Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Beauvale
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	19 October 2018
Centre ID:	OSV-0002354
Fieldwork ID:	MON-0024279

About the designated centre

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

Beauvale is a six bed community based residential home providing a nurse led service to seven residents. This service promotes good health and encourages community integration. Beauvale consists of a large six bed two-storey house. The house has two sitting rooms, a kitchen/dining area, three shower rooms and two bathrooms and one of which is wheelchair accessible. One of the bedrooms is located in flat to the side of the house. All residents have their own bedroom and reflect the residents' personal taste. Beauvale is located close to community amenities e.g. hospital, health centre, local shops, church, clubs and pubs. The residents in Beauvale have been allocated a key worker and this ensures that all residents have individualised support plans which will develop and encourage their skills and participation in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
19 October 2018	09:20hrs to 12:30hrs	Amy McGrath	Lead

Views of people who use the service

The inspector met with three of the residents who use this service. Residents were observed in their home, and preparing to attend their day service. One resident received an individualised day service from home, and engaged with the inspector on their own terms, with support from staff. Residents appeared comfortable in their home, and staff were responsive to any needs that presented.

Capacity and capability

The purpose of this unannounced inspection was to follow up on actions from the inspection carried out in April 2018, which found significant levels of non-compliance. The provider had satisfactorily implemented all agreed actions in relation to this compliance plan.

The provider had improved oversight by establishing clear auditing systems. The person in charge had implemented, and carried out a range of audits in various areas, including medication, finances, hazard identification, and key worker checklists. These audits were reviewed on a monthly basis by the service manager.

The provider had arranged for a review of fire risks in the centre, and this had been completed by the organisations' fire safety officer. Improved reporting mechanisms also ensured that other risks in the centre were managed appropriately.

Staff had received all mandatory training, as well as training specific to residents' needs, for example, autism, diabetes, and epilepsy training. There were regular team meetings held, and staff were engaged in scheduled supervision and performance development meetings, which further identified training needs.

A roster review had been carried out, and a number of staff had been recruited since the previous inspection. Residents' needs were met by a consistent team of staff, with the appropriate skills and qualifications.

The person in charge was responsible for preparing a monthly report on the running of the centre, for review by a service manager. This report contained data on key areas such as accidents and incidents, risk management, staffing, residents' needs, budgeting, complaints, and training needs. This reporting mechanism ensured that the service manager had sufficient oversight of the quality and safety of the service. This oversight was evidenced by the knowledge demonstrated by the service manager and person in charge throughout the inspection.

Regulation 15: Staffing

The provider had implemented the actions required from the previous inspection. There were sufficient staff, with the appropriate skills and experience, to meet the assessed needs of residents. The person in charge maintained an accurate planned and actual roster.

Judgment: Compliant

Regulation 16: Training and staff development

The actions from the previous inspection had been satisfactorily implemented. All staff had received mandatory training, and additional training was provided where appropriate. The person in charge had conducted a training analysis for all staff.

Judgment: Compliant

Regulation 23: Governance and management

The actions required in relation to governance and management arrangements from the previous inspection had been carried out. There were clear auditing systems in place, as well as more robust reporting mechanisms, which ensured effective oversight of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, that was reviewed at regular intervals. However it did not contain all of the information as set out in Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had developed and implemented policies and procedures for all matters set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The provider had made improvements to the governance and management arrangements, including improved reporting mechanisms, which directly impacted the quality and safety of the service provided. The inspector found that all actions from the previous inspection had been sufficiently implemented. There were improvements made to the risk management procedures, and enhanced audit systems ensured quality of care for residents. There had also been improvements made to the premises, both in general maintenance and decoration, and fire safety.

Residents' needs had been assessed since the previous inspection, and key workers were responsible for ensuring that these remained up to date. The inspector reviewed a key-worker checklist for each resident that had been completed monthly since the last inspection. Healthcare needs were assessed, and support plans developed with input from an appropriate allied health professional. For example, a resident with diabetes had a support plan developed in conjunction with the diabetes clinic, and a record of blood sugar levels was shared with the clinic for review on a fortnightly basis.

