



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:	Unannounced
Date of inspection:	10 February 2023
Centre ID:	OSV-0002060
Fieldwork ID:	MON-0039131

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
Friday 10 February 2023	10:00hrs to 16:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection, prevention and control and to monitor compliance with the associated Regulation and Standards.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with two residents who lived in the centre. The inspector observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

The inspector used conversations with residents and staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection, prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to bring the centre in to full compliance.

The centre comprised of a large 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 arrival at the front door of the centre, the inspector found that the practice in place for visitors, of taking temperatures, signing in the visitor's book and providing hand-gel and masks, was not in line with the provider's current policy and procedures.

While there were masks and handgel at the door, the inspector observed the hand gel to be empty. In addition, the inspector's temperature was not requested until inside the centre's office, and sign-in of the visitor's book was not requested until the acting senior social care worker arrived. However, when this was pointed out, management promptly organised for the necessary items to be in placed at the front door.

The inspector observed that residents seemed relaxed and content in the company of staff and that staff were respectful towards the residents through jovial, supportive and positive interactions. Residents appeared to be happy and familiar with their environment.

Residents' independence was promoted in line with their needs and understanding. Residents informed the inspector how they enjoyed helping out with the household chores, such as cleaning their bedrooms and the communal areas in the apartment. One resident informed the inspector that they had a list to help them with their

tasks. Residents were also supported with other tasks such as laundry, shopping and baking. On the day of the inspection, one of the residents appeared proud to show the inspector a batch of muffins they had baked. They told the inspector they made them for their birthday and that they had enjoyed an overnight in a hotel as part of their birthday celebrations.

On speaking with staff, the inspector found that residents were empowered to be safe when in their home and out in the community. For example, residents were supported to be aware and knowledgeable, through communication formats that they understood, of hand-hygiene techniques and of situations where mask wearing was appropriate, such as attending healthcare appointments.

Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were kept separately for personal use in residents' en-suites and bedrooms. There were a number of hand-sanitiser points located throughout the apartment. For the most part, hand soap and hand sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished.

The centre was found to be suitable to meet residents' individual and collective needs. An additional communal sitting room was added to the apartment since the previous inspection. The inspector was informed that the addition of the room was to allow residents enjoy activities and television-time to themselves if they so wished. This change in layout had seen a significant reduction in behavioural incidents occur in the designated centre.

Overall, the apartment appeared clean and tidy. The inspector was informed that the centre had been painted during 2022 and that the floors had been provided with a deep clean. However, on the day of the inspection, the inspector observed, that upkeep and repair was needed to some of the areas of the centre. For example, two of the walls in the sitting room and a wall in a resident's bedroom were observed to have chipped and peeling paint. In addition, a deeper clean to some of the facilities such as, shower trays, shower doors and extractor fans, was also needed.

Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre using the appropriate colour coded cleaning equipment in place, such as mops and mop buckets. Overall, staff who spoke with the inspector, were knowledgeable of the cleaning systems in place.

Staff were observed to be wearing appropriate personal protective equipment and there was ample stock of PPE within the centre including gloves, masks and aprons. Staff informed the inspector that they had completed training relating to infection, prevention and control, including COVID-19 and were aware of what to do should there be an infectious outbreak in the centre. Overall, staff were knowledgeable on practices and procedures to keep residents safe.

There were cleaning systems in place and were part of the workforce's daily and nightly duty list. There were daily cleaning lists for every area of the residents' home and were observed to be comprehensive in nature. The lists were placed on the notice board in the staff office and were clear and visible for all staff to see and use. However, improvements were needed to ensure that the systems in place were

effective and that they were implemented in line with the schedules in place. For example, while the centre appeared clean and tidy, on review of the cleaning checklists for the week of the inspection, the inspector observed that on some of the days, the checklists had not been completed as required.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures were consistent with the *National Standards for infection, prevention and control in community services (HIQA, 2018)*. However, the inspector found that some improvements were needed. The provider had enacted policies and procedures to support effective infection prevention and control practices, however, enhanced oversight was required to some of the practices to ensure that they were effective at all times so that care was delivered in a manner that reduced the potential for residents to contract a healthcare-associated infection. There was also some improvements needed to the upkeep and repair of the apartment however, a number of these had been self-identified by the provider.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that the governance arrangements in place in the designated centre supported the delivery of care and support in a manner that endeavoured to protect the residents from the risk of acquiring a healthcare-associated infection. However, enhancements to the oversight of systems in place were needed to ensure infection prevention and control measures were being effectively implemented at all times.

For the most part, there were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by a person participating management. On the day of inspection, the person in charge was absent. In their place, the acting team leader and person participating in management, supported the inspection.

There was an infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

The registered provider had implemented governance and management structures in an effort to minimise the risks to residents acquiring or transmitting preventable healthcare-associated infections. There was a COVID-19 infection, prevention and control team established in the organisation and was made up of the organisation's operating director, a number of senior area managers and a member of the

organisation's health and safety department.

The Health Information and Quality Authority (HIQA) Quality Improvement Plan and HIQA's preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, had been completed as part of the centre's active learning and reflective practice process. A recent review of the document had been completed in January 2023.

An annual review of the centre had been completed, as well as six-monthly unannounced visits to the centre. The review included a written report on the safety and quality of care and support provided to residents and a plan to address any concerns regarding the standard of care. Both these reviews took into consideration matters relating to infection, prevention and control.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from other centres run by the same provider had been reviewed and shared, with many of the improvements addressed or in the process of being addressed. For example, there was a steering committee in place to share learning and make improvements. On review of the minutes of the meetings, the inspector saw how HIQA inspections of other centres, run by the provider, were reviewed and resulted in shared learning. Where improvements were needed, actions were planned and relayed throughout the organisation.

The provider had completed an annual health and safety compliance check which included an action plan and timeframes. On review of the document, the inspector saw that many of the actions had been completed. Furthermore, there were daily hand-over checklists and a weekly manager's checklist which considered infection, prevention control matters. The manager's weekly checklist including oversight of health and safety checklists, night duty cleaning checklists, individual room cleaning checklists, health screening checklists, maintenance logs, infection, prevention and control spot checklists and monitoring of the six monthly review action plan.

On review of some of the local systems, the inspector found that the staff handover sheet and a number of the daily individual room checklists, were not consistent in their completion. As such not all local systems, that supported the infection, prevention and control measures in place in the centre, provided assurances that they had been implemented at all times.

There was an actual and planned staff roster in place. The roster required some improvements to ensure it accurately recorded the staff who completed the shifts. for example, there were days on the roster where the names of the team leader or senior social care worker had not been included.

The provider was endeavouring to ensure that the centre was adequately resourced however, on the day of the inspection there was one vacancy and one staff absence which required cover. While the staffing arrangements, (with the support of relief staff), included enough staff to meet the needs of the residents, they were not in

line with the statement of purpose.

The centre's management staff were endeavouring to ensure continuity of care so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief staff were needed to cover gaps in the roster, the same small cohort of four relief staff were employed.

Overall, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training to support them to be knowledgeable of standard and transmission based precautions such as hand washing and sanitisation. Staff members were also aware and familiar with the cleaning arrangements in place and the relevant policies and procedures associated with these.

Staff were provided on-line training in infection, prevention control. In addition, on review of the upcoming team meeting agenda, the inspector saw that face to face practical training on a number of standard precautions was planned. However, the inspector found that, to enhance the training provided to staff, a review of the time lines between training and refresher courses was needed.

The person in charge and the senior social care worker had been provided specific training in infection prevention and control, to support them in their role as lead infection, prevention and control person for the centre. One to one supervision meetings (practice support meetings), alongside performance management meetings, were taking place to support staff perform their duties to the best of their ability.

The registered provider had a COVID-19 outbreak plan in place, (business contingency plan), which included guidance on infection, prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services. However, a review of the plan, to assess if the measures in place were effective, had not been completed since February 2022 or after a confirmed case of COVID-19 had occurred in the centre. In addition, a review of the resident's self-isolation plan, pertaining to the confirmed case, had not been reviewed. Furthermore, the systems in place that provides assurances, that staff have read and understood the outbreak management and self-isolation plans, required improvement. For example, only three staff had signed both documents noting that they had read and understood them.

Quality and safety

The inspector found that overall, the management and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, however, improvements were needed at local level, to ensure the appropriate implementation of standard infection control precautions and procedures, at all times. In addition, there was a small number of improvements needed to the upkeep and repair of the designated centre.

Residents were informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Where appropriate, residents were provided with easy-to-read documentation and social stories. Residents, and where appropriate, their family, were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection. The inspector found that residents were consulted with regarding the COVID-19 vaccination and booster programme and that discussions around consent had taken place in this regard.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. The inspector observed, the premises appeared clean and tidy, however, some areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. In addition, a deeper clean was required to some of the facilities provided in residents' en-suites to ensure the centre was conducive to a safe and hygienic environment, at all times.

The inspector found that improvements were needed so that that clear guidance and procedures, regarding the cleaning of medication equipment (such as re-usable medication cups), were in place and available to staff. This was to ensure that staff were aware, at all times, of the correct procedure to follow so that the equipment was decontaminated and maintained in a way that minimised the risk of transmitting healthcare-associated infections.

In addition, enhancements were required to the operating procedures and guidance in place that supported staff adherence to appropriate management of medication. The inspector observed that a number of medical creams had not been clearly labelled with residents' full names or included the date they had been opened on.

There were comprehensive cleaning schedules in place in the centre and these were monitored through manager's weekly checklist and the daily handover checklist. There were daily cleaning schedules for each of the residents' bedrooms and en-suites, the kitchen, hallways and sitting rooms erected on a notice board in the staff office. The inspector was informed that matters relating to the implementation of cleaning schedules was regularly discussed at staff meetings. In addition, the

decision to have the lists on the notice board was made by staff to support a more effective system in place. However, on review of the daily cleaning schedules the inspector found that not all schedules were completed on a daily basis as required. As such the provider could not be assured of their implementation at all times and overall, impacted on the effectiveness of the infection, prevention and control measures in place.

There was colour coded mopping equipment in the centre which was observed to be stored appropriately in the utility area. Staff who spoke with the inspector were aware and knowledgeable of the colour coded mopping system, and on the day of the inspection, the inspector also observed staff using the appropriate cleaning equipment for the rooms they were cleaning.

There were satisfactory laundry facilities in the centre. The arrangements in place for laundering residents' clothing and linen were found to be in line with the providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of an infectious disease outbreak.

There was ample personal protective equipment (PPE) in place in the centre. On observing a sample of the PPE stock, the inspector found that all of it was in date and stored appropriately.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, staffing and waste management, but to mention a few. However, improvements were needed to the timeliness of the reviews of the plan to ensure shared learning and where appropriate, improvements made.

Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection prevention and control in community services (2018)*, however, some actions were required to be fully compliant.

Enhancements to the oversight of some systems in place were needed to ensure infection prevention and control measures were being effectively implemented at all times. For example;

- Local checklists, such as the staff handover sheet and a number of the daily individual room checklists, were not always completed as required.

- Systems in place for visitors, which included taking temperatures, signing in the visitor's book and providing hand-gel and masks, was not observed to be in line with the provider's policy and procedures.

Improvements were needed to some of the centre's policies and procedures so that that clear guidance and procedures, regarding the cleaning of medication equipment (such as re-usable medication cups), were in place and available to staff.

Enhancements were needed to the operating procedures and guidance in place in the centre that supported staff adherence to appropriate management of medication. For example, the guidance in place had not included information regarding labelling and dating medication creams once opened.

Improvements were needed to the timeliness of the reviews of the centre's outbreak management plan. The outbreak plan and resident's self-isolation plans had not been reviewed since February 2022 or since a COVID-19 infection had occurred in the centre in July 2022.

The staff roster required some improvements to ensure that it accurately recorded the staff who completed the shifts. For example, there were days on the roster where the team leader and senior social care workers' names were not included.

Decorative upkeep and repair was needed to some areas of the centre. For example, two of the walls in the sitting room and a wall in a residents bedroom were observed to have chipped and peeling paint.

A deeper clean to some of the facilities such as, shower trays, shower doors and extractor fans was needed as they were observed as unclean or to have ingrained black markings.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Beechview House (Orchard) OSV-0002060

Inspection ID: MON-0039131

Date of inspection: 10/02/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• PIC to review the visitors policy and procedures in the next team meeting to ensure all staff understand the procedures to be followed in the event of any visitors to the designated center. All staff to sign visitors policy following the team meeting.• PIC to add the chipped paint in the living room and residents bedroom to the maintenance list for repair (completed).• Deep clean to be completed of the apartment with specific attention to the bathrooms, shower trays, shower doors and extractor fans (completed).• PIC to put together a deep clean cleaning checklist to be completed on a monthly basis in addition to the daily cleaning checklist.• The weekly managers checklist currently in place to record any gaps in the daily cleaning checklist. If any gaps are noted the PIC to address in the team meeting and with individual staff where necessary (completed).• Add team leader and senior social care worker name to the roster (completed).• The medication policy is to be updated to include details of the procedure to be followed in relation to reusable medication cups and include details in relation to the labelling medical creams with residents full name and date opened.• Residents isolation plans to be reviewed yearly and sooner if there is any change to infection control guidance or if the isolation plan is used as a result of a resident testing positive for Covid 19. PIC to note as part of the review what worked well and if there are any areas of concern.	

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 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.	Substantially Compliant	Yellow	01/05/2023