



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

## Issued by the Chief Inspector

Name of designated centre:	Beechview House (Orchard)
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	02 May 2024
Centre ID:	OSV-0002060
Fieldwork ID:	MON-0035646

## About the designated centre

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

Beechview House (Orchard) is a designated centre operated by Autism Initiatives Ireland Company Limited. It provides community residential services to up to three adult residents with an Autism Spectrum Disorder (ACS) and other associated conditions. The centre comprises of a large apartment which consists of an open plan kitchen/living/dining room, utility room and a shared bathroom. There is a second communal space that is used as a sitting room and activity room. Each resident has their own bedroom with en-suite. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, train stations, bus routes and the city centre. The centre is staffed by a area manager, team leaders, social care workers and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Thursday 2 May 2024	09:30hrs to 18:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This was an announced inspection. The purpose of the inspection was to inform a registration renewal recommendation for the designated centre.

The inspection was facilitated by the person in charge and the person participating in management for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff and management, to inform judgments on the residents' quality of life.

Overall, the inspector found that that the person in charge and staff were striving to ensure that, residents living in the designated centre, were provided with a quality and safe service. Residents were supported to engage in their community in a meaningful way and were provided with lots of choice in their home. When speaking with the inspector, residents spoke positively about their lived experience in the centre.

However, the inspector found that improvements were needed to some of the infection prevention and control systems in place in the centre. The inspector observed a number of facilities in the apartment to be unclean, and as such, this posed a potential for infection control risks.

The centre comprised a large ground floor apartment which consisted of an open plan kitchen/living/dining room, a separate communal sitting room, a utility room, staff office and a shared bathroom. Each resident was provided with their own private bedroom which was decorated to their individual style and choice. All residents' bedrooms include an en-suite.

On walking around the apartment, the inspector observed it to have a homely feel, with an array of framed photographs of residents, hung up on the walls. Many of the photographs included the three residents together enjoying various community activities. There were lots of information boards to support residents in their everyday life. For example, there was a picture-format staff roster to support residents in knowing who was working with them on a day-by-day basis. There were picture-format menu choice boards as well as daily activity boards.

Residents were provided with their own bedrooms which were laid out in a way that met their individual needs, likes and preferences. All residents were provided with an en-suite toilet and shower facility. The inspector observed that two of the shower facilities required a deep clean. There was a build-up of dark- coloured grime on the grout between the shower wall and floor tiles. Some other areas and facilities in the house, (and external to the house), also needed addressing in relation to cleanliness and upkeep. These are further addressed in the quality and care section of the report.

In advance of the inspection, all three residents had been supported by staff to complete a Health Information and Quality Authority (HIQA) survey. Overall, the three questionnaires relayed positive feedback regarding the quality of care and support provided to residents living in the centre. Residents enjoyed living in their home and were happy with the food provided. One resident noted that "I love my home, it's very spacious." All residents relayed that they can make choices and decisions in their everyday life. They felt safe in their home and that staff were kind to them. Residents expressed that they get along with the people they lived with. Residents also noted that they knew the staff team and the staff provided help when they needed it; staff knew what they liked and disliked.

The inspector met two of the three residents living in the centre. One residents was currently living in the centre from Friday to Tuesday, so on this occasion, the inspector did not get the opportunity to meet with them.

On day of the inspection, one resident travelled to Howth on the DART with a staff member. They went for a walk as well as enjoying a hot beverage in the local cafe. The other resident visited to Dún Laoghaire library, which was an activity they regularly enjoyed. On return from the their activities, the two residents took time out of their day to speak with the inspector and relay their views.

Overall, the inspector found that residents' views regarding the quality of care and support provided to them was positive. Both residents said they really liked living in their home. They liked who they were living with and they were happy with the way staff supported them.

