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:	Birch Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0004467
Fieldwork ID:	MON-0033729

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:	13

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
Wednesday 15 September 2021	10:00 am to 5:00 pm	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was a centre that very much ensured residents were provided with the care and support that they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this was a centre that prioritises the needs of residents in all aspects of the service delivered to them, however improvement was required in regard to the premises from observation during the inspection. This will be discussed further in the report.

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing and the centre's staff team were supporting residents in a way that promoted their views and rights.

The inspector had the opportunity to meet with nine of the residents who were receiving their day service programme from their home. Due to their assessed needs, they were unable to communicate directly with the inspector about the care and support they received. Resident's were relaxing in the living area while engaging in an on-line activity. Another resident was being supported by staff to do their art activity in another sitting room. The inspector met briefly with a number of staff who were on duty that morning who advised the inspector that the residents' living arrangements worked very well.

The residents appeared comfortable and to enjoy the activities they were engaging in. The inspector was supported to interact with some residents for a brief period. The staff members supporting the residents was aware of the resident's communication skills and helped the resident to inform the inspector about their engagement with online activities, and enjoying the other events on the television. The inspector observed warm and friendly interactions between the residents and staff members supporting them throughout the inspection. The inspector noted that residents observed appeared comfortable in the company of staff.

The inspector reviewed all premises of the designated centre and found it was comfortable, spacious and well laid out. However, the premises had not been appropriately maintained, there were significant areas for improvement. This included, damage to tiled and wooden flooring, internal and external painting,ramps required at four doors,and replacement of carpet in staff office due to staining and gathering, which was a slip and trip hazard as well as blocking the fire door from closing. While the person in charge had highlighted and appropriately reported these issues, appropriate action had not been taken by the provider, as they were awaiting the housing association to address these issues. Furthermore, there was no documentation to reflect the work identified and persons responsible for completing this work.

A review of residents' information demonstrated that they were receiving person-

centred care that was developed in line with their needs. Weekly residents meetings were held that gave residents an opportunity to choose meals and activities they wished to engage in. There were also regular individual work sessions being carried out between residents and staff members. These sessions were linked to goals that had been identified during the development of their personal plans. Activities included arts and crafts, bowling, and cookery.

There was also clear evidence of the provider and staff team supporting residents to maintain relationships with their family members through assistive technology and physical visits when possible. There was evidence of the residents beginning to re-engage in community activities following the lifting of restrictions. Overall there were strong auditing practices regarding residents' information that ensured that the changing needs of residents were being monitored and responded to. The inspection did, however, find that there were improvements required regarding other monitoring practices. The impact of this will be discussed in more detail in the following Capacity and Capability and Quality and Safety sections of the report.

The next two sections of the report present findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the provider was able to demonstrate that they had good systems in place for the management and oversight of this service. However, some areas required improvement, including the quality of the environment and the premises, renovations to each of the premises and completion of an admissions personal plan, these will be discussed later in the report.

The provider had ensured that there was a management structure in place that was led by a person in charge. There was a strong management presence, and in general, this led to effective delivery of care. The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre as per the regulations. Actions had been identified following these and the inspector found that actions remained outstanding, for example, staff recruitment and maintenance on each of the premises. The provider maintained records of all incidents that occurred in the centre; these were detailed and provided sufficient evidence that where required actions were being put in place to reduce the likelihood of the incident reoccurring. In addition, the inspector noted that the all incidents that required notification to the Chief Inspector of Social Services were being notified. In the majority of documentation reviewed, the inspector noted that there was generally good provider oversight in place. For example, the health and safety documentation in the centre was being kept up-to-date and were relevant and clear. The inspector reviewed both the annual review and the most recent twice

per year unannounced visit report and found that these were clear and balanced and had identified some areas where action was required to ensure a good quality of service was being offered. However, the inspector noted that there was no documentation or time-bound plans in place regarding the remedial work required for both houses.

A review of the staffs team training needs analysis record showed that the provider had ensured that staff had completed all mandatory training as required by the regulations, as well as bespoke training required for residents in the centre. These included basic life support, fire safety training, therapeutic crisis intervention training, medication management, first aid and autism care. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was also a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up-to-date and informative.

There were sufficient staff on duty on the day of inspection in order to meet and support the needs of the residents living in the centre. These staff were employed on a regular basis by the provider and this had developed good relationships with the residents. The inspector observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping over cover and waking night staff, and was reviewed based on residents needs.

The provider was able to demonstrate good practice in relation to the recruitment of staff by ensuring that all required pre-employment clearances had been completed for staff working in the centre, including evidence of current Garda siochana (police vetting) clearances. Staff training records demonstrated that the provider had continued to ensure that staff were receiving regular training and refresher training, with an emphasis on mandatory training, due to the current COVID-19 restrictions.

Where required, there was evidence of an action plan being developed and that actions were being taken forward and resolved in accordance with the agreed time frames. However, the inspector noted that the actions did not sufficiently detail the actions required to ensure that they would be suitably identifiable to the reader. For example, while one action required improvement to the completion of applications for funding in relation to required renovation works, it did not clearly state who was responsible and what practices needed attention. Therefore, there was a risk that the actions may not be completed.

