



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

Issued by the Chief Inspector

Name of designated centre:	Beech Villa
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	07 September 2023
Centre ID:	OSV-0007918
Fieldwork ID:	MON-0031910

About the designated centre

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

Beech Villa provided 24 hour residential care to up to four residents who may have a severe to profound intellectual disability and who may require supports with social, medical and mental health needs. The centre was staffed with a skill mix of nursing staff and care assistants, with two care assistants providing waking night cover to support residents with their needs at night. The centre consisted of a detached single storey dwelling located in a rural area and not far from a large town. Each resident had their own personally decorated bedroom, with two bedrooms having en-suite facilities also. All bathroom facilities were level access. Communal areas consisted of a dining-room, sitting room and kitchen area, in addition to a utility area where laundry equipment was located. There was also a large outdoor area, which contained garden furniture for residents to sit outside and enjoy the garden area. The centre had it's own mode of transport to support residents to access the community in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Thursday 7 September 2023	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector observed that residents enjoyed a good quality of life and they were supported by a kind and considerate staff team.

This was an announced inspection to monitor the quality and safety of care which residents received and the inspector met with all four residents who availed of this residential service on the day of inspection. Residents who lived in this centre had high support needs and they required assistance in many areas of care. Residents were enjoying their breakfast on the morning of inspection and their home was very busy with staff members assisting with eating and drinking and also attending to personal care needs. Although the centre was busy, it had a very pleasant atmosphere and residents also went about their own routines such as watching morning television and also seeking out staff for company and reassurance.

As mentioned above, this was an announced inspection and as part of this process the resident's care needs were reviewed with the centre's person in charge. As part of this review, the person in charge indicated that one resident did not respond well to new faces and they may find the presence of the inspector difficult. On the morning of the inspection, the inspector attended the centre for a short period of time and met with all residents. During this time the above resident exhibited an increase in behaviours of concern so the inspector conducted a documentation review in a separate office space which was operated by the provider. The inspector returned to the centre in the afternoon to review further documentation and also meet with staff and one other resident.

Residents had a good quality of life and they enjoyed daily trips to their local community and surrounding areas. Staff told the inspector that residents enjoyed meals out, visits to the seaside and also attended the local seaweed baths to relax. Residents were also assisted to complete questionnaires in regards to their experience of living in this centre with responses indicating that they enjoyed being part of the local community and they frequently chatted with neighbours, participated in keeping their neighbourhood tidy and also fed a neighbour's horses.

Residents had previously lived in a congregated setting and both staff and management of the centre reported that their move to this community based house had a positive effect on their lives. The person in charge told the inspector how one resident's mobility had greatly improved whereby in the past they traversed their previous home on the ground whereas at the time of inspection they were mobilising by walking some short distances with the assistance of staff. A staff member also spoke about a resident's sensory needs and in particular their love of different tastes and smells. Staff aligned their love of taste and smells with their goals and began a cooking programme which introduced national dishes and cuisine from around the world. The resident's personal plan showed pictures of them preparing and enjoying meals from Asia, Europe, North Africa and Europe and the person in charge stated that opportunity for this level of personal care was limited in

their previous home.

The centre was large and modern with an bright and airy feel. Each resident had their own large bedroom and there were a number of en suites and communal bathrooms for residents' use. Residents had decorated their individual bedrooms in line with their personal tastes and residents had free access to all communal areas which included a large reception room, dining room and a large open plan kitchen/dining area. The centre was well maintained and the person in charge explained that initial discussions were under way to landscape a large garden into either a sensory or community garden which residents could use.

The inspector observed that staff were kind and patient in their approach to care. A staff member sat attentively with a resident while they had breakfast and they chatted casually with them about the day ahead and the importance of having their meal at a slow and steady pace. The other residents appeared relaxed and comfortable with each other and staff members. In the afternoon a staff member sat and had lunch with a resident on the patio while the other residents were out for a trip. The resident was observed smiling and interacting with the staff in a jovial manner and it was clear that they enjoyed being supported by this staff member.

This was a very positive inspection with the care provided held to a good standard. Residents enjoyed a good social life and the provider's support in transitioning residents to a community based house had promoted their overall wellbeing. Two areas of care required some adjustments; however, overall the quality and safety of care was positively promoted.

Capacity and capability

The inspector found that oversight arrangements ensured that residents enjoyed a good quality of life. The person in charge facilitated this inspection and they were found to have a good understanding of the resident's individual care needs and also of the services and supports which were implemented to meet those needs.

The provider had a robust monitoring framework in place in which internal audits were completed on a scheduled basis in areas such as medication management, fire safety, safeguarding, personal planning and health and safety. This framework assisted in ensuring that care would be held to a good standard and that any deficits should be promptly identified. In addition the provider had completed all required audits and reviews as set out in the regulations which had identified some areas for improvement. Any issues which were identified as part of these internal and external reviews were included on the centre's quality improvement plan which ensured that they would be monitored for resolution in line with a pre determined date. The person in charge played an integral part in the oversight of care and they clearly described their own role when auditing care. They described how any identified issues were addressed through the centre's quality improvement plan which assisted in ensuring that the quality and safety of care which residents received was

maintained to a good standard.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members were also supported in their roles as regular team meetings and supervision sessions facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as fire safety, safeguarding and also IPC (infection prevention and control) related training. The person in charge also maintained A review of the rota also indicated that residents were supported by a consistent staff team.

Overall, the inspector found that the oversight measures had promoted the quality and safety of care in many of the regulations that were examined, it was also apparent that the provider was committed to promoting the welfare and wellbeing of residents.

Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the inspector had a good understanding of resident's individual and collective needs.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of team meetings and individual supervision sessions were in place which facilitated the staff team to raise concerns in relation to care practices.

The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could care for the assessed needs of residents.

Judgment: Compliant

Regulation 22: Insurance

The provider had suitable insurance in place as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and a person in charge held responsibility for the operation of the centre. All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified.

The person in charge also had a schedule of internal audits in place in areas such as safeguarding, complaints, residents' finances and medications which assisted in ensuring that care was monitored and maintained to a good standard.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in place at the time of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the wellbeing and welfare of residents was actively promoted. Residents also enjoyed living in their home and they were supported to engage in activities which they enjoyed.

As mentioned in the opening section of this report, residents had previously lived in a congregated setting and they had moved to this centre a number of years ago. It was clear to the inspector that they liked their new home and they freely went about their own affairs on the morning of inspection. Residents who used this service had high support needs and required assistance with personal care, communication, nutrition and accessing their local community. The inspector observed that there were an adequate number of staff on duty to assist residents

with their needs and it was clear that these staff had a good rapport with residents.

Residents enjoyed a good social life and they were out and about in their local communities on a daily basis. On the morning of inspection, two residents enjoyed getting their hair styled by staff in preparation for the day ahead. A review of records showed that residents regularly went to the cinema, discos and for meals out. Residents also celebrated birthdays and seasonal events such as St Patrick's day, Halloween and Christmas.

Each resident had a comprehensive personal plan in place which included an individual "all about me document". This document gave an insight into what was important for each resident with one document containing a family tree, communication needs, likes/dislikes, hobbies/interests and photographs from their past. The inspector found that this was a very meaningful document and the reader got a real sense of the resident and their life journey. Another aspect of this plan was the support which residents received to achieve personal goals. Residents were supported to celebrate significant birthdays, cook and enjoy foods from around the world, go on hotel breaks, attend tourist attractions and have various days out.

The provider promoted fire safety and measures such as fire doors, emergency lighting and a detection and warning system were in place. The provider introduced a fire safety handbook and schedule of checks which assisted in ensuring that fire safety measures were maintained to an overall good standard. Fire drills were also occurring and comprehensive records of these drills were maintained. These records showed that all residents had participated in a drill and that they could be assisted to evacuate the centre across all shift patterns in a prompt manner. Although fire safety was promoted, one fire door was not functioning properly on the day of inspection; however, the person in charge organised for maintenance to attend the centre prior to the conclusion of the inspection to adjust the door and resolve the issue. There was one area for improvement noted in regards to fire containment as one fire door, which had an automatic door closer installed, did not have suitable fire and smoke seals in place. When brought to the attention of the person in charge they were unsure if this fire door was actually required. The inspector found that this required further review by a suitably qualified person.

Overall, the inspector found that residents were supported to enjoy their home and that their wellbeing and welfare were actively promoted.

Regulation 12: Personal possessions

Each resident required assistance with the personal finances and there was a comprehensive system in place to ensure that residents' money and possessions were safeguarded. Each resident had a log of their personal possessions in place which was comprehensive and reviewed as new items were acquired. Money which was spent with and on behalf of residents had detailed receipts of spending maintained alongside accurate cash balances for any money which was held on their

behalf.

Judgment: Compliant

Regulation 17: Premises

The premises was large, modern and it had a homely feel. Each resident had their own bedroom which had an ample amount of lockable storage for resident's personal belongings.

The centre was also well maintained both internally and externally, and residents had free access to the laundry facilities. There was also a suitable number of shared and private bathrooms and toilet facilities for residents use.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by management of the centre. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

The provider also a risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis with risk assessments in regards to safeguarding, road safety and falls in place on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The main communal areas of the centre were clean and well maintained to a visual inspection. Staff were observed to regularly wash and sanitise their hands and hand hygiene was actively promoted in the centre.

The centre was also well maintained and there was a comprehensive cleaning and sanitising schedule in place.

Judgment: Compliant

Regulation 28: Fire precautions

Then provider had fire safety equipment in place such as a detection and warning system, fire doors, emergency lighting and fire fighting equipment. All equipment had a schedule of servicing in place and staff were completing some equipment checks to ensure that they were in working order. Fire drill records also indicated that both residents and staff members could safely evacuate the centre in the event of a fire.

Some improvements were required in regards to fire safety as the provider failed to demonstrate that suitable fire and smoke seals were in place for one fire door.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate medication storage facilities in place and a review of medication administration records indicated that medications were administered as prescribed.

Some improvements were required in regards to a protocol for the administration of a rescue medication as it failed to clarify the timeline for administration following the onset of a seizure. In addition, a protocol for contacting a resident's general practitioner following the refusal of medication required better clarity to guide staff in this area of care.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need completed which was reviewed on a least an annual basis. Resident's personal plans gave a clear outline of their care requirements and it was clear that their needs were met by the resources which were in place.

Residents also had a good social life and they enjoyed community events and daily outings. In addition, residents were supported to identify and achieve personal goals which also enhanced their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy a good quality of health and they attended their general practitioner for scheduled check ups and also in times of ill health. A comprehensive healthcare assessment was also completed by a registered nurse and detailed health care plans were in place for any identified care needs.

Residents were also supported to access the national preventative health screening service.

Judgment: Compliant

Regulation 8: Protection

The centre was a pleasant place in which to live and there were no active safeguarding plans required. Information in regards to safeguarding was clearly displayed and all staff had completed mandatory safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community to engage in areas of personal interest. Residents had their own bedroom which promoted their rights and information on advocacy was readily available in the centre. In addition, all staff members had undertaken rights training and staff who met with the inspector stated that this had a positive impact on the provision of care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beech Villa OSV-0007918

Inspection ID: MON-0031910

Date of inspection: 07/09/2023

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The registered provider will make adequate arrangements for detecting, containing and extinguishing fires. • The registered provider in collaboration with the Fire Protection Company have decided that an additional fire door is required in the kitchen area within this Designated Centre. • The Person in Charge in collaboration with Maintenance and the fire company has agreed a date for fire and smoke seal to be attached to this fire door. To be completed 20/10/2023. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed and updated the protocol for one resident in relation to the administration of a rescue medication. This protocol now clearly outlines the timeframe for administration of the rescue medication following the onset of a seizure. Completed 09/10/2023. • The Person in Charge has reviewed and updated the Protocol and Risk Assessment for one resident in relation to the declining of Medication. The protocol now clearly outlines the procedure for contacting the general practitioner around the refusal of medication. Completed 09/10/2023. • The Person in Charge has ensured that all staff are aware of the additional protocols in relation to the administration of rescue medication and the declining of medication. 	

Complete 09/10/2023.

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	09/10/2023