One resident told the inspector that they enjoyed journaling and regularly went to their local library. The resident informed the inspector that they wrote articles for a local newsletter. They showed the inspector two copies of the newsletter and in particular, the section that specifically included their articles. The resident appeared proud showing the inspector the pieces they had written and said it was something they really enjoyed doing. The resident also told the inspector about their role as an advocate and about their involvement in an external advocacy group for people with disabilities. They advised that they attended meetings with the group and afterwards shared updates from the meeting with their peers at the centre's household meetings.

The resident talked to the inspector about the number of times the fire alarm was activated. They said that the alarm went off a lot of times and expressed that they and their peers did not like it and appeared annoyed about it when they spoke to the inspector.

Furthermore, a high number of false fire alarm activations in the centre had been reported to HIQA over the past year. Staff who spoke with the inspector advised of how the alarms were upsetting and frustrating for residents, and in particular, where one resident liked a quiet and calm environment. At the time of the inspection there was no satisfactory plan in place to resolve the issue. This is addressed further in the capacity and capability section of the report.

Another resident talked to the inspector about their enjoyment of going out to the

local pub and having a drink. They said they were looking forward to having a pint of beer during the bank holiday weekend. The residents expressed how they were supported to enjoy a drink in moderation and that they had the option of non-alcoholic drinks as well. The resident said they enjoyed the company of the people they lived with and that they “loved” living in their home.

The inspector was informed by the person in charge, that residents often rang them when they were out on activity to update them on how they were enjoying it. During the inspection, the inspector observed two such calls from residents to the person in charge.

The inspector observed respectful and caring engagements between residents and staff and management. During the day, the inspector observed one resident appear anxious around money matters and in particular, budgeting. It was evident from observing staff engagement with the resident that they were aware of how to support the resident with this worry and how best to alleviate their anxieties around the matter.

Residents were consulted and involved in the running of their home. Residents were provided with weekly meetings to discuss topics about their home, activities, food menus and general information on staying safe at home and in the community. Where they were happy to do so, residents were supported to take responsibility for the cleaning and tidying their bedroom. The inspector observed a new resident's cleaning checklist. The list had been developed by a staff member in consultation with a resident. The inspector was informed that the initiative was a way of promoting the resident's independence in relation to keeping their living environment clean and tidy.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Overall, the inspector found that the systems in place endeavoured to ensure residents were in receipt of a safe and good quality service.

While there had been some improvements to the infection prevention and control measures in place since the last inspection, further work was needed and in particular, to some of the facilities in residents' en-suites. This was to ensure that residents were living in an environment that was clean and free from infection control risks.

In addition, follow-up on the high number of false fire alarm activations was needed as this was upsetting and frustrating for residents. It also posed a potential risk to the effectiveness of evacuation procedures.

These matters are discussed further in the next two sections of the report, in relation to the governance and management arrangements in place in the centre, and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The inspector found that, for the most part, the provider had satisfactory arrangements in place to ensure, that a good quality service was being provided to residents living in the designated centre. The provider and staff promoted an inclusive environment where each resident's needs, wishes and intrinsic value were taken into account.

However, it was not demonstrated that the provider was being fully responsive to some issues occurring in the centre that were negatively impacting on residents; this related to repeated false alarm activations of the fire alarm which many times resulted in residents evacuating the centre unnecessarily and disrupting them. In addition, it was not demonstrated that the provider had fully implemented their compliance plan response to a previous inspection focused on Regulation 27: Protection against infection. This is further discussed in the Quality and Safety section of the report.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The inspector found that, for the most part, there was an effective auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. Provider audits and unannounced visits were also taking place and were endeavouring to ensure that a good quality service was provided to residents.

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification submission requirements. The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be reported to the Chief Inspector, had been notified and within the required time-frame.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. The person in charge was familiar with residents' support needs and was endeavouring to ensure that they were met in practice. On review of a number of local audits, the inspector saw that the person in charge carried out their duties in a timely manner endeavouring to ensure the smooth and effective delivery of the service.

