents living in this centre.

Capacity and capability

This risk inspection was carried out in response to receipt of information received to the Chief Inspector. The centre was last inspected in June 2023 as part of ongoing monitoring of regulatory compliance in this centre. This inspection found that overall, the provider had very good governance and management systems and structures in place for effective oversight and monitoring of care provided to residents in this centre. Minor improvement was required to ensure all training needs were in place for all staff as required.

The inspection found that there was good governance systems and structures in place to ensure effective oversight, monitoring and direction of care for residents living in this centre. There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. The staff team were suitably experienced and qualified in their role to support residents and there was effective monitoring in place in the centre. The management team had suite of audits as part of the monitoring process, which included weekly, daily, monthly and yearly audits, such as

fire, medication, finance and health and safety audits.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff team prioritised the wellbeing and quality of life of residents.

Staffing numbers were adequate to meet the needs of residents, including the requirements to ensure that residents were facilitated to have a meaningful day. From review of documentation, speaking with the person in charge and staff team it was clear that staffing was appropriate to residents needs and a further review was planned to ensure that some residents enjoyed individualised time.

Staff supervisions and support were up to date, and regular staff meetings were undertaken. Staff meetings included a robust list of items for discussion which were a standing item as well as additional topics staff could raise as part of these meetings. The inspector noted that staff were able to access the person in charge on an informal and formal basis in this centre. Staff spoken with were happy with the current systems and structures in place in this centre.

From a review of staff training records mandatory training was up to date for most staff, although new staff members were yet to complete some mandatory training such as fire. Mandatory training included; positive behaviour support, fire safety, manual handling, medication management, and safeguarding. The provider also ensured that bespoke training required in the centre was in place, which was dependant on residents assessed needs, such as epilepsy management and modified diets support. The inspector was advised that this was scheduled in line with the staff availability. Staff had received informal training and guidance from the person in charge on commencement.

Regulation 15: Staffing

On review of staff rosters the inspector found that there were sufficient staffing who were all suitably qualified which ensured that continuity and consistency of care was maintained at all times. The management team also spoke about further reviews of staffing levels to ensure that residents changing assessed needs were always appropriately supported in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of mandatory training and a schedule of refreshers was in place, however the inspector noted that a locum staff had yet to complete some mandatory training such as crisis prevention and intervention and fire safety training; although they had received informal guidance from the centre's management team. The person in charge had requested alternative dates and was awaiting this at the time of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear and robust management structure in place which identified the lines of accountability and authority in the centre. There were effective monitoring systems in place and robust systems to monitor the quality of care and support delivered to residents. The inspector found that the person in charge completed detailed reviews of the systems in place and used the spreadsheets gathered to inform management meetings.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted all relevant notifications to the Chief Inspector within specified timeframes as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was available in an accessible format, and residents knew who to approach if they had a complaint. The person in charge maintained a log of all complaints and compliments received, and clearly showed work completed to resolve or address the issue raised.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received care and support based on their individual preferences and wishes and their social care needs were prioritised.

Residents receiving support in this centre were supported to achieve optimum outcomes for both their health and social care needs. Residents were able to actively participate and engage in meaningful goals and activities and were generally able to exercise choice and control over many aspects of their lives. Residents had access to day services and were able to engage in home based activities that were age appropriate.

Residents were supported to exercise choice and control in their daily lives and the staff on duty were observed to be actively supporting them to do the things they wished. The residents appeared relaxed in the company of staff and enjoyed doing these activities with the staff.

The systems for the protection of residents from harm were satisfactory in all areas in the centre. Inspectors found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy and procedure, development personal and intimate care plans to guide staff, and the support of a designated officer.

The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include all risks identified following recent incidents.

On the day of the inspection, the inspector completed a walkaround of the centre with staff. Both houses in the centre were warm, clean, comfortable and suitably decorated and furnished to the residents' wishes and preferences. The centre was located in two regions in on the outskirts of a small Roscommon town. There were laundry facilities in both houses in the centre. The inspector also noted that actions identified from a previous inspection were all satisfactorily addressed.

Overall, residents living in this centre received a very personalised and a person centred care and there was a high level of compliance with the regulations reviewed as part of this risk inspection.

Regulation 26: Risk management procedures

The provider had a comprehensive risk register in place including all relevant risk ratings and a detailed risk assessment for each risk identified. There was also a risk management policy in place, which included all the requirements as specified in the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format. On review of a sample of personal plans, the inspector found that it contained all relevant information to guide staff to support the residents appropriately.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions. Health promotion and health were well managed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected and kept safe from all harm.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights were protected and promoted at all times in the centre.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	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 Birch Services OSV-0004467

Inspection ID: MON-0043568

Date of inspection: 21/05/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: There has been a full review of all staff's training within the designated centre and a time bound plan put in place to ensure all mandatory and site-specific training is completed by the 31/08/2024	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/08/2024