



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

Issued by the Chief Inspector

Name of designated centre:	The Birches
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0004910
Fieldwork ID:	MON-0034415

About the designated centre

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

This centre provides 24-hour, full-time residential support for adults over 18 years with intellectual disability, including people who may also have mental health issues, behaviour that challenges and complex health needs. The centre can accommodate both male and female residents. As part of a de-congregation plan, the service is closed to any further admissions apart from residents who may be currently residing on the campus. The centre consists of three bungalows in a campus setting on the outskirts of a rural town. All residents in the centre have their own bedrooms, suitable communal space and access to garden areas. Residents have access to transport based on their assessed need. Residents are supported by a staff team that includes nursing staff, team leaders, social care workers and care assistants. Staff are based in the centre when residents are present and waking night staff support is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	1:15 pm to 4:00 pm	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met briefly with three residents who were in the centre having lunch during part of the inspection. These residents did not have the capacity to discuss their views on the quality and safety of the service with the inspector. All residents were observed to be comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited, staff were observed interacting with residents in a warm and friendly way and were very supportive of residents' wishes.

The centre was located on the outskirts of a rural town and there were a wide range of activities available to residents. There was accessible transport and sufficient staff available at the centre to ensure that residents could go out in the community and to be involved in activities that they enjoyed. Rooms in the centre were warm, comfortably furnished and decorated with pictures and artwork. Each resident had their own bedroom. The rooms that the inspector saw were bright, clean, comfortable and personalised. The centre was spacious, and in recent years the occupancy of the centre had been reduced to increase the levels of comfort, privacy and dignity for residents.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. While there were some improvements required to some records and to staff training, which will be further discussed later in this report, there was no evidence that these were impacting negatively on residents' ongoing safety and quality of life.

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 residents' lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard. Some improvements, however, were required to an aspect of record keeping and to staff training.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was based in an office adjacent to the centre, and called frequently to meet with residents and staff. There

was a team leader based in the centre, who supported the person in charge and the wider staff team. Both the person in charge and team leader demonstrated in depth knowledge of residents and their individual care needs.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included appropriate staffing levels, including nursing staff, ongoing reduction of occupancy levels in the centre, and transport vehicles dedicated to the centre. The provider and management team had been reviewing the ongoing arrangements for the transition of residents to the local community, and were exploring alternatives that would best suit the residents into the future. To date, the centre occupancy had been considerably reduced due to transition to community houses, which improved the overall levels of comfort and safety for residents who continued to live in the centre. In preparation for moving to the community, residents were living in compatible groupings and it was anticipated that further transitions to community houses would take place early in 2022.

There were strong measures in place for the management of complaints. These included a complaints policy to guide practice, a clear system for recording and investigating complaints and support of a multidisciplinary team, including behaviour support and safeguarding personnel. On reviewing the management of a recent complaint in the centre, the inspector found that it had been taken very seriously by the management team and that extensive investigation had taken place to ensure that residents were safe.

There were sufficient staff on duty during the inspection to support residents' general and healthcare needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. A variety of staff training had taken place to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as hand hygiene and infection control, and in feeding, eating, drinking and swallowing. Although training had been made available to staff in online format due to COVID-19 restrictions, some staff had not attended up-to-date training, some of which was mandatory, in line with the organisation's own requirements. However, there was evidence the the auditing system had already identified this deficit, and the person in charge had taken action to have it resolved by an identified date in the coming week.

The provider was mindful of the importance of infection control management and had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. The contingency plan included access to a designated isolation unit nearby. The inspector visited this unit and found that it was spacious and well equipped. There were adequate bathrooms and bedrooms, as well as a fully equipped kitchen. Bedrooms were furnished with either regular or specialised beds, so that residents with various support needs could be accommodated if required. However, the isolation unit had not been registered to accommodate residents from the designated centre. Fire extinguishers were in place in the isolation unit and these had been recently serviced. However, there was no evidence that fire alarm

servicing was up to date. The person in charge confirmed that this would be carried out in the near future to ensure that all aspects of this property would be ready to safely accommodate a resident if required.

Regulation 16: Training and staff development

Most staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. However, some staff had not attended up-to-date mandatory training when it was due.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. A recent complaints had been suitably managed, investigated and recorded.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's welfare was promoted at all times and that residents were being kept safe. Some minor improvement was required, however, to behaviour support records.

The centre was in a busy town in a rural location close to a range of facilities and amenities. There were three houses in the centre and the house that the inspector visited was comfortably furnished and decorated, and suitably maintained, with a well equipped kitchen and laundry facilities.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre had its own dedicated vehicles, which could be used for residents' outings or activities. All residents in the centre were working towards moving to community houses, with some of these moves scheduled to take place early in 2022. Extensive work had been carried out by the management team to prepare residents for these moves and to ensure that they were carried out with a minimum of disruption for residents.

There were arrangements in place to safeguard residents from any form of harm. These included safeguarding training and the support of a designated safeguarding officer. The provider had also put measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans and involvement of a psychologist and behaviour support specialist, to support residents to manage behaviours of concern. Records demonstrated that behaviour support interventions were being used to good effect by staff to support residents as required. There were clear protocols around the administration of medication to support residents at times of behaviours of concern and it was found that that such medications were administered infrequently when other interventions were not effective. However, although there were clear protocols around the administration of this medication, in some instances the rationale for the administration was not consistently recorded in sufficient detail to demonstrate if the process was managed in line with recommended protocols.

There were systems in place in the centre to control the spread of infection, such as staff training, appropriate information for residents, temperature checks and ample supplies of personal protective equipment (PPE). The provider had also developed a clear contingency plan for the management of COVID-19 should it occur in the centre and isolation accommodation was available nearby if required.

Regulation 27: Protection against infection

The provider had measures in place to limit the spread of infection in the centre. A contingency plan had been developed and an isolation unit close to the centre was available for occupation if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The use of restrictive interventions were well managed. Overall, they were clearly documented and there was evidence that the least restrictive interventions were in use. However, the recording of rationale for occasional use of as required medication for behaviour support was not consistently recorded in sufficient detail to demonstrate if the process was managed in line with approved protocols.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

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 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 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Birches OSV-0004910

Inspection ID: MON-0034415

Date of inspection: 02/12/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff to complete Training compliance report biannually. • Training compliance report to be discussed at supervisions. • Staff made aware that failure to complete mandatory training will result in disciplinary action in line with their contract of employment. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • All staff complete training in behavioral support (studio 3) • MCL policy updated to include staffs responsibility in recording outcome of use of chemical intervention. • Restrictive practice audit updated to include recording and documentation of chemical intervention. • PRN protocol to be discussed at handovers from 17.01.22 to 17.02.22. 	

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 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	17/02/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	17/02/2022