



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

Issued by the Chief Inspector

Name of designated centre:	Bayview
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0007818
Fieldwork ID:	MON-0032308

About the designated centre

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

Bayview is a bungalow-style house and prides itself on providing a homely living environment that has been adapted to meet individual preferences and needs of the residents. The centre provides a service for up to four residents who are over 18 years of age and have an intellectual disability. The house is suitable for meeting individual preferences and needs. Bayview consists of a spacious ground floor bungalow including four bedrooms, two of which are en-suite and two bedrooms which share a main bathroom. Individuals have their own bedrooms which were decorated in accordance with their personal wishes. There is also a living room, kitchen, utility, toilet, and dining room, as well as a second living room and or staff office. At the side of the house, there is a large garage that was used for storage. The house has a spacious large front and back garden. There are two staff on duty during the day and two staff at night.

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 - 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
Wednesday 25 August 2021	10:00hrs to 16:00hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

This was the first inspection of Bayview and was completed to ensure the care and support provided to residents were meeting their needs. Three residents lived in this centre and had moved from a congregated setting in August 2020 where they had lived for many years.

On arrival, the inspector met three residents. One resident was relaxing in the sitting room and they were very welcoming and delighted to meet a visitor. They told the inspector about their life since moving to Bayview and how they had settled into the centre. They chatted to staff and it was evident that this centre was very homely, and they felt part of the staffs' lives. One resident knew all of the staffs' children's names and was chatting to staff about them.

Another resident was in the kitchen and was busy tidying and said liked doing chores around the house including the laundry. They told the inspector that they were extremely happy since they moved to Bayview and the staff were all lovely to them.

The third resident was sitting in the dining room and doing an activity. They smiled and communicated with the inspector in their own way. On admission, this resident was assessed as being a full-time wheelchair user, but had started walking again since moving to Bayview. The environment was found to be more suitable for their needs and they felt safe that no one would push past them and knock them over. The person in charge had arranged for the installation of handrails to support the resident mobilise as independently as possible around the house.

The residents told the inspector of their weekly social activities. They said they were going horse riding that day and that they also went swimming weekly. They also said they enjoyed going social farming every week. Documentation confirmed residents were very active and a range of other activities were also found to be occurring in the centre on a regular basis.

The inspector completed a walkabout of the centre and saw it was a modern bungalow with ample space for residents. However, the inspector did notice that there were fire safety issues in the centre which related to risks associated with the centre's fire evacuation procedures, maintenance of fire equipment and fire doors. Due to these issues, the inspector issued an urgent action to the provider. These identified issues will be discussed later under the capacity and capability section of the report.

The inspector also noted that the centre had a garage to the side of the house, which was being used for storage; however, the provider had not included this building as part of the registration of this centre. The provider is required to submit an application to vary, with amendments to the centre's statement of purpose and

floor plan to reflect the actual use of all buildings in this designated centre.

Due to the COVID-19 pandemic, the inspector adhered to public health guidance in relation to the wearing of face masks and physical distancing. The centre had a range of infection prevention and control measures in use at the centre. Residents were aware of COVID-19 and said it had impacted on their social activities over the past year and a half and were looking forward to the restrictions being removed completely.

Capacity and capability

There was a good governance structure in place in this centre. The provider was the Health Service Executive (HSE) and had recently appointed a new person in charge to manage the centre. She was a qualified clinical nurse manager grade 2 (CMN2) and had the skills and experience manage the centre. The person in charge was responsible for three designated centres in total and was supported in providing day-to-day management to Bayview and the other two centres by a clinical nurse manager grade 1 (CNM1).

