



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

Issued by the Chief Inspector

Name of designated centre:	The Beeches
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Short Notice Announced
Date of inspection:	11 November 2020
Centre ID:	OSV-0002342
Fieldwork ID:	MON-0027163

About the designated centre

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

The Beeches is a designated centre operated by St Michael's House. The centre provides care to seven male and female residents who have an intellectual disability with associated complex needs. The centre consists of a large two storey detached six-bedroomed house located in North Dublin close to local amenities. A service vehicle is also available for residents use. Wheelchair accessibility arrangements are also in place. The centre's facilities include a kitchen, living room(s), bathroom and laundry. Each resident has their own bedroom. There is a communal room on the first floor for residents and families to use. Residents have access to all areas in the house and there is a lift supporting non-ambulant residents to access both floors of the centre. The Beeches is managed by a Person in Charge who is a Clinical Nurse Manager 2, they are supported in their role by a Clinical Nurse Manager 1. Staffing arrangements for the centre include staff nurses, care staff, social care workers, domestic and catering staff. The person in charge is supervised and supported by a person participating in management as part of the provider's governance oversight arrangement for the centre. Each resident is allocated a key worker and co-keyworker that supports residents to engage with and participate in decisions about their own lives and the running of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
--	---

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 11 November 2020	10:55hrs to 15:40hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met two of the residents who live in the centre. The inspector did not have an opportunity to speak with all of the residents due to physical distance guidelines, and did not conduct a walk around of the premises. One resident was in the home of a family member at the time of inspection. Residents appeared to be content and comfortable in their home, and were seen speaking with staff and each other in a friendly and familiar manner. Staff engagement with residents was respectful and the inspector observed that staff were familiar with residents' communication support needs.

Capacity and capability

The inspector found that the provider had the capacity and capability to operate a safe and good quality service. The governance and management arrangements were ensuring that the service was consistently and effectively monitored. Some improvement was required with regard to policies.

There was a clear governance structure in place, with defined roles and responsibilities. There was a person in charge who was employed in a full time capacity, and had the necessary skills and experience to carry out the role. The person in charge reported to a service manager. There were a range of audits and quality enhancement systems in place, with action plans developed and implemented where necessary. The provider had carried out an annual review of the quality and safety of the service, and had consulted with residents and their representatives to gather and record their views.

The inspector found that the provider had implemented the actions required from the previous inspection, which included amendments to safeguarding arrangements and notification of incidents. While the provider had reviewed and updated the policy on residents' personal property, personal finances and possessions, the inspector was not satisfied that the policy took account of, and was developed in adherence to best practice guidelines, such as relevant standards and human rights instruments.

While residents in the centre required support to manage their finances, the inspector found that the policy did not ensure residents' rights and abilities were fully considered in relation to decisions around their personal finances on an individual basis. For example, some procedures facilitated third party decision making in the absence of consultation with residents, and there were no arrangements in place to ensure that supports and restrictions were

proportional and tailored to the person's abilities, and will and preference.

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. The centre was staffed by a team of nurses, social care workers and health care staff. At the time of inspection there was a vacancy for a catering staff. There was a planned and actual roster maintained by the person in charge. Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Regulation 14: Persons in charge

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. Nursing care was available to residents as outlined in the statement of purpose. There was a planned and actual roster that accurately reflected the staffing arrangements in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place where necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had reviewed the policy in relation to residents' personal property, personal finances and possessions within the time frame set out in the previous compliance plan. However, the policy had not been updated in accordance with best practice and national standards.

Judgment: Substantially compliant

Quality and safety

Overall, the governance and management systems had ensured that care and support was delivered to residents in a safe manner, and that residents received person centred and good quality care. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. The inspector found that the centre had the resources and facilities to meet residents' needs.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. A review of training records found that all staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. There were safeguarding plans in place for any identified safeguarding risk and these were reviewed for effectiveness. The person in charge had implemented monitoring systems to ensure that safeguarding incidents were investigated and reported to statutory agencies as required by national policy.

In relation to residents' rights, the inspector reviewed the implementation of actions put forward in the compliance plan from the previous inspection. It was found that practices in place that limited residents' ability to exercise their rights and been reviewed and updated. Residents were provided with information about their rights in a way that they could understand and plans were developed to maximise the restoration of residents rights. For example, one resident had been informed of and consulted with regard to medicines and medication management.

There were arrangements in place to ensure that residents personal property was respected and protected. Since the previous inspection, local arrangements had improved with regard to supporting residents to manage their own finances. In some cases, an assessment of residents' ability to manage their own finances had been carried out. There were supports in place where necessary to enable residents to manage their personal property and finances in accordance with their abilities and preferences, and there were plans in place to develop residents' skills. While the inspector had concerns about the policy related to residents' finances, and the

potential that residents may have restricted access to and control of their finances, in the case of the residents living in the centre at the time of inspection, it was found that support was provided in line with residents' abilities.

Residents' food and nutritional needs had been assessed and where necessary used to develop personal plans that were implemented into practice. Residents had a varied and nutritious diet, and there was ample fresh food available in the centre. Residents had support to prepare meals and snacks and could take part in the purchasing of and preparation of food in accordance with their wishes. Residents were consulted with regard to meal planning and could decide what to eat on a daily basis.

The provider had implemented measures to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There were arrangements in place to ensure that the centre was clean and hygienic, such as hygiene checklists and audits. There were hand washing and sanitising facilities available for use. Staff had access to up to date infection control information and protocols, and there was information related to COVID-19 guidance and protocols available in a format that residents could understand. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available and there was adequate personal protective equipment available.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. Fire evacuation risks had been assessed, and where necessary escalated to the provider. In one case, an evacuation risk in relation to a resident had been identified and assessed and there was a risk management plan in place. While this risk wasn't present at the time of inspection due to the number of residents in the centre, the provider had plans to ensure that all residents could be safely evacuated in the event of a fire while at maximum capacity.

Regulation 12: Personal possessions

The provider had improved local arrangements to ensure that residents had access to and control of their personal finances in accordance with their abilities and preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with nutritious and wholesome food, and were involved in meal planning and preparation. Where a resident had specific eating or drinking support needs, there were clear support plans in place that were developed by an appropriate health care professional. Residents were given the necessary assistance at mealtimes.

Judgment: Compliant

Regulation 27: Protection against infection

There were established infection prevention and control arrangements in place, to manage the risk of residents acquiring a health care associated infection. The centre was maintained in a clean and hygienic condition and there were hand washing facilities available. The centre had adequate supplies of personal protective equipment. Staff had received training in infection control.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans. Fire fighting equipment was available, and regularly serviced. Staff had received training in fire safety and on-site fire drill training.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had taken the necessary action to enhance residents participation in decisions about their care and support, such as management of finances and health care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Beeches OSV-0002342

Inspection ID: MON-0027163

Date of inspection: 11/11/2020

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: An advanced first draft of the reviewed Service users monies policy has been completed. Plan to have finalised and ready by the end of Jan 2021.	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/01/2021