Staff had received all mandatory training, including safeguarding vulnerable adults, and positive behaviour support. They had also received additional training in areas such as diabetes, epilepsy and infection control.

The infection control risks had been reviewed, and there was up-to-date guidance for the appropriate storage and cleaning requirements for residents' personal medical equipment. For example, each resident who received oxygen as part of their health management plan, had their own oxygen mask, which was cleaned after use and stored in an individual container.

The provider had made adaptations to a bathroom to ensure that it was accessible to all residents. The house had been painted and redecorated. A ground floor bedroom was made available to a resident who had difficulty mobilising on the stairs, and this had been decorated to the resident's personal preference.

A review of fire safety arrangements had been carried out, and actions outlined in the review had been completed. This included fitting automatic close doors on the kitchen and corridor, and ensuring all doors had cold smoke seals. There were daily,

weekly and monthly fire checks being carried out, fire drills were taking place regularly, and learning from drills was incorporated into resident's individual emergency evacuation plans.

There were arrangements in place to safeguard residents, and all residents had a comprehensive safeguarding plan in place where necessary. Positive behaviour support was provided where appropriate, and positive behaviour support plans were in place for any resident who required one. These plans were developed with input from residents, staff, family members and a behavioural psychologist.

Improved auditing systems ensured that accidents and incidents were monitored, and risks were escalated appropriately. The person in charge maintained a risk register, which was reviewed by the service manager on a monthly basis. Local audits also ensured effective practice in the administration of medication. The person in charge also submitted monthly nursing metrics for review to further enhance oversight in this area.

Regulation 17: Premises

The provider had carried out all actions from the previous inspection. The premises had been painted, and newly decorated. There were modifications made in the bathrooms to ensure that they were accessible for all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Actions from the previous inspection were satisfactorily implemented. The risk register had been reviewed and updated, and the reporting mechanisms had improved to ensure that risks were escalated appropriately. The person in charge had implemented an accident and incident tracker, which identified emergent risks and contributed to the development of risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

The actions required from the previous inspection had been completed. There was a cleaning schedule and checklist in place, which had been completed daily. There were improved storage and cleaning arrangements in place for oxygen masks, as well as other personal medical devices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had assessed the fire safety arrangements and carried out necessary works. All staff had received fire safety training. Residents were taking part in fire drills, and emergency evacuation plans were reviewed to accurately reflect residents' support needs. All actions from the previous inspections had been appropriately implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The actions from the previous inspection had been carried out. There were scheduled medication audits in place, and all staff were appropriately trained to administer necessary medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had satisfactorily carried out the actions from the previous inspection. All assessment of need documents had been reviewed, and updated where necessary, and corresponding support plans contained sufficient information to guide staff practice.

Judgment: Compliant

Regulation 6: Health care

Healthcare management plans had been reviewed, and updated with input from appropriate allied health professionals. Staff had received up to date training to

support residents' health-care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

All actions from the previous action plan had been implemented. Staff had received training in positive behaviour support, relevant to residents' needs.

Judgment: Compliant

Regulation 8: Protection

The actions from the previous inspection had been appropriately implemented. There were safeguarding plans in place for each resident who required support in this area, and these plans contained up to date information and appropriate control measures to promote residents' safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beauvale OSV-0002354

Inspection ID: MON-0024279

Date of inspection: 19/10/2018

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The registered provider has prepared in writing a statement of purpose containing information in Schedule 1 of the regulations, this is available to residents and their representatives. • The registered provider has reviewed and revised the statement of purpose at intervals of not less than one year. • The registered provider has made a copy of the statement of purpose available to residents and their representatives. In response to the area of non-compliance found under regulation 3; The 2018 version of the Statement of Purpose has been updated to reflect information in schedule 1 of the regulations and resubmitted to HIQA on 22/10/2018	

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/10/2018