The inspector found the care and welfare of the residents was well maintained; however, three significant risks were identified during the inspection in relation to fire safety. Firstly, the dining room was identified as an 'inner room' and an appropriate fire escape route had not been put in place to mitigate this risk in the event of an emergency. In addition, the provider had not ensured that the centre's fire extinguishers had been checked regularly, with the last service being 15 months ago by a fire equipment expert. The inspector also noted that one of the centre's fire doors did not appropriately close impacting on its ability to effectively contain a fire. Consequently, the inspector issued an urgent action to the provider to address the fire risks in the centre. The person in charge was responsive and immediately instructed staff to constantly supervise residents while accessing the dining room. Following the inspection, the provider gave written assurances that all of the fire safety risks identified had been addressed.

The provider had completed an annual review of the quality and safety of care in the service on the 23 August 2021. The document was not available on the day of inspection and will be reviewed on the next inspection. The provider had also completed a six-monthly review of the centre with any areas for improvement identified by the auditor being addressed. However, the provider had failed to identify the aforementioned fire safety risks. In addition, the centre's statement of purpose did not accurately reflect the design and layout of the centre as previously mentioned in this report.

The inspector reviewed documentation as part of the inspection and found that residents assessments and care plans, as well as individual risk assessments

required updating to reflect residents current care and support needs.

Staffing arrangements in the centre were reviewed as part of the inspection, and reflected that residents were supported by a consistent staff team. Residents were supported by two staff daily, with a third staff member rostered twice a week to facilitate planned social activities. At night-time, residents were supported by two staff, as one resident required two staff support for transfers. The inspector noted that the centre's staff roster accurately reflected the staff working in the centre and the hours they worked there.

The inspector also reviewed the staff training arrangements in the centre and found all staff had up-to-date training completed. Overall, with the exception of the aforementioned issues relating to fire safety, the inspector found that this centre was well managed and residents were happy living at Bayview.

Regulation 14: Persons in charge

The person in charge worked full-time and had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was appropriate staffing resources in the centre and the staff roster accurately reflected the staffing in the centre on the day of inspection. Staff were skilled and had appropriate experience and knowledge to work in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received training as part of their continuous professional development. In addition, appropriate supervision arrangements were in place for both the centre's staff and the person in charge.

Judgment: Compliant

Regulation 21: Records

The provider had not reviewed residents' personal plans and risk assessments, to ensure the details contained within the records were accurate and up-to-date.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's governance and management arrangements had not identified the fire safety risks at the centre even though audits were completed. In addition, the provider had not ensured that the centre's statement of purpose and the floor plans accurately reflected the design and layout of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did not include all of the buildings in the centre, such as the use of a garage as a storage facility for residents medical equipment.

Judgment: Substantially compliant

Quality and safety

Residents received a good standard of care and support at Bayview. There were good governance and management arrangements in the centre and staff were available in the centre who were engaged in supporting residents' wellbeing and their opportunities to make choices about their daily lives.

Residents were supported by a knowledgeable staff team who ensured that the care and support provided to residents was in line with residents' assessed needs, likes and preferences.

The design and layout of the centre was suitable to meet the aims and objectives of the service and the number and needs of residents. The premise was a lovely modern house that contained a large sitting room, kitchen, dining room, utility, toilet, four large bedrooms, two which were en-suite and there was also a storage

room and a second living room. While the living room was nicely decorated with couches, a fire place and a large television, the ambiance of a relaxing environment was impacted with the use of office equipment in the room. The provider had not put appropriate arrangements in place for a staff office and appropriate work space and secure storage area for documentation. As previously mentioned, the provider had not identified all of the buildings in use this centre, and further documentation was required to be submitted to the Health Information and Quality Authority (HIQA) to include the use of the garage in this designated centre.

There were no safeguarding concerns or restrictive practices in the centre. Comprehensive personal planning arrangements were in place for all residents. From discussions with staff and observations during the day in the centre, the inspector found that the care and services delivered to residents were in line with their individual care plans, especially in relation to their physical and mental health care needs and daily activities. However, some of the residents assessment of need documentation required updating.

