



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Beechgrove
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	04 August 2022
Centre ID:	OSV-0004703
Fieldwork ID:	MON-0028443

## About the designated centre

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

This centre provides 24 hours care and nursing residential support to both male and female residents over the age of eighteen years with an intellectual disability. This centre comprises two bungalows on the outskirts of a large town in Co. Westmeath, both of which have access to gardens. Transport is available to residents to support them to access amenities in the local community. Residents are supported by a full-time person in charge and a mixture of nursing staff and care assistants.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 4 August 2022	10:40hrs to 17:00hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre and were supported by a staff team who knew them well.

On arrival to the centre, the person in charge went through the guidelines in place for the management of COVID-19 in the centre. This included a list of questions that the inspector was required to answer to provide assurances that they had no symptoms of COVID-19. The inspector was also directed to hand sanitising gels and masks that were available in the centre.

The inspector got the opportunity to meet all of the residents. Two of the residents were going to the Japanese Gardens on the morning of the inspection and looked happy to be going there. The inspector observed the staff supporting residents in a kind and patient manner into the wheelchair accessible bus.

Another resident was out for the morning and spoke to the inspector for a short time on their return from their morning activities. The resident said they liked living there and enjoyed spending time on their own after a busy morning. The resident went through all of the activities they had done that morning which included meeting up with some family for coffee.

Another resident was looking forward to going to a music festival that was happening in the town that afternoon. They also spoke for a short time with the inspector and spoke about some of the things they liked to do such as art.

The inspector got the opportunity to talk to one family representative over the phone, reviewed some of the personal plans and records, spoke to staff and conducted a walk around of the premises.

The house was generally clean, spacious and homely. Each resident had their own bedroom with sufficient storage to store their personal belongings. Some areas in the premises required attention due to general wear and tear. For example; the kitchen needed to be updated and residents bedrooms needed to be painted. The shed outside which was used as storage, also needed to be organised and some of the items stored there needed to be reviewed. The inspector found that the provider had identified these areas through their own audits and had plans in place to address them going forward.

There was a large garden to the back of the property which was well maintained and which had recently been landscaped to include a pathway for residents who had mobility issues. This enabled all residents access to a large seating area where residents could enjoy the good weather.

There was also two buildings at the back of the property. One was a large shed which was used as storage area. This needed to be organised and some of the items

stored there needed to be reviewed to ensure that it was safe. There was also a sensory room outside which could be used as second area for residents to meet with visitors or just spend time on their own. This was in need of some personal touches to make it more homely and inviting.

Residents were supported to develop goals and lead active lives. A review of a sample of plans showed that residents had a number of goals that they had planned or achieved in recent months. Some of them included going on holidays, going on a religious pilgrimage and visiting family. There were two vehicles available in the centre, which enabled the residents to choose different activities they might like to do on a given day.

There were a number of examples where residents were supported with their rights. Residents meetings were held every week. A review of a sample of the minutes of those meetings informed the inspector that residents got to choose meals and activities, and were also kept informed of changes in the centre. For example; all residents had been informed about the inspection being conducted. Residents were also educated about fire safety, COVID-19, accessing advocacy services and their rights.

As part of this inspection process, the Health Information and Quality Authority (HIQA) send questionnaires to the centre, for residents or family representatives to complete prior to the inspection happening. This is an opportunity to collect feedback on the quality of care being provided in the centre. The feedback from these questionnaires was positive. Residents said they liked their home, the food, and the activities they got to do. Residents said they felt safe and said they were happy when they had raised a concern, that staff had dealt with it.

The staff spoken to knew the residents very well and they demonstrated a person centred approach to the care provided. The staff rotas were also organised in a way that meant the some staff were assigned to work with one resident who liked consistency and routine.

The family representative spoken to said that overall they were very satisfied with the support being provided to their family member. They said that the staff always kept them up to date about changes to their family members care and were included in some review meetings regarding their family member. They spoke about one issue they had raised to senior managers as a concern and said that this had been responded to but that they were still not fully assured by the response. This was discussed with the person in charge who said they intended to address it.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

Overall, this centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents. Some improvements were required to the premises, and residents rights.