The registered provider had ensured that the qualifications and skill mix of staff was appropriate to meet the number and assessed needs of the residents living in the centre. Overall, there was a sufficient number of staff with the necessary experience to meet the needs of residents living in the centre. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. There was a staff roster in place and



overall, it was maintained appropriately.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed, or were scheduled to complete, mandatory training as set out in the centre's statement of purpose. Supervision records reviewed were in line with the organisation's policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

The inspector found that the provider ensured that the policies and procedures were consistent with relevant legislation, professional guidance and international best practices. They were written for the service and were clear, transparent and easily accessible.

### Regulation 14: Persons in charge

Through a review of documentation submitted to HIQA, the inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

On speaking with the person in charge, the inspector found that they were familiar with residents' support needs and ensured that they were met in practice. In addition, the inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were managed and supervised by a full-time person in charge. The person in charge was based in the designated centre. They were responsible for this designated centre only. There was a senior social care-worker employed to support the person in charge in assisting them with the operational oversight of the centre.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. Staff relayed to the inspector their awareness of each resident's unique

personality and of their likes and preferences.

Staffing arrangements included enough staff to meet the needs of residents and were in line with the statement of purpose. On the day of the inspection, there were no staff vacancies. Residents were provided one-to-one support from staff during the day. Additional staffing (22 hours) was provided during times when the third resident was residing in the centre (primarily Friday night until Tuesday morning).

The roster also demonstrated that there was continuity of staffing. Flexi-time social care and support workers covered during times of staff leave or training. The person in charge was endeavouring to ensure that the same flexi-time staff were employed during these times.

Staff who spoke with the inspector demonstrated good understanding of residents' support needs, and overall, were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

Judgment: Compliant

## Regulation 16: Training and staff development

On review of the training schedule, the inspector found that the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

The training needs of staff were regularly monitored and addressed to ensure the delivery of high-quality, safe and effective services for residents. The inspector was informed that the training schedule was reviewed and updated every four weeks.

On a review of the schedule, the inspector found that, for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. For example, staff were provided with training in safe medication practices, infection prevention and control, human rights, manual handling, positive behavioural supports, safeguarding vulnerable adults, fire safety, but to mention a few.

The inspector reviewed the supervision schedule in place and a small sample of staff supervision meeting minutes. The inspector found that supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

Judgment: Compliant

## Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place.

On the day of the inspection, the person participating in management organised for staff records to be brought to the designated centre (from HR office off-site).

On review of a sample of six staff files (records), the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had put in place good management and oversight arrangements to ensure a good quality service for residents. However, some improvements were required.

An annual review had been completed to assess the quality of care and support provided in the service between January 2023 to January 2024 and a copy had been submitted to HIQA in advance of the inspection. The review clearly demonstrated that residents had been consulted in the process.

While residents' families were consulted and included in residents' individual personal planning meetings, they had not been consulted as part of the annual review regarding the service provided.

The inspector reviewed two six monthly unannounced reviews completed of the quality of care and support provided to residents living in the centre during 2023. There was an action plan in place and the person in charge had, or was, in the process of following up on improvements identified.

The person in charge carried out a schedule of weekly audits to ensure that the service being provided was safe and appropriate to the needs of residents. There was regular auditing of risk assessments, person-centred goals, health care plans, cleaning schedules, medication management, infection prevention and control, health and safety, but to mention a few.

For the most part, on review of the audits, the inspector found that they were effective in ensuring improvements in the centre. However, on review of a deep-clean audit completed in April 2024, the inspector found the audit required improvement. For example, the audit failed to identify many of the infection prevention and control issues that were identified on the day.

The inspector reviewed a sample of team meetings that had taken place in 2023 and 2024. Minutes of the meetings demonstrated, that overall, the person in charge and

staff were striving for excellence through shared learning and reflective practices to ensure better outcomes for residents.

There were improvements required to the provider's arrangements for monitoring and evaluating the service provided in the centre to ensure compliance plan actions were implemented and incident information was utilised to inform where improvements were required. Also, the provider was required to take more responsive and timely action where deficits were identified or patterns and trends of incidents were present.

