



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

## Issued by the Chief Inspector

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| Name of designated centre: | Birchwood                |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Wexford                  |
| Type of inspection:        | Announced                |
| Date of inspection:        | 15 January 2025          |
| Centre ID:                 | OSV-0006452              |
| Fieldwork ID:              | MON-0037109              |

## About the designated centre

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

Birchwood is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a community residential service for up to three adults with a disability. The centre is a detached dormer bungalow set on its own grounds in a rural setting in County Wexford. It is located within a short distance of local facilities and amenities. The centre comprises of a sitting room, dining room/kitchen, utility room and three individual resident bedrooms. Upstairs consisted of an office, staff room and storage rooms. There was a garden for residents to avail of if they wished. The staff team consists of a Clinical Nurse Manager (CNM) 1, staff nurses and multi-task workers. The staff team are supported by the person in charge.

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

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| Number of residents on the date of inspection: | 3 |
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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 (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 |
|---------------------------|----------------------|--------------|------|
| Wednesday 15 January 2025 | 10:00hrs to 16:30hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was completed by one inspector over one day.

The inspector had the opportunity to met with the three residents in their home throughout the inspection as the they went about their day. The inspector found that the residents received good quality of care and support in this designated centre. The residents used non-verbal methods of communication and the inspector endeavoured to determine their views through observation of non-verbal communication, monitoring care practices, speaking with staff and local management and reviewing documentation.

On arrival to the centre the inspector met with the three residents in the kitchen as they enjoyed a cup of tea. The residents appeared comfortable and relaxed in the presence of the staff team and management. The inspector observed residents as they went about their morning. For example, one resident was observed spending time in the kitchen writing in their notebook, reading their magazine and interacting with the staff team. A second resident was observed moving between watching TV in the sitting room and sitting down in the kitchen while a third resident relaxed in their room. Later in the morning, the three residents left the centre to go on a planned trip to Kilkenny for a walk and have lunch out.

The inspector carried out a walk through of the house accompanied by the person in charge. The house was a dormer bungalow which consisted of a sitting room, kitchen/dining room, utility room and three resident bedrooms (all of which have en-suite facilities). Upstairs consisted of an office, staff room and storage rooms. The inspector found that the centre was decorated in a homely manner with resident personal belongings and pictures of the residents and their family. In general the house was clean, well maintained and in a good state of repair.

The inspector also reviewed three questionnaires completed by the residents with the support of staff. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place

impacted on the quality and safety of the service being delivered.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined management structure in place. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and one other centre operated by the provider. They were supported in their role by a CNM1 and the staff team. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the residents needs and actions taken to address areas identified for improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff who met with the inspector had a good understanding of the residents needs and also of the procedures which promoted their safety, welfare and well being. In addition, staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as safeguarding and escalation and intervention techniques.

Overall, the inspector found that a good standard of care and support was provided to the residents.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the Regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for the day-to-day operation of one other designated centre operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by a CNM1 in this designated centre. The person

in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection the centre was operating with one Clinical Nurse Manager (CNM) 1 vacancy and one staff on approved leave. The inspector was informed recruitment was underway for the CNM1 position and the roster demonstrated that where cover was required regular agency or relief staff panel was in place. This ensured continuity of care and support to the residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The three residents were supported during the day by three staff members. At night, two waking night staff supported the three residents.

A sample of staff files were reviewed which found that they contained all of the information as required by Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was demonstrable that the staff team had up-to-date training in fire safety, manual handling, safeguarding and de-escalation and intervention techniques. In addition, the staff team had completed training in human rights and assisted decision making.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

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| Judgment: Compliant  |
| Regulation 22: Insurance   |
| <p>The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the building, contents and the residents property was insured.</p>   |
| Judgment: Compliant  |
| Regulation 23: Governance and management   |
| <p>There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. The person in charge reported to an CNM3 and Assisted Director of Nursing, who in turn reports to the Director of Nursing. The staff team were clear on who they reported to and who was available to speak to should they have a concern.</p> <p>The person in charge was responsible for two designated centres and effective oversight and management systems were in place. For example, a CMN1 was in place in this designated centre to support the person in charge carry out their duties.</p> <p>There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the six-monthly provider visits and the annual review 2024. The annual review included evidence of consultation with the residents and/or their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas for improvement in areas of the premises including flooring and fencing in the garden. There was evidence that these had been addressed or were in an advanced stage of being addressed.</p> |
| Judgment: Compliant  |
| Regulation 3: Statement of purpose   |
| <p>The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document</p>  |



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| that details the service to be provided in the centre and details any charges that may be applied.  |
| Judgment: Compliant   |
| <b>Regulation 31: Notification of incidents</b>   |
| The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for a seven month period and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.   |
| Judgment: Compliant   |
| <b>Quality and safety</b>   |
| <p>Overall, the inspector found that the service provided person-centred care and support to the resident in a homely environment.</p> <p>The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. Records demonstrated that the resident was supported to lead an active life and engage in meaningful activities. The residents appeared happy comfortable and content living in this centre and in the presence of the staff team. The inspector observed that the person in charge and staff team responded respectfully to the young person at all times and were caring and familiar with their individual needs.</p> <p>There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills.</p> |
| <b>Regulation 13: General welfare and development</b>   |
| The three residents in this service did not attend a formalised day service or work during the day and are reliant on the staff team to support them with activation and accessing the community. The inspector reviewed personal goals and one month of activity records for the three residents. Overall, there was evidence of social activities for residents which included accessing the community and supporting the residents with goals in line with the interests of residents. The inspector was   |

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| informed that the residents had access to day service programme on a seasonal basis in line with their interests.  |
| Judgment: Compliant  |
| <b>Regulation 17: Premises</b>   |
| The designated centre was designed and laid out to meet the needs of the residents. Overall, the designated centre was decorated in a homely manner and generally well maintained.   |
| Judgment: Compliant  |
| <b>Regulation 26: Risk management procedures</b>   |
| The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.  |
| Judgment: Compliant  |
| <b>Regulation 28: Fire precautions</b>   |
| There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. |
| There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.   |
| Judgment: Compliant  |
| <b>Regulation 29: Medicines and pharmaceutical services</b>  |
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| <p>The provider had appropriate systems in place for the receipt, storage and administration of medications. The inspector found that medication practices in this centre were held to a good standard at all times. There was secure storage in place for medication. The provider had completed self-medication assessments for each of the residents.</p>   |
| <p>Judgment: Compliant</p>   |
| <p>Regulation 5: Individual assessment and personal plan</p>   |
| <p>The inspector reviewed the three residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs, supports and goals. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.</p>   |
| <p>Judgment: Compliant</p>   |
| <p>Regulation 6: Health care</p>   |
| <p>The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social care professionals as required.</p>   |
| <p>Judgment: Compliant</p>   |
| <p>Regulation 7: Positive behavioural support</p>  |
| <p>Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry as required.</p> <p>There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.</p> |

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had up-to-date safeguarding training and staff spoken with demonstrated appropriate knowledge on the systems for reporting a concern. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Weekly meetings were held with residents which discussed plans and activities for the upcoming week. In addition, the provider had developed consent indicators for each resident. This supported the staff team to recognise when a resident may communicate non-verbally that they did not consent or consented to an activity or practice. The staff team were also supported to completed training in human rights and assisted decision making.

Some areas of practice for further review were discussed over the course of the day including the use of plastic aprons at mealtimes and information on display in public areas. The person in charge had plans in place to review same.

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  |
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| <b>Capacity and capability</b>   |           |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge   | Compliant |
| Regulation 15: Staffing  | Compliant |
| Regulation 16: Training and staff development                                      | Compliant |
| Regulation 22: Insurance   | Compliant |
| Regulation 23: Governance and management   | Compliant |
| Regulation 3: Statement of purpose   | Compliant |
| Regulation 31: Notification of incidents   | Compliant |
| <b>Quality and safety</b>  |           |
| Regulation 13: General welfare and development                                     | Compliant |
| Regulation 17: Premises  | Compliant |
| Regulation 26: Risk management procedures  | Compliant |
| Regulation 28: Fire precautions  | Compliant |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant |
| Regulation 5: Individual assessment and personal plan                              | Compliant |
| Regulation 6: Health care  | Compliant |
| Regulation 7: Positive behavioural support   | Compliant |
| Regulation 8: Protection   | Compliant |
| Regulation 9: Residents' rights  | Compliant |