The purpose of this announced 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 certificate of registration. At the time of this inspection the designated centre was registered to support nine residents and consisted of two separate premises. As part of the registered providers application to renew the registration of this centre, the registered provider was now applying to register both of the premises as separate designated centres. This would mean that this centre would only consist of one premises where four residents would be supported.

There was a clearly defined management structure in place. The person in charge was a qualified nurse with considerable years experience working in the disability sector. They worked full time in the organisation and had other responsibilities in the wider organisation. As a result a clinic nurse manager was also employed. This nurse manager worked full time in the centre and was supernumerary meaning that their job was to over see the management and day to day operations in the centre. This clinic nurse manager knew the residents very well and had introduced a number of changes to the residents care which had a very positive impact on one residents quality of life.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis. Staff meetings were held and the clinic nurse manager conducted supervision with the staff.

A sample of training records viewed by the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children. For example, staff had undertaken a number of in-service training sessions which included; first aid, safeguarding vulnerable adults, fire safety, manual handling, positive behaviour support and infection prevention and control. The providers own audits showed that refresher training was due for some staff in manual handling and this was planned for the following day. Some agency training records viewed also indicated that staff had been provided with mandatory training in safeguarding vulnerable adults, fire safety and manual handling.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were a number of staff vacancies in the centre. This had been an ongoing issue despite recruitment campaigns. However, these vacancies had been filled by a core consistent team of agency staff since Jan 2022. The staffing arrangements were managed around the needs of the residents and to ensure consistency of care to them. Where there was a changing need, the provider had taken actions to address this. For example; as a result of one residents risk of falls staff were rostered to

work until 10pm instead of 8pm. This meant that three staff were rostered to work in order to supervise residents during busy times.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a number of actions which required attention. The inspector followed up on some of these actions and found that some had been completed and some were still in progress. Most of the actions related to the premises which is discussed in the next section of this report.

The Statement of Purpose outlined the care and support being provided in the centre and had been reviewed as required under the regulations. Additionally, a review of incidents that had occurred in the centre since the beginning of the year informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

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

The provider had applied to renew the registration of the centre. This application included all of the documents required under the regulations in order to inform a decision to renew the registration of the centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a qualified nurse who worked full time in the organisation. They demonstrated a good knowledge of the regulations and the needs of the residents in the centre.

Judgment: Compliant

### Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were a number of staff vacancies in the centre. This had been an ongoing issue despite recruitment campaigns. However, these vacancies had been filled by a core consistent team of agency staff since Jan 2022.



Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with training in order to support the residents' needs in the centre and provide a safe quality service.

Regular supervision and staff meetings were being held where staff could raise concerns or review their professional development.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place in order to oversee the care and support being provided in this centre. This included audits and reviews to ensure ongoing compliance with the regulations and standards.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was available in the centre. This had been updated as required under the regulations. The document set out the aims and objectives of the service and included the services and facilities provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since January 2022, the inspector was satisfied that the person in charge had notified HIQA in line with the regulations when an adverse incident had occurred in the centre.

Judgment: Compliant

## Quality and safety

Overall the residents enjoyed a safe quality service whilst living in this centre. Some improvements were required under the premises and residents rights.

As stated the property was generally clean, however some areas needed attention. For example; the house was in need of some modernisation and updates. This included, a new bathroom, paintwork and an upgraded kitchen and flooring. The inspector was satisfied that the registered provider had self identified this updates through their own audits in the centre and had plans in place to address these at the time of the inspection.

Each resident had a personal plan which included an up to date assessment of need. Support plans were developed to guide staff practice and these plans were regularly reviewed by staff. An annual review was also conducted where the residents and their family representatives attended to discuss their care and support needs. Additionally, residents healthcare needs were supported and where required residents had access to allied health supports. Some residents were awaiting a review by a speech and language therapist and the clinic nurse manager was monitoring this at the time of the inspection.

Where required, positive behaviour support plans were in place which detailed the supports residents may need to manage their anxieties. Staff spoke to the inspector about those supports and it was clear that they knew the supports one resident needed to manage their anxieties. Behaviour support plans were reviewed regularly by a behaviour specialist and the inspector could see from observing the records that this was having a positive outcome for the resident.