For example:

On review and trending of notifications submitted to the Chief Inspector of Social Services over the past year, the inspector found that there had been an increase in the number incidents of fire alarm falsely activated and unplanned evacuations. In total, twelve NF09s had been submitted and the four quarterly NF39Bs; each included from two to five occasions on which the fire alarms were operated, other than for the purpose of fire practice, drill or test of equipment.

The inspector was informed that the fire alarm was being triggered by residents living in other apartments above the designated centre. The impact of the high number of false alarms meant that there was a potential risk that the seriousness of the alarm sounding might be diluted.

In addition, where residents' likes and preference included quiet spaces, the inspector was informed that the alarm sounding raised anxieties for them. While the landlord had been approached about the issue in the past, no satisfactory resolution had been found and the issue remained on-going. The provider did not have a plan for how this could be addressed at the time of the inspection.

In addition, the provider had not fully implemented their compliance plan response from a previous inspection of the centre in 2022 focused on Regulation 27: Protection against Infection.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector, had been notified and overall, within the required timeframes.

Judgment: Compliant

## Regulation 34: Complaints procedure

On the day of the inspection, the inspector was advised that there were no open complaints.

The registered provider had a complaints procedure in place that was easily accessible to residents and their family members.

Residents were supported to understand how to make a complaint. The inspector observed that there was an easy-to-read document on how to make a complaint and a diagram on how they are managed on the centre's notice board.

One resident had been supported and empowered to be part of an external advocacy group for people with disabilities. Where they attended meetings, they brought updates and information to their own household meetings and shared with staff and other residents.

By the end of the inspection day, the person in charge had ensured that there was information regarding the national advocacy service displayed on a communal notice board in the residents' home.

Judgment: Compliant

## Regulation 4: Written policies and procedures

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents, including guiding staff in delivering safe and appropriate care.

On a review of the centre's Schedule 5 policies, the inspector found that all policies and procedures had been reviewed in line with the regulatory requirement.

As such, the register provider had ensured that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

Judgment: Compliant

## Quality and safety

The inspector found that each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. Residents were empowered and encouraged to live as independently as they were capable of and to have meaningful participation in their community.

However, there were improvements needed to the area of infection, prevention and control, as deficits in this area had been found on a previous inspection. This inspection found that the provider had not fully implemented their compliance plan response which was resulting in an ongoing potential risk related to infection control.

Since the last inspection, there had been improvements to cleaning checklists in place, including deep-cleaning schedules. There were flushing checklists in place for water outlets that were not used. However, upkeep was required to a number of facilities and equipment in residents' en-suites and in the kitchen and utility room.

The inspector found that not all cleaning checklists were effective and as such resulted a number of facilities and areas in the residents' home observed to be unclean, or in need of a deep clean. In addition, audits that monitored the effectiveness of the measures in place had not identified some of the defects observed by the inspector. This meant not all infection control risks were being suitably managed or mitigated.

Notwithstanding the above, the inspector found that the physical environment of most of the apartment to be tidy and in relatively good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The inspector observed a culture of listening to and respecting residents' views in the service. On observing staff engagement with residents, the inspector saw that staff understood what residents were expressing. Staff advocated for residents, and residents were facilitated and supported to access external advocates when requested or when required. Residents were empowered to join advocacy groups and to communicate this information to their peers at their own house meetings in a way that everyone attending could understand. Residents were facilitated and supported to communicate with their families and friends in a way that suited them.

The inspector found that the centre provided a rights-based approach to residents' general welfare and development by supporting each resident to make decisions about how they wished to live their life. To make these choices, residents were enabled and empowered through monthly key working consultation meetings. This meant that the person in charge and staff were endeavouring to implement care based on the residents' strengths, and encourage their integration and participation in the community in which they lived.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. Residents were supported to partake in activities they liked in an enjoyable but safe way through innovative and creative considerations in place.

There had been improvement to the systems in place that promoted safe medicine practices. Policies, procedures and control measures had been updated to ensure that residents' medication was administered correctly.

