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

Issued by the Chief Inspector

Name of designated centre:	Beechhaven
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	30 March 2021
Centre ID:	OSV-0002121
Fieldwork ID:	MON-0032444

About the designated centre

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

This designated centre is a large purpose built, detached bungalow set in an elevated site on the outskirts of a busy town. . It has eight bedrooms for residents, five of which are en-suite, a large and small living room, large kitchen and dining room as well as well appointed bathrooms and a well maintained outdoor space. It is located in the suburbs of a large town in Co. Wexford. Residents can access day services if they wish either on site or in other locations, and residents are also facilitated to stay in the centre if they prefer. Locally residents can access a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. This centre is open on a year round seven day a week and 24 hour a day basis. Residents are supported at all times by a staff team, comprising of nurses, social care workers and healthcare assistants. The statement of purpose for the centre set out that the provider aims to "support and value residents, within a caring environment, in a manner which promotes the health, well being and holistic needs of residents. The aim is to empower residents with the necessary skills to live full and satisfying lives as equal citizens in the local community, in conjunction with their individual person centred plan". This centre is home to eight residents with varying degrees of intellectual disability and specific high support needs due to changing health and the process of aging.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Tuesday 30 March 2021	10:30hrs to 16:30hrs	Tanya Brady	Lead
Tuesday 30 March 2021	10:30hrs to 16:30hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

This inspection was completed during the COVID-19 pandemic and as such inspectors adhered to national guidance and best practice in relation to infection prevention and control. Inspectors reviewed documentation in a building separate to the centre on the providers administrative site and visited the centre during the afternoon. Inspectors had the opportunity to meet and engage with six of the centre residents over the course of the inspection, with one resident at home with family and the other resident was resting and asleep. Inspectors also met with staff on duty and management over the course of the day.

Residents were observed to gather in the large communal living room and some were outside on the patio which is accessed via double doors from the living room. One of the residents has a dog which was in the living room when inspectors arrived. Inspectors were told that the dog is very important to a number of residents. Outside, there is a specific area fenced in for the dog on the patio. One resident explained that they enjoyed the garden and had planted several pots with flowers which were on display. Most of the external space is paved which makes it accessible to the residents, many of whom require support with their mobility and some who use wheelchairs.

Staff were seen to be warm and engaged with residents. They ensured that if possible residents had opportunity for some quiet time in what is a busy house. One resident had a drink in the dining room when their peers were in the living room, another resident had spent time in their room and others went outside together. For another resident they commented that going to get the newspaper everyday was important to them and staff accompanied them to walk to the local shop in the afternoon. The need for space, calm and quiet times was highlighted as important with a number of residents reporting that sometimes the house was noisy.

Residents were involved in the day-to-day running of their home and there was a roster in place for household chores and helping out with dinners (e.g. setting and clearing the table and preparing the meal) for those who wished to do so. Residents were involved in the preparation and cooking of meals in line with their choices.

Inspectors admired one residents 'sensory cushion' and were told that a staff member had made it for the resident as they knew the resident liked to touch and explore various textures when sitting quietly. Another two residents were observed taking part in an online dance class with a staff member. Inspectors noted that the staff team knew the residents well and took care to ensure individuals living in the centre had emotional and social needs met in addition to care and health needs. Not all residents in the centre were verbal however, staff demonstrated an ability to interpret communication cues and gave residents options and time to respond when engaging.

All residents in this centre have their own bedrooms and some were very keen to show the inspector their space as it had been redecorated. One resident stated that the staff were "kind" and that they liked to live in the centre. The resident showed the inspector their personal plan and spoke about their goals. Another told the inspector about the jobs they did in the house each day. Where residents were resting staff were respectful when entering their room and they were afforded privacy and time on their own if requested. A smaller living room was available for family members to use when visiting residents outside of COVID-19 times.

The following two sections of the report summarise the findings of the inspection and while findings were positive it was acknowledged that residents needs are changing. This was discussed with the provider on the day as increasing resources will be required to keep residents safe and meet their needs as they age.

Capacity and capability

Overall, the inspectors found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents. There were clearly identified management structures in place which outlined lines of authority and accountability. Good provider level oversight of the quality and safety of care was provided through annual reviews and six monthly reviews in line with the regulations. Local audits were carried out by the person in charge on a monthly basis in finance, medication and person centred plans. A restrictive practice auditing tool was also in place.

The centre was managed by a suitably qualified and experienced person in charge who was also responsible for two other designated centres in the locality. The person in charge had ensured that all required documentation was available for the inspectors to review during inspection and was knowledgeable about residents complex and changing needs.

