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:	Beauvale
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Short Notice Announced
Date of inspection:	16 October 2020
Centre ID:	OSV-0002354
Fieldwork ID:	MON-0029885

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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
Friday 16 October 2020	10:15hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the six residents of the designated centre during the inspection. Residents spoken with said they liked living in the house. Some residents used non-verbal methods to communicate and appeared comfortable in their home and in the presence of staff.

The inspector also observed elements of residents' daily lives at different times over the course of the inspection. Throughout the inspection residents were observed engaging in activities of daily living including knitting, watching TV, listening to music and accessing the community. Overall, the residents appeared happy and comfortable in their home. The inspector also observed positive interactions between residents and the staff team.

Capacity and capability

Overall, the inspector found that the provider and person in charge were monitoring the quality and safety of the care and support provided to residents. Some improvement was required in the governance and management of the centre.

There was a clearly defined management structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The person in charge reported to the Service Manager, who in turn reported to the Director of Adult Services. There was evidence of regular quality assurance audits taking place to review the delivery of care and support in the centre including the annual report 2019 and six-monthly unannounced provider visits as required by the regulations. These audits identified areas for improvement and action plans were developed in response. However, improvement was required in the timeliness of completing the provider's unannounced six monthly visits as required by the regulations. For example, the last two six monthly visits were carried out February 2020 and October 2020.

The person in charge maintained a planned and actual roster. From a review of the staff roster, the inspector found that on the day of the inspection staffing levels at the designated centre were appropriate to meet the needs of the residents. The provider ensured continuity of care through covering gaps in the roster with members of the staff team and regular relief staff. Throughout the course of the inspection, positive interactions were observed between residents and the staff team.

The inspector reviewed a sample of incidents and accidents occurring in the centre and found that the Office of the Chief Inspector was notified as required in

Regulation 31.

Regulation 14: Persons in charge

The centre was managed by a full time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster maintained by the person in charge. There was sufficient staffing levels to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified actions to address areas that required improvement. However, improvement was required in the timeliness of completing the provider's unannounced six monthly visits.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified of incidents and accidents as required by Regulation 31.

Judgment: Compliant

Quality and safety

The registered provider and person in charge had demonstrated capacity and capability to monitor the designated centre which resulted in a person-centred service for residents. Overall, the inspector found that there were systems in place to ensure that service users received a quality and safe service. However, some improvement was required in relation to personal planning, oversight of restrictive practices, risk management, safeguarding, premises and fire containment.

The inspector completed a walk through of the designated centre accompanied by the person in charge. The centre comprised a two storey house and adjoining apartment. The main house consisted of a sitting room, quiet room, utility room, a kitchen/dining area, five individual bedrooms, a staff room, a toilet and a shared bathrooms. The adjoining apartment consisted of a living area, bathroom and an individual bedroom. Overall, the designated centre was homely and well maintained. Some residents showed the inspector their bedrooms which were decorated in line with their personal preferences. However, some areas of the centre required attention including peeling laminate on kitchen cabinets and parts of flooring lifting in areas of the centre.

The inspector reviewed a sample of personal plans and found that each service user had an up-to-date assessment of need. The assessment of need identified service users' health and social care needs and informed the service users' personal support plans. Personal support plans reviewed outlined the support required for service users' personal development in accordance with their individual personal, communication and social needs and choices. However, two plans required review to ensure the staff team were appropriately guided in supporting a resident with an identified need.

There was evidence that service users' health care needs were appropriately identified and that residents were given appropriate support to enjoy best possible health. Residents were supported to access to a range of allied health professionals as required. The healthcare plans were up to date and suitably guided the staff team to support service users with identified healthcare needs.

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. There were some restrictive practices in use in the centre which were appropriately identified by the person in charge. However, the inspector found that not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group in a timely manner.

There were systems in place to safeguard service users. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. However, one incident which had been reviewed and responded to by the person in charge and principle social worker, was not progressed in a timely manner in line with the provider's safeguarding policy and national policy. Residents spoke positively about their time in the designated centre and support provided by the staff team. The inspector also observed that

residents appeared comfortable in their home and engaged positively with the staff team.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific and individual risks and the measures in place to mitigate the identified risks. However, one individual risk identified on inspection required review to ensure the measures in place to manage it were effective.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of service users if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal Protective Equipment (PPE) including hand sanitisers and masks were available and were observed in use in the centre on the day of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting service users to evacuate. There was evidence of regular fire evacuation drills and fire walks being completed. However, some improvement was required in the containment of fire. On the day of inspection, the inspector observed a fire door wedged open which negated the purpose of the fire door in the event of a fire. The inspector identified the wedge to the person in charge and they were removed on the day of the inspection.

Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. However, some areas of the centre required attention.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. However, one individual risk identified on inspection required review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety. However, one improvement was required in the containment of fire as outlined in the report.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was up-to-date assessment of needs in place in place which identified residents' health and social care needs and informed residents' personal support plans. However, two plans required review as outlined in the report.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were appropriately identified and the residents were given appropriate support to enjoy best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents where required which were up-to-date and guided the staff team in supporting residents.

There were some restrictive practices in use in the centre which were appropriately

identified. However, not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group in a timely manner.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. Residents spoken with said they were happy in the service and felt safe. However, while one incident was reviewed and responded to, it was not progressed in a timely manner in line with the provider's safeguarding policy and national policy.

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 - 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Beauvale OSV-0002354

Inspection ID: MON-0029885

Date of inspection: 16/10/2020

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Response >Schedule for service management 6 monthly audits identified for 2021. >6 monthly audit In DC to be carried out in April and Oct 2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Response: All identified works within the centre have been forwarded to Technical services Department for quotes with a expectation that works once approved would be completed by the end of 2020, contractor availability will be the only impediment to completion. 30/12/2020	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:
Response
• Risk identified re; access to communal areas and understanding by all the residents of the importance of infection control guidlines
• Tupperware containers in place for each resident re; their personal fridge content's and same cleaned down daily.
• Infection control precautions in place through daily/ weekly cleaning schedule, exterior of the fridge cleaned 3- times a day, and the interior cleaned 3 times a week. Cleaning schedule and tracker in place
• Visual Social story developed and in place for all re: infection control requirements for residents accessing communal areas within the kitchen. 12/11/2020
• Review of the Risk assesment to reflect above changes on the 16/11/2020

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Response:
Door stop to keep door open in Residents flat has been removed on the 22/10/2020

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Response:
• FEDS guidance for all residents accessible within their Assessed Needs folder
• Review of resident SLT support needs completed and FEDs guidelines reviewed on the 30/10/2020
• Epilepsy Guidance for all residents accesible within their assessed Needs folder and Epilepsy support needs identified for one resident have been updated on the 17/10/2020.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Response:. Referral to Psychologist and review of PBSP re; requirement for Angel Guard Clip while resident is travelling on SMH transport due to tendancy to unlock belt and stand while bus is in transit. 16/11/2020 Updated PBS document received, transport questionaire completed and submitted to PAMG for approval same to be approved at next PAMG meeeting on the 18/11/2020	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Response. • PSF submitted retrospectively on the 21st Oct by PIC	

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	30/12/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	30/10/2021

	to address any concerns regarding the standard of care and support.			
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	30/10/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/10/2020
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	16/11/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	18/11/2020

	are applied in accordance with national policy and evidence based practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	21/10/2020