



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

## Issued by the Chief Inspector

Name of designated centre:	Beauvale
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Announced
Date of inspection:	15 May 2024
Centre ID:	OSV-0002354
Fieldwork ID:	MON-0034729

## About the designated centre

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

Beauvale Residential is a designated centre operated by St Michael's House located in North County Dublin. It provides a community residential service to six adults with a disability. The designated centre is a large two-storey house which comprises of a main house and adjoining apartment. The main house consisted of a sitting room, quiet room, utility room, a kitchen/dining area, five individual bedrooms, a staff room, a toilet and a shared bathrooms. The adjoining apartment consisted of a living area, bathroom and an individual bedroom. The designated centre is located close to community amenities e.g. hospital, health centre, local shops, church, clubs and pubs. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and care assistants.

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

Number of residents on the date of inspection:	5
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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 15 May 2024	10:00hrs to 16:30hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre, Beauvale. This inspection was carried out in response to the provider's application to renew the registration of this designated centre.

The inspection was facilitated by the person in charge 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, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links.

The centre had the capacity for a maximum of six residents. At the time of the inspection there were five residents living in the centre.

The inspector carried out a walk around of the centre in the presence of the person in charge.

The centre was observed to be a clean and tidy, warm and comfortable environment. The premises were seen to be well maintained and nicely decorated.

The communal sitting room was big and spacious and had individualised activity boxes for the residents. For example, one resident's knitting box was placed conveniently next to the chair they liked to use regularly. There were photos of residents displayed in the sitting room along with a letter from a neighbour to a resident on display on the mantelpiece all of which contributed to the homely aesthetic of the centre.

The kitchen was busy and frequently accessed by residents throughout the day. The fridge was clean and food was labelled and in date. There was a separate fridge for one resident who had specific dietary requirements. The notice board in the kitchen had a visual menu and activity planner and was easily accessed by all residents .

The person in charge ensured that the centre's certificate of registration, visitors' policy and complaints policy alongside an accessible easy read activity board with photos of residents and staff members on duty was on display in the centre. The wall in the hall had the house floor plans clearly displayed alongside the centre's fire evacuation plan. It also contained information on advocacy services, safeguarding information, an easy-to-read guide to making a complaint and the local parish newsletter.

There was a designated visitor's room with a television, books, DVDs and a

computer. Residents also had access to this room for recreation purposes.

All the bedrooms were personalised to the residents' tastes with art-work, photos of family and of residents attending events and activities on display. Some of the bedrooms had televisions and a CD player so residents could play the music of their favourite bands and singers.

To the rear of the property there was an enclosed garden area that could be easily accessed by residents and staff. The garden was landscaped well and had two nice benches for residents to sit out on. Two residents had access to the garden area from their bedrooms and the inspector was informed that one resident liked to listen to music while sitting out in the garden. The garden also had a shed for storage.

The person in charge and two staff members on duty spoke about the high standard of care all residents receive and had no concerns in relation to the well being of any of the residents living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector reviewed minutes from three previous resident meetings. Agenda items discussed included premises upgrades, choices, health and safety and rights awareness. Residents were supported to have their voices heard and complaints made about a bathroom being difficult to access were listened to and acted on. Residents were informed and consulted regarding the recent premises works and were involved in meal planning and activity activation.

Residents were observed receiving a good quality person-centred service that was meeting their needs.

The inspector observed residents coming and going from their home during the day, attending day services and making plans for the evening. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner.

Residents were being supported to partake in a variety of different leisure, occupational, and recreation activities in accordance with their interests, wishes and personal preferences. For example, the inspector was informed that some of the residents had taken public transport in to the city centre over the weekend and enjoyed a day out browsing shops and generally looking around.

Other activities included going to the cinema, bowling, attending mass on Sunday's, walking in the local park and going on holiday's. A music therapist also visited the house regularly to carry out workshops with residents and residents that enjoyed going to the theatre had attended shows in recent times.

In advance of the inspection, residents had completed feedback surveys. These surveys sought information from residents about what it was like to live in the designated centre. The feedback in general was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make

choices and decisions in their lives.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met with three residents who were present on the day of the inspection, the other residents were out attending day services and appointments. One resident showed the inspector her bedroom and some photographs. The person in charge supported the resident in her communication and encouraged her to tell the inspector what she liked and didn't like about living in the centre. Another resident briefly greeted the inspector but did not wish to engage in further conversation, the inspector respected their wishes in this regard.

The third resident was observed making themselves a cup of tea in the kitchen after returning from a personal appointment. They told the inspector that they attended a day service four days a week and enjoyed going out with staff at the weekend.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and, to contribute to the decision-making process for the renewal of the centre's registration. 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.

The findings of the inspection demonstrated the provider had the capacity and capability to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The provider had in place a clearly defined management structure which identified lines of authority and accountability. The staff team reported to the person in charge who in turn reported to a service manager.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

Furthermore, an accurate and current directory of residents was made available to the inspector on the day of inspection.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed both the planned and actual rosters from January, February, March and April 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

While there were staff vacancies on the day of the inspection, they were covered by regular relief staff and had not impacted negatively on the residents needs in terms of continuity of care. Individualised day service provision provided for some residents on site was facilitated through the roster by staff members on duty, who knew the residents well and no gaps in the roster was evident for January, February and April 2024.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. A sample of which had been requested by the inspector who reviewed two staff



records on the day of the inspection and found them to be accurate and in order.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

The inspector reviewed the staff training matrix and found that staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents.