The provider had arrangements in place for the identification, and assessment of, and response to risk at the centre. Identified risks were currently under review by the person in charge to assess the overall effectiveness of the measures put in place in response to risk. However, some of the risk assessment documentation required updating.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance 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 among residents or staff shortages. The plan was kept under regular review to ensure it guided staff effectively and reduced the level of risk. The contingency plan was also supported by improved infection control arrangements at the centre such as regular cleaning schedules for all parts of the building, provision of staff changing facilities, temperature checks for staff and visitors to the centre and the wearing of personal protective equipment (PPE).

Regulation 17: Premises

The design and layout of the centre was suitable to meet the aims and objectives of the service and the number and needs of residents. However, the provider had not put appropriate arrangements in place for a staff office and appropriate secure storage for documentation. The dual use of the living room was impacting on residents rights to use their living room at all times.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had arrangements in place for the identification, assessment, response and ongoing review of risk at the centre. Identified risks were subject to regular review by the person in charge to assess the overall effectiveness of the measures put in place in response to risk. However, documentation required updating and this is actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge had put appropriate procedures in place to prevent the risks of staff or residents contracting COVID-19. The centre had a centre specific contingency plan in place in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider's fire safety arrangements required urgent review in relation to risks associated with an inner room at the centre and arrangements for the containment and extinguishing of a fire. This was brought to the attention of the provider on the day of inspection and an urgent action issued.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found residents personal plans were developed with consultation from the residents and goals for the future were identified. Residents' individual personal plans were in an accessible format and comprehensive assessments of residents' health, personal and social care needs had been completed. However, some of the residents' documentation required updating, and this is actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 6: Health care

The person in charge ensured that residents' healthcare needs were met. Residents received support at times of illness, and staff ensured their physical and emotional needs were met as required.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. The inspector found that staff were aware of what to do in the event that an allegation or suspicion of abuse occurred 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bayview OSV-0007818

Inspection ID: MON-0032308

Date of inspection: 25/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: To ensure compliance with Regulation 21 the following actions have been undertaken;</p> <ul style="list-style-type: none"> - All resident's personal plans have been reviewed and updated to reflect the resident's current care and support needs. - The resident's documentation has been reviewed and updated to accurately reflect the resident's current accommodation. - All individual risk assessments have been reviewed and updated to reflect the residents current care needs 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23 the following actions have been undertaken</p> <ul style="list-style-type: none"> -The Registered Provider has ensured the actions outlined on the Urgent Response plan were completed .There is a new fire exit within the inner room to ensure safe evacuation from the centre in the event of a fire. -The registered provider has ensured that new floor plans have been developed to accurately reflect the new exit and the garage to the side of the house. -An application to vary will be submitted to the authority with updated floor plans which reflect the changes 	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>To ensure compliance with Regulation 3 the following actions have been undertaken</p> <ul style="list-style-type: none"> -The statement of purpose will be updated to reflect the additional storage area in the garage. -The floor plans will be updated with accurate measurements of this area and included in this document -An application to vary will be submitted to the Authority to reflect this additional storage space. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure compliance with regulation 17 the following actions will be undertaken</p> <ul style="list-style-type: none"> - An alternate space has been sourced to ensure secure storage of documentation and additional office space. - This will ensure that residents will have access to all areas within the center. - This will be reflected on the updated statement of purpose and Floor Plans. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance with Regulation 28 the following actions were undertaken</p>	

-The Registered Provider has ensured the actions outlined on the Urgent Response plan have been completed.

-There is a new fire exit door within the inner room to ensure safe evacuation from the centre in the event of a fire

- All fire extinguishers have been serviced and are now in date and regular on-going maintenance occurs on a quarterly basis or as required.

- The store room fire door is now fully functional and closes as per fire regulations.

-The above works were completed by the 13/09/21

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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/11/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the	Substantially Compliant	Yellow	05/09/2021

	chief inspector.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/10/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	31/08/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	26/08/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	15/10/2021