



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

## Issued by the Chief Inspector

Name of designated centre:	The Beeches
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	13 September 2023
Centre ID:	OSV-0002342
Fieldwork ID:	MON-0037201

## About the designated centre

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

The Beeches is a designated centre operated by St Michael's House. The centre provides care to seven male and female residents who have an intellectual disability with associated complex needs. The centre consists of a large two storey detached eight-bedroom house located in North Dublin close to local amenities. A service vehicle is also available for residents use. Wheelchair accessibility arrangements are also in place. The centre's facilities include a kitchen, living room(s), bathroom and laundry. Each resident has their own bedroom. There is a communal room on the first floor for residents and families to use. Residents have access to all areas in the house and there is a lift supporting non-ambulant residents to access both floors of the centre. The Beeches is managed by a Person in Charge who is a Clinical Nurse Manager 2, they are supported in their role by a Clinical Nurse Manager 1. Staffing arrangements for the centre include staff nurses, care staff, social care workers, domestic and catering staff. The person in charge is supervised and supported by a person participating in management as part of the provider's governance oversight arrangement for the centre. Each resident is allocated a key worker and co-keyworker that supports residents to engage with and participate in decisions about their own lives and the running of the centre.

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

Number of residents on the date of inspection:	7
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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
Wednesday 13 September 2023	09:15hrs to 15:40hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection of the designated centre, scheduled to assess the provider's ongoing regulatory compliance. Overall, the inspector found that the provider had in place effective oversight arrangements which were ensuring that residents were in receipt of good quality and safe care.

The designated centre is located in a busy suburb of Dublin and is close to many amenities such as shops, parks and sports clubs. The centre is comprised of a large, two-story house which provides services for seven residents. The designated centre had previously been registered to accommodate eight residents. The provider had recently submitted an application to vary to reduce the number of registered beds to seven to better meet the assessed needs of the resident group which in turn was supporting staff to effectively meet the assessed needs of the current residents.

The centre was seen to be very clean and homely on arrival. Colourful flowers were located in pots at the main entrance. The inspector met some residents as they were getting on the bus to attend their day service. The inspector greeted the residents and one resident told her of their plans for the day. They also told the inspector that they had recently had their bedroom done up and that they were happy with it.

Inside the house, the inspector was greeted by staff and two residents who were waiting for their bus to bring them to day service. One resident showed the inspector into the sitting room and showed her what she was watching on TV. Both residents appeared comfortable and relaxed in their sitting room.

The sitting room in the downstairs part of the centre had recently been subdivided into two separate sitting rooms. There had been a restrictive practice in place in this centre whereby residents were restricted from accessing the sitting room when it was required for the sole use of one resident in line with their assessed needs. Subdividing the sitting room into two separate rooms removed this restrictive practice and allowed residents increased opportunity to access quiet, calm areas while still being close to the kitchen which was the hub of the house.

The inspector was told that the division of the sitting room was a temporary measure and was being trialled at present. Staff reported that they were seeing a positive impact for residents and that some residents were choosing to go to the second sitting room and listen to music or relax when the centre was busy. Both sitting rooms were furnished with comfortable couches and chairs and had televisions, DVDs and music players. One sitting room had soft LED lighting fitted which helped make the room a relaxing environment.

Residents in this centre also had access to a large kitchen and downstairs accessible bathroom. All residents had their own private bedrooms, some of which were located on the ground floor while others were upstairs. The inspector saw that

residents' bedrooms were personalised and were decorated with their own choices of pictures, photographs and ornaments. Two residents required increased storage in their bedrooms and the inspector was told that quotes had been obtained to install new wardrobes.

Upstairs, residents also had access to a third sitting room, a shower room and a newly installed sensory room. The sensory room was bright and was equipped with sensory equipment. The shower room required repairs to the tiling. This was known to the provider and had been identified on their internal audits.

The staffing allocation for this centre also included a housekeeper and a chef. The inspector saw that the housekeeper had access to colour coded mops, buckets and cloths. The staff were informed regarding their cleaning roles and responsibilities. The utility room was also organised to ensure that dirty and clean cloths and mops were kept separate to each other. There were procedures in place to ensure regular disinfecting of the washing machine and water flushing in the centre to prevent against water contamination.

Residents in this house had access to a large back garden. The inspector saw that a gazebo had been constructed since the last inspection. Staff told the inspector that residents had enjoyed sitting under the gazebo during the summer and that they had hosted a summer barbecue for their families and neighbours.

The inspector met other residents as they came and went from the centre on the day of inspection. One resident was supported to attend a healthcare appointment in the community. The provider's mental health team also attended the centre on the day to complete a clinical review for other residents. In the afternoon, some residents chose to watch TV, listen to music or complete art work.