Staff were provided appropriate training in the safe administration of medicine, including regular refresher training. In addition, further training and development strategies had been implemented to avoid the recurrence of a serious medical error. However, further improvements were required on the day of inspection, to ensure the effectiveness of the review and update of some of the systems. In addition, improvements were needed to the consistency of the medication labelling system in place.

Overall, the person in charge had ensured that there were appropriate systems in place in the designated centre for the assessment, management and ongoing review of risk. However, the inspector found that where adverse incidents occurred, improvements were needed to the timeliness of shared learning. This was to ensure that, as soon as possible, staff were made aware of newly identified risks to reduce the chance of them recurring and overall, better ensure residents' wellbeing and health.

Residents were provided with personal plans of which there were monthly and annual reviews. Future goals and objectives were reviewed at 'future planning meetings' in consultation with each resident and where appropriate, their family as well as the centre's management and staff supporting the resident. The reviews were endeavouring to ensure skills and strategies were maintained and developed in line with residents' personal plans. However, improvements were needed to ensure appropriate multi-disciplinary input was included in the review of residents' personal plans.

For the most part, the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily. During conversations with residents and staff, the inspector was informed that residents were supported to engage in healthy activities such as going for walks, attending the gym and using exercise machines in their home.

However, improvements were needed to ensure that, where residents required allied health professional services (which they previous had engaged with), they were continually made available to them, and in a timely manner. This was to ensure that effective healthcare support plans were in place for all residents.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There were systems in place to ensure that where behavioural support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were restrictive practices in place in the centre. Where applied, the restrictive practices were clearly documented and were subject to review by the organisation's positive behaviour support instructor.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Safeguarding was included on the agenda of staff meetings. Where incidents had occurred, the inspector found that, for the most part, they have been followed up appropriately and in line with best practice.

## Regulation 10: Communication

On review of consultation meetings, as well as residents' weekly meetings, the inspector found that residents were being listened to and supported to express their thoughts, feelings, needs and wants in relation to the care and support provided to them.

This means that staff were endeavouring to enable residents to actively make informed decisions and direct how they live and to participate in daily life in the service and in the community, in line with their wishes.

The inspector saw that residents were provided with social stories or picture format information (for example, meal planning board – choice cards). These communication systems endeavoured to support residents to express themselves in a communicative format that they preferred and in a way that they could understand or be understood.

Residents had access to television and Internet in their home. Residents were also supported to access computers and Internet in the community, such as at their local library.

The inspector found that some improvements were required regarding the effectiveness of the assessment of residents' communication needs. However, this has been referred to in regulation 5.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were empowered to engage in their community through activities, education and outings. Residents were supported by their staff to use public transport and to attend the gym, the library and local cafes and eateries, but to



mention a few.

The service provided a choice of community hubs, where residents had the choice of attending. The hubs provided a New Directions type programme where residents choice and preferences of a variety of meaningful activities were at the forefront.

Through a review of residents' weekly meetings and individual monthly key working consultation notes, the inspector saw that residents were supported to be involved in activities or programmes that were meaningful to them and overall, positively promoted their general welfare and development.

For example, one of the residents showed the inspector a newsletter that was external to the organisation. The resident was supported to write and submit journal articles to be included in the newsletter. The inspector observed the resident to appear proud when showing the articles that they had written and pointed out that there was a specific page dedicated to their articles and pictures.

Judgment: Compliant

## Regulation 17: Premises

The premises was centrally located in a community with access to local amenities, services and public transport which supported residents' autonomy to engage and connect with their local community. Residents were supported to travel with staff on public transport to community activities of their choice. There were a number of bus stops close by the residents' home.

The layout of the premises encouraged a calm and relaxing environment for residents to enjoy. The inspector observed communal spaces and residents' bedrooms to be large and spacious. In particular, residents' bedrooms provided ample storage space for clothes and personal items that were meaningful to residents.

The house appeared tidy, and for many of the areas, clean. Where there were some improvements needed to the cleanliness of the internal and external areas of the centre, these have been addressed under regulation 27.

