



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

Issued by the Chief Inspector

Name of designated centre:	Bayview
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	10 January 2023
Centre ID:	OSV-0007818
Fieldwork ID:	MON-0030244

About the designated centre

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

Bayview provides a full time residential service for four residents who are over 18 years of age and have a intellectual disability. Bayview consists of a spacious ground floor bungalow. Each residents has their own bedroom, two of which are en-suite. This centre is located in a rural area close to a busy town. Care is provided by a team of staff which includes nurses and healthcare assistants. Waking night support is provided.

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
Tuesday 10 January 2023	09:00hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day and during this time, the inspector spoke with the residents and met with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Bayview is a spacious bungalow located in a rural location and surrounded by open countryside. Residents had access to dedicated transport and it was a short drive to the nearest town. The designated centre was a modern build home. The entrance was bright, spacious and welcoming. There was a well equipped kitchen and a separate dining room nearby. There were two sitting rooms provided. One at the front of the property which was cheerfully decorated with pictures and photographs. The second sitting room was located at the rear of the property. It had a large television and staff told the inspector that this was used as a 'cinema room'. There was a small desk in this room which was used to store residents' files and for the completion of administrative tasks. The main office was located in the garage space. This was an action required from a previous inspection and was completed by the provider. Each resident had their own bedroom, two of which were en-suite. A spacious bathroom with a wet room space for showering was provided for the use of the other residents.

There were four residents at this designated centre on the day of inspection. On arrival, the residents were enjoying breakfast in the dining room. They spoke with the inspector about time spent at home at Christmas and time spent with family members. One resident was observed joking with a staff member and they laughed cheerfully together. Other residents spoke about their preferred daily activities which included attending planned community based activities such as a local women's group and a 'social farming' activity. Other outings were planned by residents at their residents' meetings and on a day to day basis depending on what they choose to do. The inspector met with a staff member who had the responsibility for co-ordinating activities on the day of inspection. Activities included trips to the library, aqua aerobics and doing yoga classes. Residents had a range of communication styles and it was evident that the staff on duty knew the residents and their communication needs very well. Interactions between residents and staff were observed to be kind, caring and respectful.

Later that morning, two residents invited the inspector to visit their bedrooms. They were observed to be warm, comfortable and cheerfully decorated. One resident spoke briefly with the inspector. They said that they liked their bedroom and that they were happy in their home. They told the inspector that they felt safe and if they felt worried at any time that they could speak with staff.

Shortly afterwards, the residents left the designated centre to attend community activities and to go out for lunch. Later that afternoon, one resident returned earlier than the others. They were observed completing chores in the kitchen with the support of a staff member. They told the inspector that they enjoyed their day in the local town.

In general, the inspector found that this service provided a good quality and person-centred service to residents. However improvements with the system used for staff supervision, the site specific audits and with the arrangements in place to prevent and control the spread of infection would further add to the quality and safety of the service provided.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. However improvements with the system used for staff supervision and the site specific audits used would further add to the quality and safety of the service provided.

The management structure consisted of a person in charge who reported to the acting director of nursing. The person in charge had responsibility for the governance and oversight of three designated centres in total. They were supported in their role by a clinical nurse manager grade 1 (CNM1). These support hours were reduced by 50% recently. However, the inspector met with the disability manager who took time to attend the feedback meeting at the end of the inspection. They told the inspector that a recruitment campaign for additional CNM1 hours was in place. The person in charge had recently returned from a period of leave. They were found to be skilled, experienced and suitable for the role held.

The provider had a statement of purpose which was available for review. It was revised in December 2022 and updated to reflect the changes outlined above in relation to the CNM1 post.

The staffing arrangements in place were reviewed as part of the inspection. The roster was reviewed and the inspector found that it was well maintained and provided an accurate account of the staff present at the time of inspection. The number and skill mix of staff was found to meet with the assessed needs of the residents. Night time staffing arrangements included two waking night staff, usually one nurse and one healthcare assistant. At times, the night time arrangement was found to comprise two healthcare assistants. This was dependent on the needs of

the residents staying at the centre at that time and a risk assessment was in place. Where additional staff were required they were provided by an agency. The person in charge said that these staff members were familiar with the residents and the service and therefore consistency of care was provided. When the person in charge was not available, an on-call system was in place. This was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. A sample of training records reviewed demonstrated that staff members had completed the mandatory and refresher training as required. Agency staff members were included in this review. A formal schedule of staff supervision and performance management was in place and meetings were up to date for the staff team, the CNM1 and the person in charge. However, the inspector found that the supervision records maintained were generic and not specific to each staff member. This required review.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. A previously outlined there was a recent reduction in the CNM1 hours, however a plan was in place to address this. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and a new audit schedule was used to assist with planning. Audits included monthly checks on fire safety and medication management, bi-monthly care plan checks and quarterly audits on complaints and restrictive practice. In addition, there was a list of audit that were specific to the service. For example, a resident compatibility audit and a falls audit. However the falls audit was not yet in place and therefore not completed as identified. The unannounced six monthly audit was completed in October 2022 and the annual review was up to date. A quality improvement plan (QIP) was in place which provided a list of actions required to improve and enhance the service provided.

Overall, the inspector found good management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, some improvements were required to ensure full compliance with the regulations in relation to staff supervision arrangements, site specific audits and infection prevention and control measures would further enhance the service provided.

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated. The roster was reviewed and the inspector found that it was well maintained and provided an accurate account of the staff present at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place however, the following area required improvement;

- to ensure that supervision meetings provided were individual and specific to each staff member attending.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and a new audit schedule was in use to assist with planning. The following areas required improvement;

- to ensure that site-specific audits were in place as per the providers audit schedule
- to ensure that the additional CNM1 support hours are in place in order to support the role of the person in charge

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Bayview was safe and person-centred, where residents' wishes and rights were respected. However, further improvements were required to ensure full compliance. These related to improvements in relation to infection prevention and control measures in place. These will be expanded on later in this section of the report.

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. A key working system was in place and each resident had a personal-centred plan. These were found to be up to date and available in accessible format. As previously described residents were actively involved in their local communities through a range of formal classes and informal activities. One resident who recently came to live at the service was reported to have gradually returned to the swimming pool and seemed to enjoy this. Longer trips took place from time to time. These included trips to music concerts in the local area and to Dublin during the summer months. Another resident wanted to go on a hotel break with their family member and plans were in place to arrange this.

Residents that required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example, a resident's communication profile was reviewed. It was found to be comprehensive and included a recent report from a speech and language therapist. Another resident was referred for occupational therapy support in accordance with a seating need identified. Access was also provided to dietetics, physiotherapy and chiropody.

Residents that required support with behaviours of concern had a positive behaviour support plan in place. A sample plan reviewed showed that it was recently reviewed by the positive behaviour support specialist. The strategies recommended were discussed with staff. The inspector found that recommendations made were in place as advised, were followed by staff and were reported to be supportive and working well. Restrictive practices were used in this centre. A restrictive practice log was in place and those used were found to be the least restrictive for the shortest duration necessary. Restriction such as chemical restraint were under ongoing review and their use was reduced.

Arrangements were in place to prevent and control the spread of infection and to manage associated risks including the risks presented by COVID-19. The inspector found a safety pause system as the front entrance, which included a hand hygiene

station and a safety check. All staff had training in hand hygiene and were observed to be practicing hand hygiene at appropriate intervals during the day. The provider had an updated contingency plan system in place which was site specific and reported to be working well. The local infection prevention and control team, which included the IPC link nurse, visited the centre recently in order to advise and support staff. In addition, residents had a person centred COVID-19 support plan which identified the isolation plan for use if required. This centre experienced a COVID-19 outbreak during 2022. The inspector found that a post outbreak review meeting had taken place and the minutes were available for review. Furthermore, risk assessments were reviewed and updated with improved control measures if required. However, the inspector found that the arrangements in place for the storage of cleaning equipment such as mops, required reviewed.

The provider had effective management systems in place to reduce and manage the risk of fire in the designated centre and adequate arrangements were in place to detect, contain and extinguish fires. Actions from the previous inspection in relation to fire extinguishers and an additional escape route were reviewed by the inspector. These were found to be updated and put in place as required. From the sample of training reviewed, all staff had up-to-date fire training provided. A named person was in nominated to oversee the monitoring systems in place and to act as fire officer. Staff carried out a fire alarm and fire door check on the day of inspection. This found that one fire door was not closing completely. This was repaired in full on the day of inspection and prior to the inspector's departure.

In summary, residents at this designated centre were provided with a good quality and safe service, where their preferences and rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, some improvements were required to ensure full compliance with the regulations in relation to staff supervision arrangements, site specific audits and infection prevention and control measures would further enhance the service provided. This would further promote the quality and safety of the service provided.

Regulation 27: Protection against infection

Arrangements were in place to prevent and control the spread of infection and to manage associated risks including the risks presented by COVID-19. Staff had training in infection prevention and control. The provider had a site specific contingency plan in place along with resident specific isolation plans.

The following areas required improvement;

- the arrangements in place for the storage of cleaning equipment such as mops and buckets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective management systems in place to reduce and manage the risk of fire in the designated centre and adequate arrangements were in place to detect, contain and extinguish fires. From the sample of training reviewed, all staff had up-to-date fire training provided.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident that required support with behaviours of concern had a positive behaviour support plan in place and the support of a positive behaviour support specialist was provided. Restrictive practices were used in this centre. A restrictive practice log was in place and those used were found to be the least restrictive for the shortest duration necessary.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Bayview OSV-0007818

Inspection ID: MON-0030244

Date of inspection: 10/01/2023

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 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>To ensure compliance with Regulation 16 the following actions have been undertaken:-</p> <ul style="list-style-type: none"> • Each staff member will have a supervision/ performance development meeting yearly or sooner if required. A schedule has been developed and the following will be included as part of the supervision and recorded: <ul style="list-style-type: none"> · Each meeting will be individualised for the staff member. · The meeting will identify the roles and responsibilities of the staff member. · Actions will be identified and documented with an agreed timeframe for completion. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with regulation 23 the following actions will be undertaken;</p> <ul style="list-style-type: none"> • Site specific audits are in place in the Centre. The First Falls Audit for 2023 has been undertaken and there is a plan in place for the year ahead with agreed scheduled dates in line with the plan. • Actions from this audit have been transferred to the Centre’s Quality Improvement Plan with an identified timeframe for completion. • Any future site specific audits will be added to the schedule with identified dates for 	

completion.

- The CNM1 vacancy 0.5 wte has been approved by Senior Management. This vacancy has been referred to the Human Resources Department for recruitment. This will be completed by 31/03/2023.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

To ensure compliance with Regulation 27 the following actions will be undertaken;

- The storage of cleaning equipment such as mops and buckets has been moved to an alternative area in the garage.
- Guidance regarding storage has been communicated to all staff and included on the centres cleaning schedules.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2023
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	Substantially Compliant	Yellow	11/01/2023

	prevention and control of healthcare associated infections published by the Authority.			
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