There were systems in place to manage and mitigate risk in the centre. This included a risk register for overall risks in the centre and individual risk assessments for residents as required. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented.

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being and safety of the residents. Where safeguarding concerns had been reported the provider had taken steps to address this. For example; following once incident a psychologist had visited the centre to observe and report if residents felt safe there. This report indicated that all residents appeared safe in the centre.

Fire safety measures were in place and the provider had systems in place to audit and review these measures. For example; a recent audit found that a fire door needed to be replaced and this replacement door had been ordered at the time of the inspection. Fire drills were completed regularly. Where residents required the use of a evacuation aid this was provided and one staff spoken to had conducted a fire drill with a qualified fire person to assure they knew how to support the

resident.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19 and measures were in place to ensure that both staff and residents were monitored for possible symptoms.

There were also examples found of where residents rights were respected. Some staff had also completed training in supporting a human rights model of care. However, some of the residents had not been included in decisions around aspects of their care and support needs, including end of life plans and this needed to be reviewed. One resident had been referred for advocacy support and this was still ongoing at the time of this inspection.

### Regulation 17: Premises

The house was in need of some modernisation and updates. This, included, a new bathroom, paintwork and an upgraded kitchen and flooring. The inspector was satisfied that the registered provider had self identified this updates through their own audits in the centre and had plans in place to address these at the time of the inspection.

The storage areas in the outside shed needed to be reviewed.

The sensory room needed some updates to make it more homely and inviting.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. A review of incidents in the centre showed that appropriate actions were taken. These incidents were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the residents. A risk register was also in place for the centre.

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place to manage/prevent against infection prevention and control in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety measures were in place and the provider had systems in place to audit and review these measures. For example; a recent audit found that a fire door needed to be replaced and this replacement door had been ordered at the time of the inspection. Fire drills were completed regularly. Where residents required the use of a evacuation aid this was provided and one staff spoken to had conducted a fire drill with a qualified fire person to assure they knew how to support the resident.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an up to date assessment of need. Support plans were developed to guide staff practice and these plans were regularly reviewed by staff. An annual review was also conducted where the residents and their family representatives attended to discuss their care and support needs.

Judgment: Compliant

## Regulation 6: Health care

Residents healthcare needs were supported and where required residents had access to allied health supports. Some residents were awaiting a review by a speech and language therapist and the clinic nurse manager was monitoring this at the time of the inspection.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where required, positive behaviour support plans were in place which detailed the supports residents may need to manage their anxieties. Staff spoke to the inspector about those supports and it was clear that they knew the supports one resident needed to manage their anxieties. Behaviour support plans were reviewed regularly by a behaviour specialist and the inspector could see from observing the records that this was having a positive outcome for the resident.

Judgment: Compliant

## Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being and safety of the residents. Where safeguarding concerns had been reported the provider had taken steps to address this. For example; following once incident a psychologist had visited the centre to observe and report if residents felt safe there. This report indicated that all residents appeared safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Some of the residents had not been included in decisions around there care and support needs including end of life plans.This needed to be reviewed.

A resident had been referred for advocacy support and this was still ongoing at the time of this inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beechgrove OSV-0004703

Inspection ID: MON-0028443

Date of inspection: 04/08/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A tender has been completed in respect of internal painting and floor covering for the Centre. Wall and floor colors have been chosen by the residents within the Centre.</p> <p>Maintenance have reviewed the kitchen area and a plan is in place to have a new kitchen installed including tiled areas.</p> <p>New shelving units are being designed to be implemented into the storage shed.</p> <p>The sensory room has been updated with personalized decorative sensory equipment to ensure it is a homely and inviting space.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents have been referred for advocacy support and continue to await a review date. Residents continue to be educated regarding their rights at weekly meetings.</p> <p>A Multidisciplinary team meeting has been scheduled to review each resident's health care and holistic needs with a particular objective to review DNR orders in place with the residents, their family members and members of the MDT.</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	30/10/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre	Substantially Compliant	Yellow	30/10/2022

	to ensure it is accessible to all.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	29/09/2022