The inspector observed the premises to provide a homely and accessible living environment so that a 'home-like' environment that promoted activities of daily living and encouraged residents to undertake everyday tasks was in place.

The residents' home was decorated to meet their needs and wishes. During the walk around of the centre, the inspector observed that communal spaces, such as the kitchen and dining area, were decorated in line with residents' likes and wishes. There were ample information posters and notice boards on the walls that were part of residents' everyday life in the apartment and as such made it more individual to

them.

Communal areas had a homely feel to them, with photographs displayed on wall of residents enjoying community activities as a group or individually.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations.

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

There was a risk register specific to the centre, and for the most part, it addressed individual and centre risks. The risk register was maintained and updated as required.

The person in charge had completed a range of risk assessments, which included appropriate control measures to mitigate or reduce the potential risks.

On the day of the inspection, the centre's medication risks assessment was updated to ensure that the control measures included were effective in mitigating the risk of recurrence of incidents. For example, additional information regarding the administration of medication procedures and in particular, with regard to preparation of the medicine in advance of administration, was included as a control measure.

While adverse events, for the most part, had been appropriately followed up on, the inspector found, that in relation to a recent incident, there remained the risk of recurrence of a similar incident two months subsequent to the incident.

For example, a medication error had occurred in February 2023, and at the time had a serious and negative impact on a resident's health. On review of the screening documentation, the inspector saw that an investigation was appropriately carried out and recommendations subsequently completed within two months of the incident. However, the risk the identified administering practice presented, was not shared among the staff team until April 2024.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The inspector observed the residents' apartment to be unclean in areas and in

particular, that some of the facilities in residents' en-suites, kitchen and utility room were not being satisfactorily cleaned to ensure the best possible protection against infection. This meant that there was a potential risk to residents' health and safety in terms of infection, prevention and control.

For example, the inspector observed the following issues during review of the centre:

- There was a lot of signage in the kitchen in plastic covers held up with sticky tape. The inspector observed six of the signs to be worn and grubby with dirt on the sticky tape sections.
- There was a menu planner white board where pictures of meal choices were displayed. However, the whiteboard was observed to be unclean.
- A freezer which required defrosting, (and had no temperature check), was observed to be unclean. The inspector observed food particles on the top door and inside the freezer as well as black grubby marks on the external area of the door.
- There was a mat in the sitting room that was held down by tape to lessen the risk of trip hazard. The mat was observed as worn and grubby and on lifting it up, the inspector saw that the tape was black with dirt and there was a rim of black grime just under the mat.
- In the same room, two armchairs were stained. It was unclear if the stains were from ink or food or drink substances. On the morning of the inspection, the inspector also observed food spilt down the side of the armchair and under the cushion.
- Door stops attached to fire doors had heavy layers of dust and dirt on them.
- A fire door in a resident's bedroom was badly chipped, so much so it raised a concern regarding the effectiveness of the door. (On the day of the inspection, the person in charge contacted their maintenance team to address same.)
- Two of the three resident showers were observed as unclean. There was black grime on the grout between the lower tiles and on the base of the shower. There was also black grime observed outside the shower on the floor next to the toilet brush. One toilet brush was covered in rust and another toilet brush had wet tissues on it.
- A timber storage shelving unit in one of the shower rooms was observed warped. Raw timber, which could not be cleaned effectively, in terms of infection prevention and control, was showing at the bottom two sections where the resident's towels were stored.
- A leather bean bag was ripped open with inside cushion showing.
- There was chipped paint observed beside the headboard of a residents bed.
- There was rust across the bottom of two en-suite radiators.
- There was a crack observed on the skirting board in one resident's bedroom which was stained and unclean.
- Externally there was a large BBQ which was observed to have rust, vegetation and dirt within it. (The person in charge removed this on the day). Overall, the inspector observed that the garden space out the back of the apartment, including the furniture, shed and pavement area, required upkeep

and in some cases, repair.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

A staff member showed the inspector the layout of the medication room as well as the medication cabinets and systems in place. The staff member was knowledgeable of safe medicine management practices and in particular, of the new changes in procedure since a recent medical error had occurred. The inspector observed that overall, the medication room was clean, tidy and well organised. However, on a review of medications, the inspector observed that not all opened medications had been appropriately labelled with the opening date. This meant that there was a risk of residents being administered medications that were out-of-date or no longer effective.

There was a serious medication error in February 2024 which resulted in a resident requiring emergency medical review. Subsequent to the incident, the organisation's medication policy, procedures and practices were reviewed and updated to reduce the risk of recurrence.

However, on the day, the inspector found that not all updates provided sufficient information to ensure a similar incident did not occur again. For example, there was no step-by-step guidance or procedure included that was specific to the preparation of medicines and in particular, in relation to having a drink ready in advance of administering medication to residents.

Notwithstanding the above, on the day of the inspection, senior management updated the policy, procedures and risk assessment control measures to include the required detail.

In addition, to ensure all staff had adequate skills and knowledge in safe medicine practices, the person in charge carried out a safe medicine management competency assessment with each staff member in April 2024. On speaking with two staff on the day, the inspector found that they were familiar and aware of the new practice in place regarding having a drink ready in advance of administering medication to residents.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents were provided with personal plans of which there were monthly and annual reviews. Every month, residents met with their keyworker for a one-to-one

consultation meeting. At these meetings residents were encouraged to talk to their keyworker about their identified current goals and objectives and how they were progressing. The monthly meetings also included a review of residents' health needs and current support plans as well as discussing any issues that were important to them.

On review of a resident's recently updated assessment of need, the inspector found that improvements were required. This was to ensure that reviews were effective and included satisfactory multidisciplinary input. The person participating in management had developed a new template so that clinical and multidisciplinary information from resident health and wellbeing plans were included. However, a further review was needed to ensure MDT input in the personal plan annual review.

For example, the inspector reviewed a recent updated 'about me' plan for one resident. This included a review of the resident's communication needs and support requirements. The resident, their family member, the person in charge and key working staff provided input into the review. However, while some of the communication supports had been taken from a positive behavioural support plan written by the resident's assistant psychiatrist, the same professional was not involved or had oversight of the outcome of the review. As such, the effectiveness of the resident's personal plan could not be assured and in particular, if the appropriate communication supports were in place for them.

Judgment: Substantially compliant

## Regulation 6: Health care

There had been improvements to some of the healthcare systems in place since a previous inspection. On review of residents' health and wellbeing plans, the inspector saw that, where medication was prescribed for the treatment of a specific healthcare need, there were corresponding health action plans in place for all short-term and long-term medications. In addition, the emergency protocol in response to seizure activity had been reviewed and updated to ensure that information within it clearly guided staff how to respond.

Residents had previously been facilitated to engage with speech, language and talk (SLT) services. However, currently no resident was in receipt of this service. On review of the provider's communication policy, the inspector saw that it recommended such services. For example, the policy noted that, where residents were diagnosed with certain conditions such as pica or rumination, that support was to be sought from general practitioner (GP) or appropriate healthcare professional such as OT or SLT.

The provider had endeavoured to recruit a new SLT, however, had not been successful to date. Overall, improvements were needed to ensure that residents were supported to access community or private SLT when required.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where appropriate, residents were provided with positive behavioural support plans. The inspector was advised that the organisation's positive behaviour support instructor was involved in the development, writing and review of the plans alongside residents' assistant psychiatrist.

All staff were provided training in positive behaviour supports.

Restrictive practices were logged and regularly reviewed and it was evident for a number of restrictive practices that efforts were being made to find alternatives to reduce or cease some restrictions.

For example, a recent review of the restrictive practices in the centre identified and made recommendations for a support plan to be put in place for two environmental restrictions and one rights restriction. This was in an effort to ensure that all restrictive practices included a reduction plan. This meant that the person in charge and provider were endeavouring to ensure that restrictive practices in place in the centre were the least restrictive for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Overall, the inspector found that residents were protected by practices that promoted their safety.

All staff had been provided with training in safeguarding and protection of vulnerable adults. Staff who spoke with the inspector were aware of the safeguarding policies and procedures in place to protect residents.

Where safeguarding incidents had occurred in the centre, the person in charge had followed up appropriately and ensured that they were reviewed, screened, and reported in accordance with national policy and regulatory requirements. Where improvements were needed regarding the timeliness of shared learning from incidents, this has been addressed under regulation 26.

Residents' surveys demonstrated that they knew who they could talk to if they were feeling unhappy or worried about anything. On speaking with residents, they told the inspector that they would go to the person in charge should they be upset about a matter.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Beechview House (Orchard) OSV-0002060

Inspection ID: MON-0035646

Date of inspection: 02/05/2024

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• All families will be provided an opportunity to submit feedback as part of the annual review and quality assurance report in addition to being consulted as part of the yearly person centered plan.</li> <li>• Edit the monthly deep clean checklist to ensure all items to be cleaned are reflected in the list. The deep clean to be assigned on the Rota monthly and PIC or SSCW to do a walk through and verify that all tasks have been completed.</li> <li>• The provider has contacted respond Housing to query the increase in fire alarm activations. Respond where able to identify that the majority of the activations were coming from one apartment and they have provided assurances that respond have met with this person and will continue to monitor the activations. Should the fire activations continue to increase the PIC will make contact with Respond to explore further solutions.</li> <li>• The PIC will continue to maintain oversight of all compliance plans in the centre through the completion of the weekly manager's checklist, deep clean checklist and 18 outcome audit.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> <li>• All learning from any future adverse advents and incidents such as medication errors will be shared with all staff in a timely manner through the staff team meeting and/or individual meetings with staff where required.</li> </ul>	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> <li>• All items as outlined in the report have been cleaned.</li> <li>• The signage in the kitchen has been replaced.</li> <li>• The menu planner board has been replaced and older one removed.</li> </ul>	

- The freezer has been defrosted and cleaned and added to the individual cleaning checklist. Thermometer has been added and temperatures will be recorded daily.
- The mat in the sitting room has been removed and underneath cleaned with adhesive remover.
- The armchairs have added to the individual room checklist to checked and cleaned nightly.
- The door stops have been cleaned and added to the daily cleaning checklist.
- The fire door in the resident's bedroom has been reported to Respond and addressed by the maintenance team.
- The showers in the resident's bedrooms have been cleaned using a steam cleaner and are also included in the monthly deep clean.
- The timber storage unit in the bathroom was removed and replaced.
- Leather bean bag has been disposed of.
- The paint above the resident's headboard has been added to the maintenance request to be completed.
- The rust on the radiators has been added to the maintenance checklist.
- The skirting board has been cleaned and repaired.
- The BBQ was disposed of on the day of the inspection.
- Edit the monthly deep clean checklist to ensure all items to be cleaned are reflected in the list. The deep clean to be assigned on the Rota monthly and PIC or SSCW to do a walk through and verify that all tasks have been completed.
- In addition to continue to improve standards, each member of the staff team will be assigned a room/ area in the house that they will be responsible for deep cleaning each month.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none"> <li>• All medicines that not labelled on the day have been labeled and this has been discussed at a team meeting.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> <li>• The organisation will submit a business case to the HSE to request funding for internal MDT supports to support an holistic, coordinated assessment and response to resident's needs.</li> </ul>	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: <ul style="list-style-type: none"> <li>• The organisation will submit a business case to the HSE to request funding for internal MDT supports to support an holistic, coordinated assessment and response to resident's needs,</li> <li>• A GP appointment has been made for the person diagnosed with rumination to seek a SLT referral.</li> <li>• The organisation to explore potential supports to oversee the medical needs of residents.</li> </ul>	

## 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 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	15/07/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	15/07/2024
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to	Substantially Compliant	Yellow	15/07/2024

	in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	28/06/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure	Substantially Compliant	Yellow	15/07/2024

	manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	15/07/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/07/2024