The inspector saw positive and friendly interactions between residents and staff. Staff were seen to be familiar with residents' communication systems and were responsive to residents' communications. Staff described having received additional training in communication in recent months including in total communication and Lámh. Staff showed the inspector some of the communication supports in place in the centre including visual choice boards and objects of reference.

Staff had also attended human rights training and gave examples of the positive impact that this had had on their day-to-day work. For example, staff described adapting the residents' meetings to ensure that these were meaningful to residents and ensuring that residents were consulted with and offered choices on a daily basis in a format that was in line with their needs.

The inspector saw that choices of meals were available to residents. These were displayed in a visual format on a notice board in the kitchen. Staff told the inspector that meal choices were discussed at weekly residents' meetings. There was other accessible information in the centre including the process to make a complaint.

Overall, the inspector saw that residents in this designated centre were in receipt of person-centred and good quality care. The provider was striving to ensure that the assessed needs of residents could be met while minimising the impact of the

supports required to meet some of these needs on the rights of others.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were comprehensive oversight arrangements in place. These arrangements were effective in ensuring that there was good quality and safe care being delivered in the centre and that risks were identified and responded to in a timely manner.

The last inspection of the designated centre in June 2022 had found that three regulations were not compliant. These non-compliances were in Premises, Communication and Residents' Rights. The findings of not compliant were due to the layout of the premises, a training need for staff in communication and a lack of meaningful consultation with residents. The provider had committed, through their compliance plan, to implement actions to address these areas of non-compliance. This inspection found that the provider had achieved those actions and, that this was resulting in a person-centred and rights-based service being delivered. These changes were having a positive impact for residents, as evidenced by the reduced number of peer to peer incidents in the centre and the meaningful staff and resident interactions observed on the day of inspection.

The inspector saw that the senior management team continued to strive for further improvements in the delivery of care. There were a comprehensive suite of audits in place including a six monthly unannounced visit, an annual review of the quality and safety of care and a provider level infection prevention and control (IPC) audit. These audits comprehensively identified risks and put in place a time-bound action plan to address these.

Local audits were also implemented and were assigned to key staff to complete. These were used to inform a monthly data report. Any issues or trends emerging from these audits were discussed at quarterly meetings between the person in charge and service manager. The inspector saw that the audits were being used to drive service improvement and were attempting to go beyond the requirements of the regulations in order to meet National Standards. For example, the six monthly review detailed the importance of continuing to drive improvement in the communication with residents at residents' meetings to ensure that residents were consulted with in a meaningful manner.

There were clear lines of authority and accountability in the designated centre. The centre was staffed by a team of nurses, social care workers and direct support workers. These professionals reported to a person in charge, who in turn, reported to a service manager. The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in

place to support them in meeting their regulatory responsibilities. Staff spoken with were clear on their roles and responsibilities and of how to escalate concerns or risks through the chain of command to the provider level.

There was one staff vacancy at the time of inspection. The inspector saw that this vacancy was filled by a panel of regular in-house relief and a small number of familiar agency staff. This was supporting continuity of care for residents. There was a comprehensive induction pack in place to ensure that new staff were familiarised with their roles and responsibilities and the assessed needs of the residents.

The staff team were in receipt of regular supervision, support and training. A training matrix was maintained for the centre which showed a very high level of compliance with mandatory and refresher training. Staff had completed additional training in areas as required by the assessed needs of the residents, for example in human rights and communication.

### Regulation 14: Persons in charge

There was a full time person in charge in the designated centre. They were suitably qualified and experienced holding a nursing degree and a nursing management degree. They had previous experience in a management role and met the requirements of Regulation 14.

There were structures in place to support the person in charge in fulfilling their regulatory responsibilities.

The person in charge was in receipt of regular support and supervision. Records of meetings between the person in charge and senior manager were maintained. These meetings covered issues pertinent to the governance and management of the centre and the quality and safety of care for residents.

Judgment: Compliant

### Regulation 15: Staffing

There was one direct support worker vacancy in the centre at the time of inspection. Gaps in the roster due to this vacancy were filled generally by a panel of in-house relief staff and a small number of familiar agency staff. This was supporting continuity of care for residents.

The inspector reviewed the roster and saw that the number and qualifications of staff were in line with the statement of purpose. The inspector saw that there were sufficient staff on duty to meet the needs of the residents.



Judgment: Compliant

### Regulation 16: Training and staff development

There was a high level of compliance with mandatory training in the centre. All staff had completed and were up to date in training in areas including safeguarding vulnerable adults, children first, infection prevention and control and feeding, eating, drinking and swallowing.