The provider had ensured that staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the statement of purpose. Planned and actual rotas indicated that where absences occurred, regular relief staff were used in order to promote continuity of care. Contingency plans and an on-call system were in place to manage COVID-19. Supervision and performance management systems were in place for all staff as per the providers policy. The training matrix indicated that all staff had completed mandatory training in areas such as fire safety and safeguarding. Where staff required refresher training, this was clearly identified on the matrix and a date for the training was in place. Staff meetings took place on a monthly basis and were resident focused.

The centre had a complaints policy in place. Residents had access to advocacy services if required. Residents meetings took place on a monthly basis.

Regulation 15: Staffing

The provider had ensured that staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the Statement of Purpose. Planned and actual rotas indicated that where absences occurred, regular relief staff were used in order to promote continuity of care. Contingency plans and an on-call system were in place to manage COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix demonstrated that all staff had completed mandatory training in for example safeguarding and fire safety. Some face-to-face aspects of training such as management of behaviours that challenge or manual handling had been postponed due to COVID-19 with theory based refreshers continuing. Where refreshers were required, these were clearly identified and dates were evident for each of these sessions. Supervision and performance management was in place for all staff, with 'SMART' or time bound objectives set for staff members to achieve. The person in charge arranged sessions for the team to reflect on their experiences of COVID-19 and discuss any issues or concerns that they had.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a management structure in place which identified the clear lines of accountability and responsibility. The person in charge reported to the person participating in management who in turn reported to the CEO. The person in charge was supported by the team leader in the day to day running of the centre. The provider ensured good oversight of the quality and safety of care provided through robust documentation systems and clear identification of areas requiring improvement.

Annual and six monthly reviews of the quality and safety of care and support took place as required by the regulations with clearly documented action plans and time frames. Local audits on finance, medication and person centred plans also ensured ongoing improvements in the service. Monthly meetings took place with staff.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications indicated that the provider had submitted the majority of notifications to the Chief Inspector within the required time frame. However, one incident was omitted from the quarterly notifications as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure in place and a complaints log was kept up to date. Following a significant complaint relating to medication management in 2020, the provider launched an investigation in line with internal and external protocols. This had been closed at the time of inspection and clear actions taken to ensure the ongoing safety of residents. This is outlined under the review of medicine and pharmaceutical services later in the report.

Feedback questionnaires were sent to families on an annual basis. On review, four of these indicated their happiness with the service, particularly during the COVID-19 restrictions. Residents meetings were used as a forum for people to raise complaints and an annual review was carried out to find out what residents felt about the service. Advocacy services were available to residents if required. There were no open complaints from residents on the day of the inspection

A complaint is made by a neighbour regularly relating to the presence of the dog in the centre. This was reviewed during the last inspection and both the provider and the person in charge remain proactive in managing the situation.

Judgment: Compliant

Quality and safety

The provider, person in charge and existing staff team were working to ensure residents were well cared for and happy in their home. Overall the inspectors found that the residents lived in a warm and comfortable home, however, as stated earlier it was a busy house and could be loud at times and this was reflected in conversations with staff and reports made by residents. The existing staff team were

attempting to support the residents to engage in meaningful activities and to live a life of their choosing.

The provider had submitted information of concern to the Chief Inspector of Social Services via notifications regarding poor and unsafe practices in administration of medication to a resident in this designated centre. The impact of this on the resident was reviewed in detail by the provider and assurances had been provided to the Chief Inspector prior to this inspection. As such, the area of medicines and pharmaceutical services was reviewed in detail on this inspection. There were systems in place and all staff spoken with were clear on the procedures to follow. The residents in this centre are supported by nurses on the staff team who have responsibility for the management of medicines.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works had been completed in relation to fire evacuation since the last inspection. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure and regular fire drills were taking place.

The inspectors reviewed a number of residents personal plans and found them to be person centred. Residents were involved in setting and reviewing their goals where possible and they had a combination of long term life goals and short term goals in place. It is acknowledged by the provider that residents due to their changing health needs may require higher levels of support to engage in their communities and participate in activities of their choosing when the COVID-19 restrictions are lifted. However, decisions regarding levels of staffing resources required by residents needs to take into account how busy the residents home already is and the limitations on space within the house for a larger staff team. This are all areas self-highlighted by the provider and person in charge.

