

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

Issued by the Chief Inspector

Name of designated centre:	Beechhaven
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	28 June 2022
Centre ID:	OSV-0002121
Fieldwork ID:	MON-0034317

About the designated centre

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

This designated centre is a large purpose built, detached bungalow set in an elevated site on the outskirts of a busy town. It has eight bedrooms for residents, five of which are en-suite, a large and small living room, large kitchen and dining room as well as well appointed bathrooms and a well maintained outdoor space. It is located in the suburbs of a large town in Co. Wexford. Residents can access day services if they wish either on site or in other locations, and residents are also facilitated to stay in the centre if they prefer. Locally residents can access a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. This centre is open on a year round seven day a week and 24 hour a day basis. Residents are supported at all times by a staff team, comprising of nurses, social care workers and healthcare assistants. The statement of purpose for the centre set out that the provider aims to "support and value residents, within a caring environment, in a manner which promotes the health, well being and holistic needs of residents. The aim is to empower residents with the necessary skills to live full and satisfying lives as equal citizens in the local community, in conjunction with their individual person centred plan". This centre is home to eight residents with varying degrees of intellectual disability and specific high support needs due to changing health and the process of aging.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 28 June 2022	10:00hrs to 17:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that this centre had good management systems in place and was well run. There were some areas of concern relating to resident rights and safeguarding in this centre. These had been identified by the registered provider and were also found during the inspection and are highlighted later in the report under the relevant regulations.

This centre comprises one large purpose built bungalow set on it's own site with access to some day services via the rear of the property. The centre is currently registered for a maximum of eight residents however, due to the death of two residents since the last inspection the centre is currently home to six individuals. The inspector had the opportunity to meet all six residents over the course of the inspection.

The provider has stated that they will be applying to renew the registration of this centre for only seven residents. Residents acknowledged that there was an empty bedroom in the centre and spoke with the inspector about discussions they had been involved in regarding a new peer coming to live with them. They reported that they were happy about this so long as the person was kind and were looking forward to the change.

Four of the residents together, showed the inspector photographs of themselves and their peers, which were framed and displayed on the wall of the centre. They spoke fondly of their friends who had passed away and told the inspector about how they had celebrated their lives. The person in charge and staff team had supported them by arranging prayers and a memorial in the garden and residents spoke positively about this and their memories.

One resident showed the inspector their room and discussed the colour they had selected to paint the room and how much they liked the way their space looked. Some residents were observed making themselves coffee or being supported to make a cup on their return from day services, while others had spent the day in the centre relaxing and listening to music or watching television. The residents who met with the inspector have a range of communication styles and abilities with some using non-verbal and non-intentional communication and others being fully verbal. The inspector used a total communication approach to engage with residents and observed the staff team using the same practices. The staff team were observed supporting and interacting with residents over the course of the day in a respectful and kind manner and made efforts at all times to adapt their communication to ensure residents understood what was being said. Residents were observed interacting with each other and enquiring how each others day had been and inviting peers to join conversations or to offer an opinion in a conversation.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All residents who completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, going for a drink with friends, going to choir, playing board games or quizzes, going swimming and gardening. Residents commented that they liked the staff that supported them, were happy with staff as they 'always help out' and that they knew who to speak to if they were unhappy about something in their home. One resident said that they were looking forward to new garden furniture and that they liked to help with the flowers and grew vegetables.

The inspector had based themselves in a second living room in the centre known as the 'snug' to residents and individuals came to chat or ask the inspector questions on matters that were important to them over the day. The centre also had a dog which had belonged to one of the resident's who had passed away, one of the other residents had asked to take over the role of pet owner and the dog 'Millie' was an important part of life in the centre and was observed keeping residents company as they relaxed in the living room.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that they were happy living in the centre and that they felt safe there. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement in line with the findings of this inspection.

The last inspection of this centre in March 2021 had outlined that residents needs had changed and that the provider was required to review the resources required to ensure that residents were kept safe and their assessed needs were met. This inspection found that the provider had completed their review and also due to the change in the number and current profile of residents, that the provider was ensuring a good quality and safe service. This inspection found, that some improvement in oversight arrangements for an individual resident were required in order to ensure safeguarding practices were consistently in place. In addition some improvements in meeting resident rights for one resident was required. These are outlined against the relevant regulations below.

The person in charge has been working in this centre for a number of years and they were found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. They were regularly visiting the house and monitoring the quality of care and support for

residents. They were supported by a team leader who was found to be knowledgeable in relation to residents' likes, dislikes and preferences. Together they were motivated to ensure residents were happy and safe in their home and making choices in relation to their day-to-day lives.

There were effective systems in place for the day-to-day management of the centre which tracked what documents required review, and when. Regular audits were being completed and the actions from these were tracked and leading to improvements in relation to residents' care and support and their homes. The provider's systems to monitor the quality of care and support for residents included six monthly reviews and an annual review. These reviews were capturing areas for improvements in line with the findings of this inspection and the majority of actions from these reviews were being completed in a timely fashion.

Regulation 15: Staffing

The provider had ensured that staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the statement of purpose. The inspector met with a representative of the provider's administrative support team and reviewed a sample of staff personnel files. The inspector found that they contained all information as required in Schedule 2 of the regulations. The provider has implemented systems of oversight to ensure that all information relating to staff was as required and current.

From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. Planned and unplanned leave was covered by a consistent member of relief staff or for nursing cover a single member of agency staff as required.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and some had completed a number of trainings in line with residents' assessed needs.

Staff were in receipt of formal staff supervision in line with the organisation's policies and procedures. The team leader completed supervision for the staff team with oversight from the person in charge. In turn the team leader was supported and supervised by the person in charge. Informal on the job supervision and support was also in place with notes reviewed from these by the person in charge. Staff who

spoke with the inspector said they were well supported in their role and were aware of who to escalate any concerns they may have in relation to residents' care and support..

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place in the centre with clear lines of authority and accountability in place. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. They were supported in their role by a team leader in the centre and by senior manager who fulfilled the role of a person participating in management of the centre. There was a clear focus on quality improvement in the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation to their home.

The person in charge and team leader also had a suite of standard operating procedures and contingency plans in place which guided staff practice and were reviewed following audit outcomes. The person in charge also had responsibility for two other centres operated by the provider and the team leaders from all centres met regularly together to share learning and to review quality of services.

Following the last inspection of this centre concerns were raised relating to the suitability of the premises for eight residents with changing assessed needs, in addition to the requirement to review the level of resources in place to ensure residents were in receipt of safe services. The provider responded by completing a comprehensive review of the centre and all aspects of support and care, they also engaged with the funder of their services. This review had caused anxiety for some of the residents which the provider acknowledged and the inspector found that the provider had sensitively and comprehensively supported residents. This is reflected further under regulation 34.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy.

An easy-to-read complaints process was on display and this contained pictures of the relevant staff. The complaints process was regularly reviewed at resident meetings and residents indicated they were aware of the complaints process in their questionnaires.

As stated above as an outcome of a provider review completed to ensure the suitability of the centre to meet all residents assessed needs, a number of residents accessed support from the confidential recipient who submitted a complaint on their behalf. The inspector reviewed the responses to these complaints and found that the provider had responded comprehensively and in line with their policy. All residents were found to be satisfied with the outcome of their complaint and all had been closed.

Judgment: Compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities in their local community. They were being supported to be independent and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to access day services, and to take part in activities in accordance with their interests.

Regulation 17: Premises

This centre comprises of a large bungalow set on it's own site on the outskirts of a large town. All residents have their own bedrooms with some having moved to a new bedroom better suited to their needs since the last inspection. The provider had completed a number of works within the centre such as new bathrooms, tiling, flooring and painting with further work scheduled. There had been new furniture purchased and some residents and staff spoke of plans to review the external spaces. Residents commented on the new furniture in their bedrooms and also new colours of walls and they showed the inspector these items.

Changes had been made to the function of some rooms such as the staff office, which now offered an area for therapy and the safe administration of medicines. The provider had also self identified that the kitchen counter surfaces and the surface of a bath required renewal or replacement and the team leader had been sourcing quotations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

There was evidence that new risks were added to a risk register when identified and that areas where risk was no longer assessed as present were reviewed and closed. However, the inspector found a number of risks that had not been identified and assessed for within the centre. This included the risk of financial misappropriation which is connected to concerns raised under regulation 8. Also one resident was not using the sockets in their bedroom preferring to use an adapter that had six plugs in use at once, one of which was a hairdryer which was placed into a box following use while still hot. The person in charge and team leader reviewed the use of the adapter on the day of inspection and the resident's electrical items were moved to plug directly into sockets.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. There had been a small number of positive cases of COVID-19 in the centre in the months before the inspection, and it was evident that additional control measures were implemented to prevent further outbreaks. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre. The inspector observed staff wearing their face masks properly throughout the inspection and changing masks following the completion of personal care. There were systems in place regarding pet care in a residential centre and the team leader developed systems for ensuring that the dog's bedding and food bowls were cleaned and managed according to best practice guidance.

There were a number of damaged surfaces in bathrooms and other areas of the house where it was not possible to clean and disinfect them effectively. The provider was aware of this and these areas were due for repair or replacement with quotations currently being sought and staff were directed to give extra attention to these areas.

Judgment: Compliant

Regulation 28: Fire precautions

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting. The centre evacuation plans were current and regularly reviewed. Each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. The provider had arranged for an external specialist organisation to complete a fire safety review of the centre and had completed actions identified as part of this including the fitting of self closing mechanisms to internal doors and linking the alarm system in the boiler house to the main alarm.