Staff in this centre had also completed training in other areas as required by the assessed needs of the residents. This training included communication and human rights. Staff had completed Total Communication training and Lámh training. Staff had also attended in-person human rights training.

Staff were in receipt of regular support and supervision including the monthly staff meetings and quarterly staff supervision sessions. Records of these were maintained and were reviewed by the inspector. They were found to be comprehensive and suitable to meet the needs of the staff.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. The person in charge was supported on site in their role by a clinical nurse manager 1. Both the person in charge and clinical nurse manager 1 had defined roles and responsibilities. The person in charge reported to a service manager. Staff spoken with were knowledgeable regarding the reporting structure

The provider had in place a series of audits including six monthly unannounced visits and an annual review of the quality and safety of care. These audits were completed in consultation with staff and residents. Additional audits by competent persons had been completed to support the provider in having oversight of the quality of care. For example, an infection prevention and control audit had been recently carried out by an IPC specialist. These audits were found to be comprehensive and clearly detailed any risks or areas for improvement. Where areas for improvement were identified, a SMART action plan was implemented.

It was evident that the audits were being used to drive service improvement and to go beyond the requirements of the regulations in many areas of service delivery. For example, the six monthly audit in June 2023, acknowledged that much work had been done to enhance the communication systems to support consultation with residents. However it also set out that ongoing work was required to ensure that residents continued to be consulted with appropriately and to drive service

improvement in this area.

Staff were informed regarding their particular roles and responsibilities. Staff were also performance managed and were facilitated to raise concerns. The annual review of care from 2022 detailed that staff were very happy with communication from senior management and within their staff team. This review also set out that staff felt that the monthly staff meeting was a forum where staff felt comfortable raising issues to management.

Judgment: Compliant

## Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. The inspector found that the provider had taken timely action to address the risks identified on the last inspection of the centre in June 2022. This was resulting in a good quality and safe service being delivered to residents which was aiming to go beyond the requirements of the regulations in many areas. There remained some minor premises works to be completed in the centre. These were known to the provider and were on a schedule of works. Additionally, there was one restrictive practice which was required to be recorded as such.

The inspector completed a walk-through of the designated centre and saw that it was clean and well-maintained. There was adequate communal and private areas. Each resident had their own bedroom. They also had access to three sitting rooms and a new sensory room. There was plenty of private space to receive visitors and the inspector saw some family members coming and going on the day of inspection.

The downstairs sitting room had recently been divided into two separate sitting rooms. This was implemented as a trial measure in order to offer residents increased opportunity to access smaller, quieter spaces while still being close to the kitchen and staff office, where most residents liked to congregate to chat to staff. The inspector was informed that the division of the sitting rooms was having a positive impact for residents. There had been a reduction in peer to peer incidents and staff spoke about residents choosing to go to the second sitting room in order to relax and watch TV or listen to music.

Some residents showed the inspector their bedrooms. The inspector saw that bedrooms were individually decorated and furnished. They were bright and well maintained. Two residents required new wardrobes in order to adequately store all of their belongings. This was known to the provider and quotes had been received in this regard.

There was an accessible bathroom downstairs which was clean and well-maintained. There was also a shower room upstairs. Some work was required to this as the tiles

were damaged and could not be effectively cleaned.

The centre was very clean. The inspector saw that there was adequate provision of cleaning materials and local operating procedures guided the storage, use and cleaning of these materials. The centre benefited from a full-time housekeeper on their roster who assisted with the cleaning of the house. The inspector saw staff engaging in good hand hygiene over the course of the inspection.

There were adequate systems to detect and extinguish fires and the inspector saw that residents were familiar with the evacuation procedure and could evacuate the centre in a timely manner in the event of an emergency. Enhancements were required to the containment measures for the utility room. The utility door was not fitted with an automatic door closer and posed a risk in the event of a fire occurring there.

The inspector asked about restrictive practices during the introductory meeting with the person in charge. During this conversation, it was identified that there was one additional restrictive practice, a motion sensor, which had not been identified as such. While the provider's policy set out that this was not a restrictive practice, the service manager agreed that, in line with current best practice, the motion sensor should be logged as a restrictive practice. The inspector was informed that the provider's restrictive practices policy was in review at the time of inspection and updates to the definitions of restrictive practices were expected.

A sample of residents' files were reviewed. The inspector saw that residents had an up-to-date assessment of need that was used to inform comprehensive care plans. Residents had access to healthcare professionals as required by their assessed needs. The support plans on files included positive behaviour support care plans, safeguarding plans, communication plans and rights care plans. These were detailed and provided clear guidance to staff on how to provide support in a manner that best met residents' needs. Staff in this centre had also received additional training in order to support residents' assessed needs. This training included areas such as human rights and communication.

Overall, the inspector was assured that residents in this centre were in receipt of good quality, person-centred care. Residents in this centre had assessed needs which required staff to have particular training and competencies. The inspector saw that staff had received this training and were implementing it in their daily work in order to best support the residents.

## Regulation 10: Communication

Staff had received training to enhance their communication skills and to support residents in line with their assessed needs. This training included Total Communication and Lámh. Staff were knowledgeable regarding the communication systems used by residents in this centre. In particular, staff were aware of the

individualised signs that some residents used to communicate.

Residents, who required one, had an up-to-date communication care plan on their file. Staff were knowledgeable regarding these care plans.

Residents' communication systems were readily available in the centre. For example, staff showed the inspector residents' choice boards and objects of reference. Staff described how they use these to inform residents of plans and to offer choices.

There was enhanced availability of accessible information in the centre which supported decision making for some residents. For example, photographs of food, places and activities were available to support residents to make choices regarding the menu and their daily activities.

Some residents found it difficult to plan their activities on a week by week basis. Staff described supporting these residents on a daily basis to choose activities and meals. Staff described how they interpret and respond to non-verbal communications to inform decision making.

Judgment: Compliant

### Regulation 11: Visits

There were no visiting restrictions in the designated centre at the time of inspection. Residents had access to several private spaces where they could receive visitors if they wished to do so.

Family members of two residents visited the centre on the day of inspection. Residents were supported by staff to maintain contact with their family. For example, one resident went swimming with a family member on the day of inspection. A staff member accompanied the resident in case support was required due to their assessed medical needs.

Another resident spoke positively about the summer barbecue and the families and neighbours who had visited the centre on that day.

Judgment: Compliant

### Regulation 17: Premises

The provider had completed works to the premises subsequent to the last inspection. These works provided for increased quiet space for the residents and included the division of one sitting room into two smaller sitting rooms as well as the addition of a sensory room to the upstairs of the centre. The centre was generally well-maintained. New carpet had been fitted on the stairs and was clean and bright.

The centre was equipped with a lift to facilitate access to the first floor for residents with mobility issues. Records of the servicing of this lift were reviewed. The inspector saw that the lift was serviced regularly and that any faults with the lift were repaired in a timely manner.

There were some minor premises issues which required addressing, most of these were known to the provider.

These included:

- two residents required new wardrobes in their bedrooms as their current wardrobes were insufficient to store their personal items
- the floor in one residents' bedroom required repair as it was lifting at the edge
- the tiles in the upstairs bathroom required repair as these were damaged. They were unsightly and could not be effectively cleaned.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The centre was very clean and tidy. An IPC audit had recently been completed by a competent person on behalf of the provider. This audit identified that there were premises works required as some aspects of the premises were impacting on the cleanliness of the centre. For example, the bathroom tiles, as detailed under regulation 17 findings, were listed in this audit as a risk.

However, the audit found that there were high levels of compliance in other aspects of IPC. For example, there was 100% compliance with hand hygiene and with laundry management in the centre.

The person in charge in this centre had received enhanced IPC training and detailed the methods that they used to ensure staff were knowledgeable regarding their IPC roles and responsibilities. Regular practical hand hygiene trainings were delivered in the centre by the person in charge.

Staff spoken with were familiar with standard precautions and transmission based precautions.

There were appropriate local operating procedures in place in the centre to mitigate against risks posed by laundry management, outbreaks of infection and water contamination.

Judgment: Compliant

## Regulation 28: Fire precautions

There were generally adequate systems in place to detect, contain and extinguish fires. The majority of doors in the centre were fire doors and were fitted with an automatic door closing device. There was also a fire alarm system and panel which was regularly serviced. Fire extinguishers were available throughout the centre. The fire officer for the centre spoke about the regular audits that they completed and the systems for checking that the fire procedures were adequate.

However, the inspector saw that there was a risk, whereby the utility door did not have an automatic door closer fitted. This door was also designated as a fire exit and the inspector saw that this exit was partially obstructed by a bin. This was discussed with the service manager on the day of inspection who informed the inspector that the bin would be removed and the utility door would be manually closed until it was reviewed by a competent person.

Staff in this centre had received fire safety training. Residents were also informed regarding the fire evacuation procedure. Two residents told the inspector how they evacuated the centre when they heard the fire alarm. Residents each had an up-to-date personal evacuation plan which detailed supports required to assist them to evacuate. Day and night fire drills were completed which showed that residents could be evacuated in a timely manner.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medications were stored in a safe and secure manner in the designated centre. There were appropriate procedures in place for the disposal of out-of-date medications and for the disposal of sharps.

Records of medications administered were comprehensively maintained. There was a clear reporting structure for the reporting of medication errors. Staff were informed of the procedure to be followed in the event of a medication error occurring.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed by the inspector. They were found to contain a comprehensive and recently reviewed assessment of need. The

assessment of need was informed by multi-disciplinary professionals where required.

The assessment of need informed person-centred and detailed care plans. These care plans were reviewed and updated by the residents' keyworkers at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Regular clinical review meetings were held with the relevant multi-disciplinary professionals in line with residents' assessed needs. Residents accessed a variety of multi-disciplinary professionals including psychiatry, speech and language therapy, occupational therapy and social work. Care plans were available on file and were up-to-date for each assessed need.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents in this centre, who required one, had a comprehensive and up-to-date positive behaviour support plan on file. These plans detailed proactive and reactive strategies to support staff in assisting residents when they engaged in behaviours of concern.

The provider had made changes to the number of registered beds and to the footprint of the designated centre in order to better meet residents' assessed behaviour support and mental health needs. Staff reported that the premises changes were having positive impact for residents by allowing increased space to withdraw to a quieter space if required.

Most restrictive practices in the centre were logged and reported, however the log required amendment to ensure that the frequency of use of restrictive practices was recorded.

Additionally, through discussion with the person in charge and the service manager, it was identified that there was a further restrictive practice in use that had not been identified as such. A motion sensor was used in one resident's bedroom to alert staff if this resident required assistance by night. The provider's policy set out that this type of device was not considered a restrictive practice, however as agreed by the service manager, this device should be recorded as a restrictive practice and monitored in order to be in line with current best practice.

Judgment: Substantially compliant

### Regulation 8: Protection

Safeguarding concerns in the designated centre were reported appropriately in line with statutory requirements. Safeguarding concerns were investigated and safeguarding plans were devised and implemented to protect residents from abuse. Staff were all up-to-date with training in safeguarding vulnerable adults and were aware of their safeguarding roles and responsibilities.

The provider had completed premises works which appeared to be having a positive impact for residents. There had been a reduction in the number of peer-to-peer incidents in the centre since the works had been completed.

Each resident had an up-to-date intimate care plan which detailed the supports required to maintain their autonomy and dignity during the delivery of personal care.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff in this centre had completed human rights training and gave examples of how this training had influenced their everyday practice. For example, staff described the importance of offering meaningful choices to residents in a manner that was in line with their communication needs.

Significant work had been completed in the centre to adapt the format of the residents' meetings in order to meaningfully consult with residents regarding the running of the centre. Staff explained that some residents found it difficult to plan on a week to week basis and so, for these residents, daily conversations were had, in a format in line with their assessed needs in order to consult with the resident and to offer meaningful choices.

Rights care plans were in place for each resident which detailed the supports required to uphold residents rights.

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 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Beeches OSV-0002342

Inspection ID: MON-0037201

Date of inspection: 13/09/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Two residents required new wardrobes in their bedrooms as their current wardrobes were insufficient to store their personal items –</li> </ul> Quotes for Wardrobes sourced and expected timeframe for installation in both rooms– Timeframe- 30/12/2023 <ul style="list-style-type: none"> <li>• The floor in one residents' bedroom required repair as it was lifting at the edge –Time frame 30/12/2023</li> <li>• The tiles in the upstairs bathroom required repair as these were damaged. They were unsightly and could not be effectively cleaned. Timeframe. 30/12/2023</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• As the back door was designated as a fire exit and was noted that it was partially obstructed by a bin. - The bin removed - Timeframe 13/09/2023</li> <li>• The utility door did not have an automatic door closer fitted. - door closer reviewed by SMH fire officer 29/9/2023 Door closers will be installed on the Timeframe 20/10/2023</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <p>Restrictive practices log was updated to reflect frequency of use of specific restrictions and to inform approval process going forward- Timeframe- 20/09/2023</p> <p>A further restrictive practice a motion sensor which was used in one resident's bedroom to alert staff if this resident required assistance by night. – Restrictive practices log was updated to reflect frequency of use of specific restrictions and to inform and guide approval process going forward- Timeframe 20/09/2023-</p> <p>Request sent to PAMG in line with New HIQA recommendations for notification of all restrictive practices within DC's going forward- Timeframe- 12/10/2023</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/12/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/10/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/10/2023

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	12/10/2023
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