



**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

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| Name of designated centre: | The Birches |
| Name of provider: | Health Service Executive |
| Address of centre: | Mayo |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 20 July 2020 |
| Centre ID: | OSV-0004910 |
| Fieldwork ID: | MON-0029834 |

About the designated centre

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

This centre provides 24-hour, full-time residential support for adults over 18 years with intellectual disability, including people who may also have mental health issues, behaviour that challenges and complex health needs. The centre can accommodate 24 male and female residents. As part of a de-congregation plan, the service is closed to any further admissions apart from residents who may be currently residing on the campus. The centre consists of six bungalows in a campus setting on the outskirts of a rural town. All residents in the centre have their own bedrooms, suitable communal space and access to garden areas. Residents have access to transport based on their assessed need. Residents are supported by a staff team that includes nursing staff, team leaders, social care workers and care assistants. Staff are based in the centre when residents are present and waking night staff support is provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 18 |
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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 |
|---------------------|----------------------|---------------|------|
| Monday 20 July 2020 | 11:30hrs to 18:30hrs | Jackie Warren | Lead |

What residents told us and what inspectors observed

The inspector met with ten residents who lived in the centre. Some residents did not have the verbal communication skills to discuss the service, but the inspector observed that residents were comfortable together and in the presence of staff. It was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do based on each person's individual abilities and preferences. Although residents' opportunities to do things in the local community were limited due to COVID-19 restrictions, the inspector saw that staff had arranged for residents to take part in varied activities that they enjoyed such as board games, listening to music, gardening, food preparation and going out for walks to get some fresh air. On the day of inspection some residents had also been out for outings and drives. Residents who spoke with the inspector expressed that they were happy living in the centre and that they knew and trusted the staff.

Capacity and capability

The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. The provider and management team had been working to improve quality of life and safety for residents. This included the ongoing planning and arrangements for the phased transition of residents to community residential settings and measures to ensure that residents were safe and enjoyed the best possible quality of life during the COVID-19 pandemic. However, some improvement to staff training was required.

Since the last inspection there had been a change of person in charge of the centre. The current person in charge was suitably qualified and experienced for her role. She was based in an office adjacent to the centre and demonstrated a strong knowledge of residents and their care and support needs.

Six-monthly unannounced audits were being carried out on behalf of the provider. A range of further audits were also being carried out by centre staff including, monthly audits of incidents, complaints, medication, finances and p.r.n. (as required) medication. Audits carried out by the person in charge included quarterly health and safety audits and six-monthly risk audits. These audits indicated a high level of compliance and actions had been introduced to address any identified issues.

There was a variety of staff training and operational policies and procedures to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as hand hygiene and infection control, nutritional evaluation and in feeding, eating, drinking and swallowing. A

range of policies, including schedule 5 policies, were available to guide staff. All policies were up to date and informative. Staff who spoke with the inspector demonstrated a strong knowledge of residents' care and support needs. However, while up-to-date mandatory training had been provided for the majority of staff, some staff had not received all of this training in line with the organisation's own requirements. It was acknowledged that some of this training may have been postponed due to the COVID-19 restrictions.

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 and staff demonstrated a commitment to protecting the health of residents and staff. They 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. Staff had also worked with residents to support their understanding of the restrictions and how it might effect them. A range of information was made available in user friendly format to support residents' understanding of the pandemic.

There were suitable arrangements in place for the management of complaints. Although there had been a low level of complaints, there was evidence that any complaints received had been suitably recorded, investigated and resolved to the satisfaction of the complainant.

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. In addition to ongoing governance arrangements, the provider had developed a robust contingency plan to manage the risks associated with COVID 19. Since the last inspection improvements to premises, behaviour management support records and fire safety auditing had been made.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for her role.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. However, some staff had not received some aspects of

this training as required.

Judgment: Substantially compliant

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.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management, investigation, and resolution of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and the sample of policies viewed were up to date.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems 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 PPE, staff training

and daily monitoring of staff and residents' temperatures and health symptoms. Furthermore, the centre was maintained in a clean and hygienic condition, there was a robust cleaning programme and guidance on cleaning and laundry practice. The person in charge had increased the frequency of cleaning audits and the risk register had also been updated to include risks associated with COVID 19.

The provider ensured that residents' general welfare and development was supported with access to activities that they enjoyed and community integration. The planned transition for residents from this centre to residential community houses was a significantly part of residents' general welfare and development. Staff had been preparing residents for the move through information, increased community involvement, visits to the proposed new residential areas and involvement in household tasks. Whereas meals had once been prepared in a central kitchen, all residents in this centre now had freshly prepared meals cooked in their own dwellings. This provided residents with the opportunity to take part in meal preparation, to choose what they wanted to eat, and to have meals and snacks at their preferred times.

Contact between residents and their families and friends was supported. The provider had protocols in place for the return of visiting to and from the centre in line with national public health guidance. Residents had resumed limited personal contact with family and friends subject to risk assessment and adherence with the required protocols. Staff had arranged for residents to keep contact with their families through phone calls, social media and technology when personal visiting had not been possible during COVID-19 restrictions.

The provider had ensured that suitable measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans and involvement of a psychologist and behaviour support specialist, to support residents to manage behaviours of concern. There were clear protocols around the administration of medication to support residents at times of behaviours of concern and it was found that that such medications were administered and recorded as required. A recent audit of incidents indicated that these interventions were effective as there had been a significant and consistent reduction in incidents arising from behaviour that challenges.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 11: Visits

The provider had protocols in place for the return of visiting to and from the centre in line with national public health guidance. Residents had resumed limited personal contact with family and friends subject to risk assessment and adherence with the required protocols. Staff had arranged for residents to keep contact with their families through phone calls, social media and technology when personal

visiting had not been possible during COVID-19 restrictions.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. However, community based activity had recently been limited due to COVID-19 restrictions, although based on risk assessment most residents had returned to community activity under strict supervision and in line with national public health guidance.

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 sanitising facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges, including protocols for the appropriate use of chemical restraint.

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 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 7: Positive behavioural support | Compliant |

Compliance Plan for The Birches OSV-0004910

Inspection ID: MON-0029834

Date of inspection: 20/07/2020

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff to complete all mandatory training and remain in date with training</p> <ul style="list-style-type: none">• Personal training record introduced for all staff• All staff to be responsible for own training record by completing training record annually to include expiry dates.• This training record to be reviewed in support and supervision meetings at a minimum of three times in the year.• Team leader to complete bi- monthly training needs analysis and actions that are not met will be forwarded to Area Manager.• Training schedule in place for all staff.• Through covid-19, when face to face training cannot take place, online training to be provided to support training needs throughout this global pandemic. <p>All mandatory training to be completed for all staff by 20.09.20</p> | |

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 20/09/2020 |