The inspector observed one resident using a multi-socket extension in their bedroom in order to access multiple electrical items at once and this is reflected in the

judgement against regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had an assessment of need and personal plans in place. Their personal plans were comprehensive in nature and detailed their support needs and the requirements to maximise their personal development and quality of life. It was evident that resident's health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage.

Resident's plans were subject to regular review by the multidisciplinary team, and it was evident that interventions considered their rights. Residents choose whether to attend a day service or not and there was flexibility as they directed their daily activities. Residents were observed planning activities for the following day, discussing things they done and places they had been with staff over the course of that day in addition to relaxing in the house.

Judgment: Compliant

Regulation 6: Health care

The residents in this centre present with complex health care needs and the person in charge and team leader were knowledgeable regarding specific needs and supports required. There were clear summaries of appointments and planned reviews and all residents had vaccination records and were linked with any national screening programmes as required.

Residents were supported to access their own General Practitioner and all had access to Health ad Social Care Professionals as required. There was evidence that where residents had attended specialist medical appointments that recommendations were incorporated into their personal plans and care routines.

Judgment: Compliant

Regulation 8: Protection

Residents were protected for the most part by the policies, procedures and practices relating to safeguarding and protection however, improvement was required in

relation to financial safeguarding.

Safeguarding plans were developed and reviewed as required. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. The inspector reviewed a number of residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

The provider had completed a number of audits specific to safeguarding of residents finances. These audits had identified a potential safeguarding concern in 2020 and again in 2021 and stated that the obligations of the provider was to ensure all residents are protected. Following the 2021 audit which showed that no progress had been made from the 2020 review of financial safeguarding a number of actions were identified by the provider as required. The inspector found that while implementation of these recommendations had begun they still had not been completed and this did not provide an assurance that all residents were fully safeguarded. Where a resident was assessed for example as having capacity to manage their money there was no oversight in place of any transactions nor of the involvement of others with the residents accounts.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence that residents for the most part were supported to make decisions in their day to day lives however, this was not the case for all residents in the centre. Where some residents were supported by others such as family members, decisions on areas such as their right to freely access the Internet or receive their post had been made on their behalf. The provider had taken steps to support residents in accessing independent advocates.

The physical changes in the centre, such as new bedrooms and the use of the 'snug' had ensured that residents privacy and dignity were promoted. In addition there was evidence that independence skills were promoted whenever possible. Resident's consent was sought through the use of easy read and symbol supported forms. All those who lived in the centre met on a weekly basis to discuss matters important to them and to decide on the organisation of their home. There were meetings across the providers services to inform residents on their rights and one resident from this centre helped in recording the minutes of these meetings.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beechhaven OSV-0002121

Inspection ID: MON-0034317

Date of inspection: 28/06/2022

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Since the Hiqa inspection, a risk assesment has been completed on 27.07.2022 financial misappropriation with one resident who's family has been managing their finances which is connected to concerns raised under regulation 8. The family were contacted by phone and letter was sent to inform them of the residents rights. The resident will be supported to open, access and manage their personal bank account and statements. All financial records,statements and corresponding receipts will be stored securely in the residents financial records in the designated and audited regulary. A referral for an independent advocate was also sourced. Preliminary screening will be completed by 5th August 2022 and submitted to the safeguarding team.The resident will be supported with managing their finances, statements, financial passport will be commenced.</p> <p>The person in charge and team leader reviewed the use of the adapter on the day of inspection and the resident's electrical items were moved to plug directly into sockets.A risk assessment was completed and resident supported to understand the risks. The team leader consulted with an electrician who advised the resident had sufficent amount of plugs in her rooms.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The family were contacted by phone and a letter was sent to inform the family of their family members/residents rights. The resident will be supported to open, access and manage their personal bank account and statements.All financial records,statements and</p>	

corresponding receipts will be stored securely in the residents financial records in the designated center and audited regularly. A referral for an independent advocate was also sourced. Preliminary screening will be completed by 5th August 2022 and submitted to the safeguarding team. The resident will be supported with managing their finances, statements, financial passport will be commenced.

Regulation 9: Residents' rights	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The family and resident have been part of discussions with regard access to the internet and receiving their post. The resident personal postal correspondence will no longer be directed to the family home from 1st September 2022. The resident will be supported to manage her personal correspondence and will share all relevant information with her family if she chooses e.g hospital appointments.
The internet access will be reinstated 1st September 2022 and a detailed support plan and risk assessment will be put in place for staff to support the resident around appropriate education of google. A independent advocate referral was sent in on the 2.03.2022 and an appointment is made for 4th August 2022.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/09/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/09/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	01/09/2022

Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	01/09/2022
------------------	---	-------------------------	--------	------------