Overall, there were improvements required to the monitoring practices in a number of areas. The service being provided to residents was, effectively monitored and was leading to positive outcomes for residents, however the provider did not have information confirming remedial works in progress or timelines for completion.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for its renewal of registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre. The inspector found that it contained all the required information as specified by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured a contract of insurance against injury was in place in the centre and was in-date as required.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents were safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training.

There was a clearly defined management structure and staff reported to the person in charge. An annual review of the quality and safety of care and support had been completed and considered the views of the residents and their representatives. A six monthly unannounced visit by the provider had also been completed.

The provider did not have evidence of plans in place, for remedial works required for the premises in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to

residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Adverse events and incidents as listed in the regulations that occurred in the centre were reported within the prescribed period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. The care and support embraced a person centred culture, developing the skills and independence of residents, while promoting their participation in their home and broader community life. Improvement was required in some aspects of the maintenance of premises in the centre, individualised plans and healthcare needs.

Each resident had an assessment of need completed, which was informed by reviews and recommendations by allied healthcare professional. Assessments were regularly reviewed, and as needs changed.Personal plans were developed and detailed the support residents required to meet their needs. The inspector found that there was detailed health care plans outlining the support needs required. However, the inspector noted on review of a recent admission, the personal plan was not completed within 28 days as specified by the regulations. On the day of the inspection, the inspector noted gaps evident throughout this document. Staff spoken

with were found to be knowledgeable on these needs and on the support requirements for residents who had a complete personal plan in place. In addition, residents' healthcare needs were monitored in an ongoing basis, in accordance with plans, and residents had regular access to the appropriate healthcare professionals as required. At the time of inspection, the inspector noted that an action identified during the last inspection in November 2020 remained open and the resident had not received the required treatment in the timeline as specified by a medical practitioner.

Residents were supported to develop and realise meaningful goals and there was regular review of the progress of their goals. The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to maximise their personal development in accordance with their needs and wishes. The inspector noted that residents had been supported to complete a number of achievements in 2020 and goals had been set for them to work towards in 2021. In addition, residents were supported in-line with their aging needs and preferences. On the day of the inspection, the inspector observed several residents mobilising around the centre, engaging with staff and heading off on social outings.

The inspector noted that residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and there was evidence of regular reviews. Restrictive practices were implemented in accordance with best practice and there was evidence of regular review, and reduction in restrictive practices where appropriate.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and support of a designated safeguarding officer as required.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re occurrence inform learning.

There were suitable systems in place to control the spread of infection in the centre.

There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

Regulation 10: Communication

The residents were supported to communicate in their preferred manner and had communication plans in place, with pictorial images and easy read documents to assist them where necessary. They also had access to technology and their own phones to stay in touch. It was apparent from observation that the staff and the residents communicated easily and warmly.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of two separate buildings located approximately 10kms from each other. While both of the premises maintained to a good standard, both houses required significant remedial work. This included; painting, replacement of carpet in an office, ramps at four exit doors in one of the houses.

Judgment: Not compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents rights, how to make complaints, COVID-19 information and personal planning.There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept under regular review. There was evidence that residents were also supported with positive risk taking practices, including taking more control over their personal finances and being supported to spend time alone in their residential service. In addition all staff had completed training in risk management.

Judgment: Compliant

Regulation 27: Protection against infection

There were robust measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were subject to regular review and re-assessment and that personal plans were put in place to guide staff on the specific supports that residents required.

However, the person in charge had not ensured that a new admission to the centre

had a complete personal plan within 28 days following admission to the centre, as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the inspector found that residents' healthcare needs were well monitored, with evidence of regular review by the general practitioner (GP). The inspector found that an action identified on the previous inspection in November 2020, remained open due to the affect of the pandemic on public hospital appointments. The inspector noted that this appointment remained outstanding at the time of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Effective systems were in place to ensure residents received the care and support they required in response to their behavioural needs. Clear behaviour support plans were in place to guide staff on how best to respond to specific residents' behaviours and this centre was suitably supported by a behavioural support therapist in the review and monitoring of all care interventions. There were some restrictions in use at the time of this inspection and the provider had ensured that these were under regular review.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were systems in place for the reporting and investigation of any safeguarding concerns. Staff had received safeguarding training and were provided with refresher training on a regular basis. At the time of the inspection there were no active ongoing safeguarding concern investigations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Birch Services OSV-0004467

Inspection ID: MON-0033729

Date of inspection: 15/09/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A maintenance plan is in place and agreed with the Housing Association. A time bound plan has been agreed for completion of maintenance works in the centre. Evidence of maintenance planning is in the centre. These will be completed by January 2022.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance plan is in place and agreed with the Housing Association. A time bound plan has been agreed for completion of maintenance works in the centre. A builder has been engaged to commence the remedial works required, including painting, replacement of carpet, flooring and the addition of ramps at exit doors. These will be completed by January 2022.	

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: This person was supported with a transition plan and MDT supports when they moved into the centre. A personal plan has now been developed with the support of MDT and management and is now in place for this person supported.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The medical appointment in question related to a scan and was delayed due to the COVID 19 pandemic the affect of the pandemic on public hospital appointments. This has now been completed on Monday,20th of September.	

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.	Not Compliant	Orange	31/01/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Not Compliant	Orange	31/01/2022

	accessible to all.			
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	31/01/2022
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	30/09/2021
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/09/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	30/09/2021

	is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/09/2021