



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

## Issued by the Chief Inspector

Name of designated centre:	The Birches Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2020
Centre ID:	OSV-0001500
Fieldwork ID:	MON-0029532

## About the designated centre

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

The designated centre provides a residential service to eight residents who have an intellectual disability. All residents attend day services and the centre is staffed by both social care workers and care assistants. There is additional staff deployed in the evenings and at weekends to meet residents' needs and two staff support residents during night time hours on a sleep in arrangement. Each resident has their own bedroom and there is a sitting room and kitchen/dining room for residents' use. The centre is located in a housing estate and is within walking distance of the local town. Transport is provided on a shared basis and residents also have access to public buses and taxis.

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

Number of residents on the date of inspection:	8
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## 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
Tuesday 23 June 2020	11:50hrs to 16:45hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with all eight residents who lived in the centre, several of whom discussed what it was like living there. Residents told the inspector that they were very happy and comfortable with their lives in the centre, that they had good access to activities in the local area, and that they enjoyed their meals. They also said that it was a happy household and that they all got on well together. Residents discussed social outings that they enjoyed such as going out to local hotels, for outings and to the cinema, and they were looking forward to returning to these activities soon. Residents were very clear about who was in charge in the centre. They knew that they could make a complaint or raise any issues of concern with the person in charge or staff. Residents were very happy with the outcome of their complaint about access to transport at weekends.

Some residents did not speak with the inspector, but it was very evident that these residents were happy and comfortable in the company of other residents and staff.

## Capacity and capability

The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. Overall, the provider and management team had addressed the issues that had been identified in the previous inspection report, and had been working to improve quality of life and safety for residents. The person in charge, who was based in the centre, was very familiar with residents' care and support needs and was focused on ensuring that they received a high standard of care.

There were systems in place, such as such as audits and management meetings, to ensure that the service was provided in line with residents' needs. Six-monthly unannounced audits were being carried out on behalf of the provider, although the most recent audit had been carried out remotely. Audits identified any areas where improvement was required, and action plans were developed to address these issues. Any actions arising from the provider led audit had been addressed.

Since the last inspection, a complaint that had been made by a resident had been recorded, investigated and managed in line with the centre's complaints policy. Residents were very happy with the outcome of the complaint and this was recorded.

The provider had developed a contingency plan to reduce the risk of Covid 19 entering the centre, and also for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant.

The person in charge demonstrated a commitment to protecting the health of residents and staff. She also demonstrated a knowledge and understanding of how this is being implemented. This included training in hand hygiene, infection control, use of personal protective equipment (PPE) and provision of a range of up-to-date information and guidance.

Overall there was a good level of compliance with regulations relating to the governance and management of the centre, and the provider and management team demonstrated a commitment to continuous improvement of the service. Since the last inspection improvements to premises, transport arrangements and healthcare assessments had been made.

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. Since the last inspection of this centre the management team had worked to address any issues identified at the inspection. These issues were either resolved or at an advanced stage of completion.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

## Quality and safety

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service. The well-being of residents was promoted and they were kept safe. There was evidence that residents lived in a comfortable environment, had choice, and were involved in meaningful activities that they enjoyed. However, some improvement to infection control guidance, emergency evacuation and care planning was required.

The centre was comfortably furnished and suited the needs of residents who lived

there. Since the last inspection improvements to the centre had been made. Repairs or replacements to windows had been completed as required. Maintenance work to the central heating boiler had been carried out, although the provision of a new boiler in an external location had been sanctioned. Work was also in progress to make an additional communal room available to residents to provide the option of a quiet space or relaxation area.

Although the provider had guidance and practices in place to reduce the risk of infection, some of the guidance required improvement. There were robust measures for the management of Covid-19. These included adherence to national public health guidance, availability of PPE and daily monitoring of temperatures and health symptoms. Furthermore, the centre was maintained in a clean and hygienic condition. However, there was limited guidance available to staff on food hygiene and the management of food related risks.