Regulation 17: Premises

As outlined above this centre is a large bungalow on it's own site. It was warm and comfortable and residents all had their own bedroom and a number of bedrooms are en-suite. The provider had completed some repair and maintenance since the previous inspection and residents showed the inspectors their rooms that had been painted. One bedroom was waiting painting as a radiator had been moved. As residents needs had changed and there were increasing challenges with their mobility the provider had installed grab rails and other adaptations to assist in independence where possible. The internal circulation spaces in this house are narrow and this was also the case in bedrooms and en-suite bathrooms where residents were now requiring increased assistance with mobility or in moving from one area to another. The increasing demand on space was self identified by the provider and under review.

Externally the garden area was mostly paved making it accessible and it was well maintained with residents observed enjoying the sun on the day of inspection and having a cup of tea at the patio furniture outside.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and service manager. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. For example, inspectors noted an increase in falls for some residents in the centre, there were updated falls risk assessments in place and they were accompanied with appropriate control measures. There were also systems to identify, record, investigate and learn from adverse events in the centre. This was seen in relation to an increased choking risk for one resident where the rating was increased to the highest level while waiting for a health and social care professional review.

Inspectors spoke with staff about identified risks in the centre and how these risks were being managed. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control policies and up to date guidance were available to staff. A temperature station was set up at the entrance to the centre with staff documenting their temperatures on arrival. Hand sanitiser was available at different points in the centre. Personal protective equipment (PPE) was stored and discarded appropriately. An increased cleaning schedule was in place. A room in the centre was assigned as an isolation room for staff if required while they were on duty.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed a number of building works to the centre since the last inspection. The person in charge and team leader had subsequently worked with the local fire stations to record response times and to ensure the particular needs of residents were familiar to emergency personnel. Processes were in place to provide assurances regarding containment measures, use of electrical goods, oxygen use and management of laundry facilities. Shatter proof film was to be fitted to the internal glass panels in the living room to ensure no injuries were sustained should the glass break during an evacuation.

Residents all had up-to-date personal evacuation plans in place and fire drills were occurring in line with the providers policy. All equipment had been serviced as required by appropriately trained individuals and staff were completing checks on a daily, weekly and monthly basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had submitted information of concern to the Chief Inspector of Social Services via notifications regarding poor and unsafe practices in administration of medication to a resident in this designated centre. The impact of this on the resident was reviewed in detail by the provider and assurances had been provided by the provider to the Chief Inspector prior to this inspection. There were systems in place and all staff spoken with were clear on the procedures to follow. The residents in this centre are supported by nurses on the staff team who have responsibility for the management of medicines.

All residents had prescription sheets that had been recently reviewed by their GP and were up-to-date. Daily administration records were accurate and systems were in place for the ordering, storage and disposal of medicines. Audits and stock checks were happening and the pharmacy also completed audits. Cleaning rotas were in place for the medication fridge and the storage units. All residents had an easy to read version of their daily medication regime and this included photographs of their medications and details on their individual method of taking their medicines. Where required symbols were used to support understanding and literacy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a number of residents personal plans and found them to be person centred. Residents were involved in setting and reviewing their goals where possible and they had a combination of long term life goals and short term goals in

place. The goals were supported by outcome measures and dates set for staff to review and for completion, supports that may be required were also identified and clearly outlined.

The team leader completed audits that were overseen by the person in charge to track the progression of goals for all individuals living in the centre. Where residents requested spontaneous activities or specific one off activities these were also recorded and if not achieved the reasons were outlined.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre have complex healthcare needs many associated with ageing. There were clear summaries of appointments and planned reviews and all residents had vaccination records and were linked with any national screening programmes as required.

All residents needs were appropriately assessed and detailed support plans were in place. Each resident had access to health and social care professionals as required and there was evidence of prompt referral and follow up where required, with specialist recommendations followed by staff.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. The supports identified in residents safeguarding plans are incorporated into care plans which the person in charge reviews on a monthly basis. This also ensures that when formal safeguarding plans are closed the supports can remain in place as a preventative measure. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspectors reviewed a number of residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

There were communication passports in place for residents to ensure safeguarding was discussed on a regular basis and details of who to contact if concerned were available. All residents had assessments of their money management skills in place and these were reviewed on an ongoing basis with clear oversight and supports in place as indicated.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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

Compliance Plan for Beechhaven OSV-0002121

Inspection ID: MON-0032444

Date of inspection: 30/03/2021

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment. The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).</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 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Yellow	08/05/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be	Not Compliant	Yellow	08/05/2021

	notified under paragraph (1)(d).			
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