



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:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0004467
Fieldwork ID:	MON-0036140

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 thirteen 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

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
Tuesday 21 June 2022	09:30hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector visited both houses in the centre, met with residents, staff and had the opportunity to observe the everyday lives of residents in the centre.

The centre comprised of two large bungalows for 13 residents, each of whom had their own bedroom. Both houses were nicely furnished and equipped, and had large outside garden areas, including patio areas and spacious lawns. It was evident that residents were being supported to engage in activities according to their preferences, and that there were sufficient staff on duty to support them. Overall, the centre was a large spacious home for all of the residents, each resident had their own bedroom with suitable facilities. Each house was nicely furnished and equipped, and had large outside garden areas to the front and rear of the houses. It was evident that residents were being supported to engage in activities according to their preferences, and that there were sufficient familiar staff on duty to support them.

On arrival to the centre it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and these were being implemented. There was hand sanitising equipment and masks available in the centre, however improvement was required to the monitoring of this equipment. Visitors were also asked to comply with current guidelines during the visit to this centre. A checklist of information including temperatures and symptom status was maintained for each visitor.

The inspector conducted a 'walk around' house one and then attended house two in the afternoon to complete this process. The centre appeared initially to be visibly clean, however, on closer inspection it was apparent that some areas required attention, and these are discussed later in the report. There were various communal areas, including a large kitchen and sitting rooms and office areas combined. Five residents were present at the time of commencement and the rest were attending their day service programmes in the region. Due to the aging profile in both houses, not all residents communicated with the inspector and some were also engaged in activities with staff but interactions were observed between staff and residents which indicated that staff were familiar with their ways of communicating.

All of the residents' bedrooms were personal to them, and contained their personal items, including photographs and items relating to their hobbies and interests. It was clear that residents kept their own rooms as they chose, with as many or as few personal items as they chose. Their rights were also respected in the communal areas of the houses. There were various areas for them to use, and each resident chose where to spend their time. Each bathroom had sanitising facilities and

products available.

Information about the public health crisis and restrictions had been made available to residents, staff could describe how they supported residents, both during the community restrictions and with current public health guidance. They could explain how they supported residents with mask wearing and social distancing, and how they supported residents to maintain contact with their families and friends in a safe manner. During the public health restrictions various activities had been introduced in the centre which were now continued due to the aging profile in the centre. Some residents were enjoying a return to community activities such as, shopping, walks, attending mass and going out for food.

The provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with their community.

Regular residents' meetings were maintained, and IPC issues were discussed at these meetings, for example hand hygiene was discussed and outings or appointments were discussed. Easy read information had been prepared for residents, for example there was information on hand hygiene through the centres, vaccines and consent which included pictures to assist their understanding.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risk of an outbreak of infection, but that the provider had failed to ensure the environment and facilities were maintained in an optimum condition.

The next two sections of the report outline the findings of this inspection in relation to IPC practices, the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives in relation to infection and control.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge, however, the inspector noted that significant improvements were required in both houses to ensure adherence to infection prevention and control requirements which will be discussed later in the report. Although the identified issues had been escalated by the centre's management , they had not been addressed to date and were under the remit of a separate external housing agency.

The provider had identified a lead in relation to IPC for the services nationally to further enhance their management strategies.Policies and procedures had been

either developed or revised in accordance with best practice. These included policies and procedures relating to visitors, IPC, hand hygiene, decontamination, laundry and waste disposal.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, the inspector found that the plan would be implemented should an outbreak occur in the centre. A centre specific risk assessment had been completed by the provider which included guidance in relation to all expected events in the case of an outbreak of an infectious disease, This document covered deputising arrangements in the event of a shortfall in management cover, a shortfall of in the provision of PPE, the management of staffing and plans for isolation if required.

Staffing numbers were adequate to met the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff training was up to date and included the required training to ensure adherence to current public health guidelines.

Staff had been in receipt of all mandatory training, including the training relating to the current public health care situation. training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up-to-date and regular staff meetings were undertaken. Staff meetings included infection control as a standing item. A handover at each change of shift was maintained and this included reference to COVID-19 and the status of residents.

The inspector spoke with staff members on the day of the inspection who were on duty, and all staff members could describe the current guidelines, and told the inspector additional supports that had been put in place in order to maximise the quality of life or residents. They could describe in detail the support needs for each resident, both during an outbreak, during community restrictions, and currently with a return to more normal activities.

Quality and safety

There was a personal plan in place for each resident which had been regularly viewed. Each personal plan included guidance on the management and prevention of an infectious disease, residents vaccination status, and PPE requirements. They also outlined the steps to be taken for each individual in the event of an outbreak of an infectious disease. They included detailed guidance for staff, both in terms of outbreak management, and the individual needs of residents in terms of activities and personal support in the format of an isolation plan. Regular 'outcomes' or goals were agreed for residents, and these had been updated through the various restrictions to ensure that residents were engaged in meaningful activities. Various

home based activities had been introduced, and were maintained by the staffing team to help alleviate any anxiety or stress within the centre.

There was a personal plan in place for each resident which had been regularly reviewed, Each plan included guidance on the management and prevention of an infectious disease, residents vaccination status and PPE requirements, They also outlined the steps to be taken for each individual in the event of an outbreak of an infectious disease. There had been no outbreak of an infectious disease at the time of the inspection. Furthermore, personal plans also included detailed guidance for staff, in terms of activities and personal support in the event of isolation being required. Regular 'outcomes' or goals were agreed for residents, and these had been updated throughout this pandemic to ensure residents were engaged in meaningful activities.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

Communication with residents had been identified as a priority, and 'easy read' documents had been prepared. Discussions with residents were recorded in their personal plans, and it was clear that they had been supported to understand any necessary restrictions.

The inspector found that some areas in both houses of the centre required attention. This included outstanding actions from the inspection completed in Sept 2021. The provider and person in charge were aware of and had escalated all of the issues that required improvement, however property maintenance was the responsibility of an external housing agency, and the identified actions had not completed at the time of this inspection. These areas included the kitchen and living areas and in bedrooms and en-suites facilities. In most cases these issues were general maintenance and cleaning, but in one room there was evidence of mould to the walls and ceiling. Staff on duty were aware of the mould issues and had submitted maintenance requests but these were yet to be addressed. Furthermore, while a log had been maintained not all jobs in the centre were noted at the the time of the inspection. The inspector found that while hand sanitisers were available in each house, they had no expiry dates evident on the day of the inspection, therefore, no system of checking the product or monitoring its effectiveness. The inspector also noted that effective storage was not organised throughout both houses in the centre, which resulted in a build up of medical equipment, paperwork, PPE, and items such as wheelchairs blocking communal areas. There was a lack of coordination and management of all of the storage areas within the centre. In total 21 actions were identified on the day of the inspection which are outlined in under regulation 27 in the report

The person in charge was not available on the day of the inspection but the person participating in management was available and assisted with the completion of this inspection. They were aware of some of the work required which was delayed due to the agreements in place with the local housing association and the organisation, due to the pandemic and the limited staffing available to support the service in the

county which had led to a backlog of maintenance work which was outstanding at the time of the inspection.

Overall, the inspector found that the oversight of the cleaning systems in place in this centre were effective and monitored appropriately but issues that had been identified from the previous inspection and in provider led audits , had not been addressed satisfactorily at the time of this inspection. There was no clear time-bound plan in place to address all of the issues over the last year and the provider was aware of the challenges with these services as provided by the external housing company who were required to address the issues identified in this report. While the provider was able to show a list of works required they had no correspondence from the housing body illustrating the improvement plans required in this centre.

Staff were engaged in cleaning tasks when the inspector arrived, and there were various checklists in place to ensure that tasks were completed. However, the inspector found that these checklists were not similar in both houses and as a result gaps were noted in house one and as a result this was not an effective monitoring tool as the systems were not consistent throughout the centre.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-10 vaccines.

Regulation 27: Protection against infection

While various structures and processes were in place to ensure the safety of residents in relation to IPC, a list or required works in relation to IPC is listed below. The provider was aware of most of the work required but was reliant on the housing committee to address these issues, there was no time-bound plan in place.

House 1 actions required:

- Four en-suite bathroom doors were observed to have paint lifting, wood swelling and paint worn at the bottom of these doors
- Hand sanitisers did not have clear expiry dates and one bottle did not dispense effectively.
- Two leather chairs had marks and discolouration evident which did not promote effective cleaning
- Cleaning checklists were not monitored effectively by the management team.
- Storage arrangements required improvement as kitchen area used for storage of house files and documentation

- Painting was required throughout the centre.
- Dust, cobwebs and various debris were noted in communal areas.
- The provider had not completed actions in relation to improvements required in the premises following the last report completed in September 2021.
- Kitchen required improvements due to lack of storage, scuff marks on cabinets and doors not closing effectively

House 2 actions required:

- Damp and mould were observed on one bedroom's ceiling four bedrooms - Discoloration and water damage to laminate flooring connecting bathrooms - Ensuite bathrooms had several cracks on the tiled area, and the blind fittings were also rusted in the same en-suites.
- there was no expiry date evident, it required staff, residents and visitors to handle the bottles and one bottle did not dispense effectively.
- Painting was required in communal areas primarily, but also in some residents' bedrooms and en-suite areas.
 - The provider had not completed actions in relation to improvements required in the premises following the last report completed in September 2021.
 - A bath was observed to have dust and debris and a smell of damp was noted, where a chair lift was installed this had not been appropriately maintained to ensure its working condition - Storage arrangements required improvement as communal sitting areas were used to store unused aids and adaptations and medical equipment

Judgment: Not 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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Birch Services OSV-0004467

Inspection ID: MON-0036140

Date of inspection: 21/06/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A meeting has been held with the External Housing Agency, and a time bound plan has been agreed for the completion of the outstanding maintenance work in the centre.</p> <p>Some works outstanding have already been completed, including replacement of the flooring in the kitchen/dining area in House 2 – 1/07/2022</p> <p>Deep cleaning of ensuites completed on 18/7/2022</p> <p>Hand sanitizers have been replaced with automatic dispensers, with expiry dates clearly displayed. 20/7/2022</p> <p>A new office has been allocated in House 1, all paperwork will now be stored in a secure location by 01/09/2022, when fit out it complete.</p> <p>Unused medical equipment has been returned to the Supplier, hence freeing up communal areas-13/7/2022</p> <p>All cleaning checklists have been revised to include all dusting, and to ensure consistency and effective monitoring across the Centre - 4/7/2022</p> <p>A full refurbishment of the kitchen/dining area has been planned, completion by 1/03/2023.</p> <p>Bedroom floor with discoloration and water damage will be replaced by 1/10/2022</p> <p>Damp and mould will be treated and room painted by 1/10/2022</p> <p>Cracked tiles in bathroom and blind fittings will be replaced by 1/01/2023</p> <p>Painting throughout the centre, to include People supported bedrooms, is scheduled for completion by 1/01/2023.</p> <p>Recruitment for a Person in Charge for this Centre has commenced. This person will have sole responsibility for this Centre with half time Governance and Management hours to ensure effective oversight and monitoring of this Centre – 20/7/2022</p> <p>A new online Maintenance system (Flex) has been introduced, all maintenance will be logged at source and can be tracked by all interested parties responsible for completion</p>	

of maintenance works.

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.	Not Compliant	Orange	01/03/2023