All staff had completed mandatory training including fire safety, safeguarding, manual handling and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained.

Staff had also completed human rights training to further promote the delivery of a human rights-based service in the centre.

The inspector noted that the provider had begun a new audit process across the service for mandatory training. This designated centre had been randomly selected for the audit.

Supervision records pertaining to quarter 4 (2023) and quarter 1 (2024) were reviewed by the inspector. They were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

### Regulation 19: Directory of residents

A current and up-to-date directory of residents was available in the designated centre and included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records, which were in line with all relevant legislation.

The inspector reviewed a selection of records across Schedules 2, 3 and 4.

The registered provider had ensured the records of information and documents pertaining to staff members as specified in Schedule 2 was correct and in order.

Similarly, the sample of records viewed pertaining to Schedule 3 and 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. Staff meeting minutes for January, February and March 2024 showed good attendance and topics on the agenda included roster management, safeguarding, house updates, infection prevention control (IPC), residents needs and staff training.

Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medication management, accident/incident tracker and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them. Furthermore, the arrangements for residents to attend religious services of their choice as outlined in the statement of purpose was clearly documented in some of the residents personal plans, as well as the arrangements for residents to engage in social activities and recreation.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed three incidents recorded in the designated centres incident log on the day of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre.

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. Residents were receiving appropriate care and support that was individualised and focused on their needs. The provider and person in charge were

endeavouring to ensure that residents living in the centre were safe at all times.

The premises was designed and laid out in a manner which met residents' needs. Residents were provided with suitable and homely private and communal spaces. Each resident had their own private bedroom which was decorated and furnished in line with individual preferences.

The registered provider had ensured that residents could receive visitors to their home in accordance with each resident's wishes and personal plan.

Residents' individual care needs were well assessed, and appropriate supports and access to a multi-disciplinary team was available to each resident. There was a comprehensive assessment of need in place for each resident.

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly to ensure they were implemented in line with best practice and the least restrictive option.

The provider had implemented measures to identify and assess risks throughout the centre. All resident risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment and personalised emergency evacuation plans. There was a risk management policy also in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard residents.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

## Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive

visitors in line with their personal preference and choice.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. Minor wear and tear was observed by the inspector on the walk around, mainly in the communal areas where there would be an increased footfall.

The previous inspection had found improvements were required to the storage arrangements for the centre, specifically in relation to the hot-press in the landing which was being used to store stationary and a press in the utility room which had a number of administration files in it. In one resident's bedroom, there was an open hot-press being used to store a wheelchair, several suitcases and refuse sacks containing Christmas decorations.

On this inspection, this matter was found to have been suitably address. The inspector saw the provider had de-cluttered all three areas and found suitable storage areas for stationary, files and equipment.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre, in particular the use of a stair lift for a resident with mobility issues to be able to access upstairs should they so wish.

Equipment used by the residents was easily accessible and stored safely. Records showed that this equipment was serviced regularly.

Judgment: Compliant

## Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed on the 13/05/2024.

The person in charge regularly reviewed risks presenting in the centre and in doing so effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. The inspector also noted that staff were suitably informed of risks presenting in the centre and the control measures required to manage them.

A risk management audit was in place which took into account trending of incidents that have occurred in the centre particularly in relation to falls, and health and safety. Furthermore, the person in charge and the Clinical Nurse Manager I (CNMI).

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, use of the chair lift, IPC and emergency evacuation plans. Control measures to mitigate against these risks were proportionate to the level of risk presented.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment.

For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout the centre. The fire panel was addressable and easily accessed in the entrance hallway and all fire doors, including bedroom doors closed properly when the fire alarm was activated.

Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

There was a written plan to follow in the event of a fire or emergency during the day or night.

All residents had individual emergency evacuation plans in place and fire drills had taken place on a routine basis in the designated centre.

All staff had completed mandatory fire training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Two residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents. One resident took the time to go through her file with the inspector, again it was personalised and helped the resident to communicate with the inspector about how her needs were met by staff and her plans for the future.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including communication, positive behaviour support, health care, nutrition, transport, skin integrity, mobility and safeguarding, as per residents' assessed needs.

Staff spoken with were informed regarding these care plans and residents' assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector reviewed two of these plans. The positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. They were reviewed regularly and were complemented by supporting risk assessments where needed.

Clearly documented de-escalation strategies were incorporated as part of each residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is

challenging and to support residents to manage their behaviour.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were informed of the safeguarding procedure and were knowledgeable about their safeguarding remit.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed. For example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Following a review of three closed safeguarding plans the inspector observed that safeguarding measures were in place to ensure that residents who required such assistance were supported in line with the residents' personal plans and in a dignified manner.

The inspector reviewed two preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant