



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

Issued by the Chief Inspector

Name of designated centre:	Bethel House - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2021
Centre ID:	OSV-0003728
Fieldwork ID:	MON-0032975

About the designated centre

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

Care and support is provided in Bethel House for up to 14 adults with an intellectual disability. The centre has been identified to provide a home like environment for residents who are suspected or confirmed as having COVID-19. The aim of the centre is to provide person-centred care to promote recovery to full health and for residents to then be discharged to their own home. The centre comprises of two units located within a large building on a campus based service located in North Dublin. Up to six residents can be supported in the first unit Bethel House, and up to eight residents can be supported in the Recreational Therapy Centre. Each unit has areas designated as resident bedrooms, some of which have ensuite bathrooms. There are sufficient bathrooms and shower facilities available for residents. There are also kitchen and laundry facilities available and a number of communal areas. Staffing numbers are variable to cater for the number and assessed needs of residents in the centre, at any one time. Residents are supported 24 hours a day, 7 days a week by a staff team led by of a person in charge. Clinical nurse managers, staff nurses, care staff and household staff are available to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 17 June 2021	09:30hrs to 13:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

In September 2020, the provider submitted an application to vary two conditions of the registration of this designated centre to identify it as a dedicated isolation facility for up to 14 adult residents who are suspected or confirmed as having COVID-19. As part of this application they extended the footprint of the centre to add an additional unit. All of the required information was submitted with this application and the provider also submitted additional assurances to the Chief Inspector of Social Services in relation to the suitability of the premises, fire containment, governance and management, staffing, policies procedures and guidelines, risk management, residents' access to multidisciplinary team members, a General Practitioner (GP), and a pharmacist during their admission to the centre.

This inspection was short announced and at that time there were two residents in the centre. However, at the time of the inspection both residents had been discharged as their isolation period was over. Therefore, there were no residents in the centre at time of the inspection. The inspection was facilitated by the person in charge and the service manager for the centre.

The inspector reviewed the systems in place in the centre including the policies, procedures and practices relating to residents' admissions and discharge. There was a system in place to ensure that each resident had a contract of care in place for the duration of their stay in the centre. There were also systems in place to ensure residents were in receipt of a good quality and safe service for the duration of their stay.

The centre was found to be well managed and there were clear guidelines in place to ensure that residents had access to staffing support, members of the multidisciplinary team, a GP, and a pharmacist for the duration of their stay. There were also clear guidelines and procedures in place to ensure that staff could access the support of members of the management team, should they require it.

The inspector also did a full walk around both units with the service manager. Both were found to be clean and well maintained. While the design and layout was not found to be suitable for providing full-time residential care for residents, it was found to be fit for purpose as a dedicated isolation facility for use during the COVID-19 pandemic. The inspector found that there were sufficient bathrooms, shower facilities, fire containment measures and storage for residents' personal belongings in the centre. There were also adequate kitchen and laundry facilities, and suitable arrangements for waste management.

As part of their admission each resident had an assessment completed to identify their care and support needs. Risk assessments were completed and short term care plans were developed as required. There were systems in place to ensure that residents were supported through the admissions process. Initially there was a core staff team working in the centre. However, in 2021 in line with the reducing

numbers and needs of resident who were being admitted to the centre, the provider had made a decision that residents would be supported for the duration of their stay by staff from the designated centre where they usually resided. As required, relief and agency staff were also made available.

As residents' admissions were as a result of them either being suspected or confirmed as having COVID-19, part of the assessments completed in this centre related to their psychological care needs. The inspector viewed documentary evidence of regular check-ins with residents to ensure they were comfortable in their new surroundings, had the information they needed about their health and wellbeing, and to ensure that they were not feeling socially isolated. Residents were provided with a television, radio or phone, if they so wished. They were supported to understand the infection prevention and control measures in place in the centre and were presented with photos of staff members with and without personal protective equipment (PPE) on admission. Regular discussions were held with them in relation to any short term care plans or risk assessments which were in place.

Residents' meetings were being held with each resident who was admitted to the centre. Examples of areas discussed during these meetings included, the rationale for residents admission and stay in the centre, the use of PPE, complaints and compliments, residents' rights, advocacy, hygiene, infection prevention and control, residents' likes and dislikes, and menus and food options.

There were folders containing easy read documents available in the centre. Examples of these documents included, consent, COVID-19, visiting, PPE, COVID-19 testing, social distancing, how to wash your hands, going to hospital, end of life care, and bereavement. There were also videos available on COVID-19 testing, the use of PPE and COVID-19 information videos.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well managed, and that the systems in place were resulting in the delivery of high-quality, person-centred care and support for residents admitted to this dedicated isolation unit. The focus in this centre was on appropriately assessing residents' care and support needs and on completing risk assessments and short term care plans to ensure they remained safe and well during their admission. Oversight and monitoring were carried out routinely by the provider and person in charge and they were evaluating the effectiveness of practices to support residents. There was a clear focus on ensuring continuous improvement across all aspects of the service provided. Throughout the pandemic as the situation changed in relation to public health advice, the provider was found to respond appropriately and follow the guidance that was in place. They were in

regular contact with their identified link person in the public health department and were found to be implementing any advice or guidance given to them.

The provider had completed a six monthly review of care and support in the centre since it had been identified as an isolation unit and the staff team were completing regular audits. The inspector viewed evidence that any actions identified in these reviews had been followed up on and completed. The provider had employed a person in charge who had the qualifications, skills and experience to fulfill the role. The person in charge was supported by a number of persons participating in the management of the centre, and by a service manager.

As previously mentioned, staffing support was variable to cater for the number and needs of residents in the centre, at any one time. The staffing numbers and skill mix were based on residents' assessments which were completed prior to, and on admission to the centre. There were also systems in place to support staff and to ensure they had required training programmes completed in order to support residents with their assessed needs.

Residents' were protected by the admissions policies, procedures and practices. A bespoke care plan had been developed and this captured residents' specific care and support needs at the time of their admission. Pre-admission assessments were completed which captured areas such as residents communication preferences, their food and fluid likes and dislikes, supports they may require with eating and drinking and other activities of daily living, family connections, their healthcare needs, and what members of the multidisciplinary team they receive support from. At the time of their short-term admission, the reason for their admission, a log of their COVID-19 test results and other important information and relevant information was being documented.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They were also identified as person in charge for another centre and were found to have systems in place to ensure the oversight, management and administration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Every effort was being made to ensure that residents was supported by a staff team who were familiar with their likes, dislikes and preferences during their admission to this centre.

There were planned and actual rosters in place and they were well maintained. Staffing numbers and skill mix were determined by residents' assessments.

Nursing support was available 24 hours a day, seven days a week for residents, should it be required. There were protocols and flowcharts available for staff to ensure they could access the support of the management team, should they need it.

Judgment: Compliant

Regulation 16: Training and staff development

The service manager and person in charge had systems in place to ensure that staff working in the centre had completed training and refresher training in line with the organisation's policies and procedures, and residents' assessed needs.

There were systems in place to ensure support was available to the staff team at all times. These included policies, procedures, guidelines, protocols and flowcharts. Staff were found to be completing an area specific induction to this isolation facility.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including the risk of injury to residents. It also covered other risks in the centre including loss or damage to property. The certificate of insurance was available for review in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place and the provider had completed a six review since the centre was identified as an isolation facility. An annual review of care and support in the centre was planned, but not yet due.

Comprehensive handover and safety pauses were being completed daily. During these meetings discussions were held in relation to areas such as residents' care and support needs, staff task allocation, the systems for donning and doffing PPE, any

new memos and guidelines, residents' food preferences, and residents' upcoming meetings or appointments.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a referral process, and a detailed admissions policies and procedures available for this centre. These included a clear criteria for admissions in line with the centre's statement of purpose.

A referral form was completed prior to residents' admission, and each resident had pre-assessments and a further assessment completed on their admission to the centre. They also had a contract of care in place for the specific term of their admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

There were systems in place to ensure residents were safe, kept up to date in relation to important information about their care and support, and supported to

stay in touch with the important people in their lives. While there were no residents in this dedicated isolation unit at the time of this inspection, there had been a large volume of residents admitted and discharged from this designated centre since it opened in September 2020. The premises was warm, clean and well maintained. There were systems in place to ensure residents were safe, and kept up to date with important information about their care and support. They were also being supported to stay in touch with the important people in their lives.

From reviewing documentation it was evident that residents' needs were appropriately assessed on admission and that risk assessments and short-term care plans were developed and reviewed as required. Pre-admission assessments considered their care and support needs prior to admission and outlined the support they may require with their activities of daily living during their stay. On admission a full assessment was completed and then daily evaluation sheets were completed to log residents' appointments, consultations, and other important information relating to their health and wellbeing.

Residents were being supported to enjoy best possible health during their admission. They had their healthcare needs assessed and care plans were in place for these identified needs. As residents who were admitted to this designated centre were either suspected of having COVID-19, or confirmed as having COVID-19, there were specific procedures and protocols developed by the provider in relation to testing, residents' access to members of the multidisciplinary team, and their access to a general practitioner (GP). There were documents developed to guide staff with what to do if residents' health was deteriorating, and the steps to take should a resident require urgent medical attention or procedures.

In addition to the providers policies, procedures and guidelines relating to infection prevention and control, area specific procedures, protocols and guidelines were developed for isolation units. Each resident had a COVID-19 infection prevention and control care plan developed once they were admitted. These plans considered areas such as residents' safety, their psychological care, cleaning procedures, waste disposal, the use of equipment, documentation, isolation and visiting.

Residents were protected by the policies, procedures and practices in relation to safeguarding. Staff had completed training and there were systems to record, investigate and follow up on any allegations of abuse, should they arise. Residents' rights were also protected in the centre. They were also being supported to exercise choice and control in relation to their care and support and there were systems in place to ensure their privacy and dignity was respected and promoted. Staff were supporting them to keep in regular contact with their families and friends and there was information available in the centre in relation to areas such as, residents' rights, advocacy, and complaints. Regular residents' meetings were occurring in the centre.

There were clear procedures in relation to residents' discharge from the centre. A discharge summary was developed and a full handover given to residents' staff team prior to their discharge. Their discharge summary contained a checklist relating to their care and support and a summary of the investigations, procedures and

appointments they had during their admission.

From a review of documentation, discussions with the person in charge and service manager, and a walk through the premises, it was clear that food and fluids were available in the centre in sufficient quantities. There were snacks and drinks available and facilities to cook, should they be required. There were systems in place to ensure hot meals were delivered and available to residents twice daily. Options for breakfast were available in the centre.

Residents were protected by the procedures and practises relating to fire safety and prevention in the centre. A fire safety checklist was completed with each residents on admission and their mobility status and any supports they may require to safely evacuate the centre were recorded in their personal emergency evacuation plan. The fire evacuations plans were on display and there were appropriate systems to detect, extinguish and contain fires. Staff had completed fire safety awareness training and regular fire drills were occurring.

Residents were also protected by the policies, procedures and practices relating to medicines management in the centre. The inspector viewed documentary evidence to show that regular audits were being completed. There was an area specific medication procedure developed for this dedicated isolation unit. It detailed residents' medications on admissions, how to get additional supplies if required, storage requirements including highlighting those that required refrigeration, contact details for out-of-hours pharmacy, the procedure for controlled drugs supply and administration, procedures for accepting deliveries, and the systems for returns to the pharmacy.

Regulation 17: Premises

Rooms were of a suitable layout to meet the short-term care and support needs of residents during their admission to this isolation facility. Both units were found to be clean and well maintained. There was suitable storage for residents' personal belongings and ventilation, heating and lighting was suitable in all parts of the centre.

There were sufficient showers and toilets and there were suitable arrangements for the safe disposal of general and clinical waste. There were also kitchen facilities available and facilities for residents to launder their own clothes if they so wish.

Judgment: Compliant

Regulation 18: Food and nutrition

As part of residents' pre-admission and admission assessments their likes, dislikes

and special dietary requirements were identified. Local procedures had been developed for food preparation and delivery during the pandemic. Every day staff contacted the kitchen identifying residents' food choices for lunch and dinner. These meals were then delivered to the centre from the central kitchen. There were foods, fluids and cooking facilities available for residents in the centre.

Residents' risk assessments, eating and drinking guidelines and dietetic guidelines were available and guiding staff while supporting residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were systems in place to support residents should they require transfer to hospital, or emergency medical procedures during their admission.

Discharges were found to be taking place in a planned and safe manner. Prior to their discharge, a discharge summary was completed and a full handover was completed. Any changes to their risk assessments or health and wellbeing were documented and highlighted during this handover.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. There were systems to identify, assess, manage and review risk. The organisation's policy contained the information required by the regulations and there were procedures in place for responding to emergencies.

General and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed and learning following these reviews was being shared with the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in

relation to COVID-19.

All areas of the premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area was regularly cleaned.

There were stocks of PPE available and a stock control system in place. There were donning and doffing stations in key areas and a one way systems in place for entry and exit of the units. Deliveries were made to a particular door and there were cleaning procedures in place following deliveries.

The provider had systems in place to ensure taps and showers were run and systems were flushed regularly in both units. This was particularly important in this centre as some areas were not being used regularly when the number of residents admitted were low. One of the units had not been used by any residents since February 2021.

Staff had completed training in relation to infection prevention and control including hand hygiene and donning and doffing PPE.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were suitable arrangements for detecting, containing and extinguishing fires. There were adequate means of escape and emergency lighting throughout the centre.

There were systems to ensure fire equipment was serviced, tested and maintained. The evacuation plans were on display in both units. Residents' personal emergency evacuation plans were reviewed as part of the admission. These detailed the supports they may require to safely evacuate the centre.

Fire drills were found to be occurring regularly by day and night to demonstrate that residents could safety evacuate the centre in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable policies, procedures and practices in relation to medicines management. There were appropriate systems for the ordering, storage, receipt, administration, and disposal of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As previously mentioned residents had a pre-admission and admission assessment completed. Short-term care plans were developed and reviewed as required.

These documents were found to be person-centred and identifying residents' wishes, and preferences. They contained information to guide staff in relation to any supports residents' may require with their activities of daily living.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health during their short-term admission to this centre. They had their healthcare needs assessed and care plans were in place in line with their assessed needs.

Residents had access to members of the multidisciplinary team in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly at residents' meetings.

Staff had completed training in relation to safeguarding and the prevention, and the detection and response to abuse.

Residents' personal plans was detailed in relation to any support they may require with their personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Resident could freely access information in relation to their rights and accessing advocacy services. These topics were regularly discussed at residents' meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant