Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beechgrove
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	18 July 2024
Centre ID:	OSV-0004703
Fieldwork ID:	MON-0038760

About the designated centre

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

This designated centre provides residential support to adults with either intellectual disabilities (both male and female) over the age of eighteen years. The centre provides 24 hour care and currently can accommodate up to four adults. The centre is a bungalow in close proximity to the nearest town. There is a spacious well laid out garden area. residents have access to transport as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Thursday 18 July 2024	10:30hrs to 16:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

During the course of the inspection, the inspector spoke to the person in charge, the person participating in management and all four of the staff members on duty on that day, reviewed documentation and made observations throughout the day on the daily lives of residents.

There were four residents living in the centre, and on arrival at the designated centre, the inspector found that two of the residents had gone out for activities, and two were still at home, one engaged in a table top activity, and the other being supported by staff in their morning personal care.

It was immediately clear that there was a good relationship between staff and residents, and the inspector observed interactions which indicated staff knew residents well, and communicated with them in ways that the residents preferred. One of the residents enjoyed some banter with staff, and although the resident did not communicate verbally, the inspector observed their response to staff, including gestures and vocalisations that indicated that they were enjoying the interaction.

The inspector conducted a 'walk around' of the designated centre, and found that it was spacious and well maintained. There were sufficient shared spaces and personal spaces to meet the needs of residents. There was a spacious garden which had been developed into a pleasant outside area with an emphasis on accessibility, with a non-slip pathway to the furnished garden areas, and one of the staff explained to the inspector the ways in which this had been developed to meet the sensory needs of residents.

There was a cabin which had been developed as a sensory room for residents. This room had soft furnishings, art work and sensory lighting and was used for various activities including beauty treatments and massages.

Each resident had their own room, and there were sufficient bathroom facilities to meet the needs of residents. There was equipment in the bathroom areas and in the bedrooms in relation to the mobility needs of residents.

Later in the day the two residents who had been out returned to the house. One of them took the inspector by the hand to show them their room, and chatted about their morning outing, talking about their enjoyment of the cappuccinos they had. The other resident said that there were too many people and chose not to engage with the inspector, and this was respected.

The inspector reviewed the records that were maintained in the activities of each of the four resident, and these records indicated that residents were involved in

multiple different activities in accordance with their preferences. The records included information about the reaction of each resident to the activities, sometimes detailing non-verbal responses, for example, 'the resident joined in the singing' following a sing-along with staff, or 'the resident was vocalising and settled during the activity'.

Staff had all received training in human rights and assisted decision making, and discussed with the inspector some of the ways in which they ensured that the voices of residents were heard. They spoke about ensuring that residents had choices in their activities, clothing and meals and snacks. They mentioned the importance of treating every resident with respect and allowing time for each of them.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents.

All the required documentation was in order, including the directory of residents, and all the required notifications had been submitted to HIQA within the expected timeframes.

Residents and their families and friends were supported to raise any issues or to make complaints, and there was a clear complaints procedure which was available in an easy read format.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. They had oversight of two designated centres, and spent approximately half of their time in this centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

The inspector spoke to the person in charge and four staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents.

The inspector reviewed three staff files and found that they contained all the information required by the regulations, including current garda vetting.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, behaviour support and infection prevention and control. Additional training had been undertaken in relation to the specific support needs of residents including the support of people with autism, dysphagia and the management of some healthcare issues including recurrent infection.

There was a schedule of supervision conversations maintained by the person in charge, and these conversations took place twice a year. The inspector viewed three of these records, and saw that there was a review of personal developments, a discussion of any issues raised, and a record of positive feedback about aspects of each staff member's practice.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to residents, and it identified areas for improvement. Any required actions that had been addressed and were complete, for example the kitchen had been refurbished, a bathroom had been re tiled, and improvements had been made to positive behaviour support plans.

There was a monthly schedule of audits in place including audits of care planning, finances and complaints. Quarterly audits included infection prevention and control (IPC), medication management and restrictive practices. The audits included comments about the evidence to support the findings, and where no failings were identified actions related to maintaining good practice, for example the report of the IPC audit included an action that staff were to be reminded to monitor their training to ensure that it remained current.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. A monthly synopsis of any incidents was prepared, and the inspector reviewed that synopsis and the incident reports for the month prior to the inspection. All incidents or near misses were appropriately recorded, and any required actions as immediate follow up or to prevent recurrence were identified.

Regular staff meetings were held, and a record was kept of the discussions which included human rights, safeguarding, complaints and a review of each individual resident. At each meeting a 'policy of the week' was discussed. Staff were required to sign the records of the meetings, and the person in charge had recently improved the sign of system following shared learning from an inspection of another designated centre operated by the provider.

A quality improvement plan was in place which amalgamated the required actions from all the processes mentioned here, and all actions remained open in this document until complete. It was clear that there was effective monitoring and oversight of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were submitted to HIQA within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. Any complaints were recorded and remained open until resolved. The records were clear and included the steps taken to resolve the issue, and the satisfaction of the complainant. There were no current complaints.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and all identified risks had effective management plans in place.

The rights of the residents were well supported, with only minor improvements in the documentation being required. Staff were knowledgeable about the support

needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicate. This was clear from the observations made by the inspector during the course of the inspection and from discussions with staff. For example, one of the staff members spoke about the way one of the residents would 'light up' if a suggestion appealed to them, and would vocalise if it did not appeal to them. They explained that this vocalisation might take place even where the resident had agreed to an outing, but might change their mind when they got to the front door.

There was a 'communication passport' in place for each resident, but these documents lacked sufficient detail as to inform staff, and there was a reliance on the knowledge of familiar staff. For example, the guidance in one of these documents was 'I will use facial expressions and body language', but did not include any further information as to how to interpret this non-verbal communication. However, the inspector found that this issue had already been identified, and that a new policy had been developed, and that a new passport was under development. The inspector was therefore assured that communication with residents was given high priority, and was under continual review.

There were social stories in place to assist residents' understanding, for example around decision making, and in relation to hospital visits. This strategy had been used to good effect with a resident's decision around end-of-life planning, as described under regulation 6 of this report.

It was clear that communication with residents was well managed, and that any shortfalls had been identified and were being acted on.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

There was a monitored system of personal planning, and the inspector reviewed two of the person centred plans in detail. Goals were set for residents, for example there was a goal for one of the residents whereby they would be involved in the further development of the sensory garden of their home, and a plan towards achievement of the goal. The plan included a scheduled visit to an established sensory garden of another service, with the aim of supporting the resident's particular preference to

touch and smell garden items, and to support their choice in these items for their own garden. The inspector saw the notes kept on progress towards this goal, which were person centred and based around the preferences of the resident.

Another resident had been supported in activity sampling, and various activities were introduced to them. One of the new activities was involvement in an art class in the local community, which was very successful and had become a weekly activity. Some examples of the artwork they were proud of were displayed around their home. Following the success of this activity the resident had a new goal of displaying their artwork in an art exhibition, and one of the steps towards this goal as an outing to an art gallery so that the resident could learn what would be expected from an exhibition. The resident had gone on to create a newsletter about their progress towards this goal, and had devised the invitation list for their planned exhibition.

The inspector reviewed the daily notes of all four residents, and was assured that each resident was well supported in choosing activities, and in making their own decisions in this regard.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. This risk register was kept under regular review, and the last review had been undertaken by the person in charge two weeks prior to this inspection.

There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system the use of equipment, behaviours of concern and the requirement for continual training.

Individual risk assessments included the risks relating falls and behaviours of concern. The inspector reviewed the management plans relating to these two issues and found detailed documents outlining the guidance to staff to mitigate the risk.

Staff could identify the main risks in relation to ensuring the safety of residents, and described their role in mitigating these reeks, for example the risk of fall for one of the residents, and the risks associated with behaviours of concern for another.

The inspector was assured that control measures were in place to mitigate any identified risks in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate.

All staff had received training in fire safety, and this included on-site training in the use of the equipment in the centre.

Staff accurately described the ways in which to support each resident to evacuate in the eventuality of an emergency, in accordance with the information in the Personal evacuation plans.

These discussions and the documentation in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

There were clear and detailed healthcare plans in place for all of the identified healthcare issues. The inspector reviewed three of these plans, in relation to catheter care, percutaneous endoscopic gastrostomy (PEG), and diabetes. The plans included sufficient detail as to guide staff, and the implementation was recorded daily.

Staff spoke about the healthcare needs of residents, and their role in supporting optimal health, including the mental health for some of the residents, and could describe their role in implementing healthcare plans.

Where a resident was undergoing a deterioration in mental health, there was a clearly defined and documented underlying cause which was under continuous review, and the person in charge had undertaken to bring forward a routine appointment to ensure that the resident had the necessary support.

One of the residents' had an end-of-life care plan, and all efforts had been made to ensure that their voice was heard. A DNAR (do not attempt resuscitation) order was in place, and the consent of the resident had been sought in a meaningful way. The resident had been introduced to videos of resuscitation, and a social story had been developed to assist their understanding of this complex issue. The resident had consented to this order and asked that staff 'say a wee prayer'. It was clear that the

decision around the order had not been taken lightly, and that the co-morbidities of the resident had informed the decision. Staff, members of the multi-disciplinary team, and more importantly, the resident, all agreed that the order was in the best interests of the resident. The order was reviewed every six months with the resident.

Residents had been offered age appropriate healthcare screening, and these screenings had been either undertaken, or considered and ruled out. Vaccination records were maintained and were up-to date.

Residents had good access to members of the MDT, for example where a resident had more than one fall, although no injuries had been sustained, a thorough review of incidents had included the input of various members of the team including occupational therapist, the physiotherapist, the diabetes consultant and the general practitioner. Various monitoring systems had been put in place, including checking for infections.

It was evident that residents had access to healthcare supports as required, and that their wellbeing was kept under constant review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on an assessment of needs and which were regularly reviewed.

Proactive strategies were clearly identified, and all staff were aware of these strategies, and were able to describe the actions that might increase or reduce the likelihood of behaviours of concern. For example, they outlined the need to make discreet observations of one of the residents so as to monitor them without triggering any behaviours of concern. They were also aware that a change in presentation of another resident might indicate the recurrence of an on-going healthcare issue.

Reactive strategies were clearly documented, and included a description of the potential presentation of residents and how staff should respond.

Where there were some restrictions in place to ensure the safety of one of the residents, they were kept under constant review, and were the least restrictive available to manage the risk. There was evidence of restrictions being reduced or discontinued when it was safe to do so. For example, a change in the condition of one of the residents had meant that an alert mat was no longer required in their bedroom. There was daily recording of the application of each restrictive practice.

There was a detailed risk assessment in place or each restriction, and the rationale for its use was clearly documented. A restrictive practices committee which is multi-

disciplinary in nature, had six monthly oversight of all restrictive practices.

Judgment: Compliant

Regulation 8: Protection

Staff had all received training in the protection of vulnerable adults, and discussed their learning from this training with the inspector. They could describe the different types of abuse, the signs to look out for, and knew their role in relation to safeguarding residents.

Where a safeguarding issue had been identified relating to incidents between two residents, there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. These steps included referrals to members of the MDT, the requirement for consistent staffing and improvements in supervision.

Appropriate measures had been taken to ensure the safety of all residents. The person in charge was very familiar with her role in the safeguarding of residents, and discussed any safeguarding issues in detailed with staff at the regular staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents both in making choices, and in having respect for each resident. Residents were supported in making choices by effective management of communication in accordance with their needs, for example by the use of pictures.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks, activities and clothing were all made by each resident.

There were regular residents' meetings, but while staff described how they explained issues and shared information with residents, there was no clear record of any discussion at these meetings. The records of the meetings was just an agenda of the issues for staff to address. Other than some minor changes in the weekly schedule, the record was the same every week, and did not reflect the input of residents or any discussions so that it was not clear that residents were effectively

consulted with. Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.
Judgment: Substantially 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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beechgrove OSV-0004703

Inspection ID: MON-0038760

Date of inspection: 18/07/2024

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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A comprehensive review of the resident meeting has been completed to ensure that the residents are effectively consulted with and that the input of the resident during these discussions is clearly documented.	

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 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	29/08/2024