



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

## Issued by the Chief Inspector

Name of designated centre:	Birch Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0004467
Fieldwork ID:	MON-0031109

## About the designated centre

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

Birch Services is a residential service, which is run by Brothers of Charity Services, Ireland. The centre provides accommodation and support for fourteen male and female adults over the age of 18 years, with an intellectual disability, including those with a diagnosis of dementia. The centre comprises of two bungalows and both are located on the outskirts of two separate towns in Co. Roscommon. Both bungalows comprise of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service.

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

Number of residents on the date of inspection:	12
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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
Wednesday 18 November 2020	11:00hrs to 17:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met and spoke directly with three residents about their experience of the service provided. Residents reported that they loved their home, they felt safe there and they could speak to a staff member at any time if they had any concerns or issues. Some residents spoke very highly of the staff team and person in charge saying they were great and they had no issues whatsoever with any staff member working in the house. Residents also reported that while they were tired of the current lockdown, they had lots of activities of interest to engage in such as baking, exercise classes, shopping online, TV and going for walks in the local vicinity.

The residents also spoke about the activities they liked to engage in prior to COVID-19. For example, they went to concerts, short holiday breaks and other social outings of interest. Some residents were looking forward to Christmas and told the inspector that they were making their own Christmas cards this year. Residents were also being supported to keep in regular contact with family members via phone and/or video calls.

The house had a welcoming atmosphere and was decorated accordingly taking into account the likes and preferences of the residents. Towards the end of the inspection the inspector observed residents in their kitchen having tea and chatting with staff. Residents appeared very much at home and very much at ease in the company and presence of staff members. Staff were also observed to be warm, caring and professional in their interactions with the residents.

## Capacity and capability

Residents reported that they were very happy and content in their home and for the most part, the provider ensured that appropriate supports and resources were in place to meet their assessed needs. However, the mode of transport provided to the residents was inadequate, the residents were dissatisfied with this aspect of service and the provider had failed to address this issue in a timely manner.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a residential services manager. The person in charge was a qualified social care professional and provided leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations.

They also ensured staff were appropriately qualified, trained, supervised so as they

had the required skills to provide a responsive service to the residents. The person in charge was also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) and was responsive to the inspection process.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. A small sample of staff files viewed also demonstrated that they had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety training, safe administration of medication, manual handling and infection control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. It was observed that some refresher training was overdue at the time of this inspection however, this was largely due to the current COVID-19 pandemic, the person in charge was aware of this issue and plans were in place/in development to address it.

The person in charge and residential service manager ensured the centre was 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, recent audits on the centre identified that some documentation, including the restrictive practice log, required review. These issues were addressed at the time of this inspection.

It was observed however; that there were on-going issues with regard to the vehicle provided for transport residents in the community. It was unreliable and had broken down on several occasions. Residents expressed their dissatisfaction about this issue to the inspector. While plans were at an advanced stage to secure a new mode of transport for the centre, this issue was not dealt with in a timely manner by the provider.

Notwithstanding, residents reported that they loved their home and were very happy with the staff team overall.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their remit to the regulations and responsive to the inspection process.

Judgment: Compliant

## Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents and to provide for the safe delivery of services. Of a small sample of files viewed it was noted that staff had received training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher training was overdue at the time of this inspection, however; this was largely due to the current COVID-19 pandemic, the person in charge was aware of this issue and plans were in place/in development to address it.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by a residential services manager.

It was observed however, that there were on-going issues with regard to the vehicle provided for transport in the centre. It was unreliable and had broken down on several occasions. Residents expressed their dissatisfaction about this issue to the inspector. While plans were at an advanced stage to secure a new mode of transport for the centre, this issue was not dealt with in a timely manner by the provider.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs. Some minor issues were found with the upkeep of some healthcare documentation and risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were being supported to engage in exercise classes, music sessions, gardening, beauty therapies and some had completed (or were completing) courses in Trinity College. Prior to COVID-19, residents were regularly frequenting local amenities, going to concerts, meals with friends and availing of short holiday breaks. One resident had also compiled their own life story book which was launched in a local nearby hotel.

Residents were supported with their healthcare needs and as required access to a range of allied healthcare professionals, including GP services formed part of the service provided. Residents also had access to a physiotherapy, speech and language therapy and chiropody services. Hospital appointments were also facilitated as required. It was observed however; that some follow up treatments could have been provided for in a more timely manner. That said, residents were also supported to experience the best possible mental health and where required, had regular access to psychology and counselling support.

There were no safeguarding concerns at the time of this inspection, however; residents had access to the safeguarding officer and information was available on how to contact an independent advocate if required. Residents told the inspector that they felt safe in their home and would speak to any staff member if they had any concerns. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and well-being. For example, where a resident may be at risk of falling, they were observed closely, staff were on duty on a 24/7 basis and these residents were encouraged to walk slowly if required. However, some of the control measures in place for some risks identified required review and/or updating.

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house.



Overall, while some issues were identified regarding risk management and aspects of healthcare, residents reported to the inspector that they loved their home and were very happy with the staff team in place.

#### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. However, some of the control measures in place for some risks identified required review.

Judgment: Substantially compliant

#### Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

#### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community.

Judgment: Compliant

#### Regulation 6: Health care

Residents were supported with their healthcare needs and access to a range of allied health care professionals, including GP services formed part of the service provided. However; that some follow up treatments could have been provided in a more timely manner.

Judgment: Substantially compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and if required, access to an independent advocate could be provided for.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home and made their own choices regarding their daily routines (with support if required).

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Birch Services OSV-0004467

Inspection ID: MON-0031109

Date of inspection: 18/11/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A vehicle has now been purchased for this service and is being delivered to the service by the 31/12/2020.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All Risk Assessments have been reviewed and updated with controls in place recorded. All staff will complete Risk management training to support the ongoing review of the risk management processes.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All health care professionals have been contacted to arrange follow up appointments. Staff are actively pursuing this will all health care professionals with continuous follow up</p>	

ngoing.

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2020
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment	Substantially Compliant	Yellow	28/02/2020

	is recommended and agreed by the resident, such treatment is facilitated.			
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