Since the last inspection the provider had responded to a request raised at a residents' forum meeting about the need for increased transport availability at weekends. A solution had been reached, which was discussed with residents at a later meeting. Residents were very happy with the outcome and very satisfied that it would improve their social options and choices.

The provider had taken measures to improve the assessment of healthcare needs for a resident. During the last inspection of this centre it was found that some aspects of healthcare had not been assessed with a view to establishing plans of care if required. As a response to this, a health and safety issue has been assessed for a resident but did not require the development of a specific plan of care at this time. In response to another identified healthcare issue, a multidisciplinary case review had taken place and assessment was in progress using a multidisciplinary approach. On completion of the assessment, a plan of care to support the healthcare need will be finalised. Refresher training in management of a specific healthcare need had been organised for staff but this had been set back due to Covid 19 restrictions.

The provider had also taken additional precautions to protect the health of residents during COvid 19. Staff were reviewing residents daily for the signs and symptoms of Covid 19, and were monitoring residents' temperatures. All staff who worked in the centre had been tested for Covid 19 and all had received negative test results.

Work has been ongoing in the centre to establish the effectiveness of the emergency evacuation plan for residents. Since the last inspection residents had taken part in day and night time fire evacuation drills. A recent drill gave rise to concern that the building may not be evacuated in a timely manner at night time. The person in charge, management team and staff were taking this very seriously and were exploring the required supports to address this.

## Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, in day service and in the community. However, community based activity had recently been limited due to COVID 19 restrictions and day services had been temporarily ceased. Increased access to transport had been arranged to support residents to take part in social outings and interest at weekends.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, suitably decorated and well furnished.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. Risks specific to individuals, such as falls risks, had also been assessed to inform care practices.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to Covid 19. The centre was maintained in a clean and hygienic condition throughout, hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received relevant training. Improvement, however, was required to the information available to guide staff in food safety management.

Judgment: Substantially compliant

### Regulation 28: Fire precautions



Work was in progress to establish if residents could be safely evacuated from the centre in the event of an emergency. The management team had increased the number of fire drills being carried out in the centre, including drills when residents were sleeping. There were personal emergency evacuation plans in place for each resident and these were being updated based on the outcomes of fire drills involving residents. However, some evacuation plans required further development to reflect the supports required to ensure a timely evacuation at night time.

Judgment: Substantially compliant

## Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from Covid 19. Access to general practitioners and healthcare professionals continued to take place as required. The health needs of residents were assessed with involvement of the relevant health care professionals, such as psychologists. For example, a psychological evaluation had recently been carried out to inform the development of a care plan for a resident with an identified support need. However, this assessment was in still in progress and the development of the plan of care had not yet been completed.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant

# Compliance Plan for The Birches Services OSV-0001500

Inspection ID: MON-0029532

Date of inspection: 23/06/2020

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Centre risk register and associated risk assessment in relation to food safety has been reviewed. Staff have completed E - Learning training on line regarding the importance of food safety. Food Safety Folder is in place containing relevant information for staff including high risk foods, safe food handling practices, guidance regarding reheating and defrosting of food etc. There is a monthly audit tool completed by Person in Charge as part of the Governance and Management of food safety within the centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A Night time/ early morning drill was carried out on the 26/06/2020, all service users and staff evacuated safely. All residents Peep's and the Centre Emergency Evacuation plan were reviewed and updated following the drill. The Centre risk register and associated risk assessment in relation to fire was reviewed and amended accordingly.</p>	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
The resident with specific health care needs had a meeting with the psychologist on the 15/7/2020 and all relevant documentation required for the final compilation of the support plan was completed. The plan will be completed and in place for all staff to read and sign off on by 31/07/2020.

## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	17/07/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	17/07/2020
Regulation 06(1)	The registered	Substantially	Yellow	31/07/2020

	provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Compliant		
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