



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

Issued by the Chief Inspector

Name of designated centre:	Bay House
Name of provider:	Embrace Community Services Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	09 February 2023
Centre ID:	OSV-0008296
Fieldwork ID:	MON-0037619

About the designated centre

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

Bay House provides a residential service for male and female adults over the age of 18 years. Bay house is located just outside of a large town. The location offers a balance of space, privacy and close proximity to local amenities to promote community engagement with the residents. The centre can cater for up to five residents each with their own bedroom two of which are en-suite. There is a wheelchair accessible bathroom. Living areas include a sunroom, dining room and a living room. The property has a large back garden. Residents are supported by a team of direct support workers who are led by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 9 February 2023	10:20hrs to 19:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, the inspector found that, good quality care and support was being provided to residents. Some improvements were required in relation to fire precautions. This will be discussed further in the last section of the report.

The inspector had the opportunity to meet all five residents that lived in the centre. One resident went out for a drive and had lunch out and two residents attended appointments. Upon return one resident baked cookies with a staff member which left the house smelling very homely and inviting. One resident was observed to go through magazines with a staff member. The remaining two resident participated in an external day programme. Upon return one of them attended the hairdressers for a hair trim. This was a big event for the resident as they had not attended the hairdresser in several years. When they returned they appeared very happy with how they looked and staff members were observed to make a big fuss over them to make them feel special.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home. Residents appeared contented in each others company and were observed to move comfortably around their home. Residents spoken with said, they were happy living in the centre and that the staff who worked there were nice.

In addition to the person in charge, there were four staff members on duty during the day of the inspection. The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences.

The inspector conducted a walk around of the centre and the house appeared tidy and clean. The inspector observed that, personal pictures and murals were displayed in different areas of the house. For example, one staff member had completed a colourful flower mural on the wall of the hall and pictures of the residents were displayed within the flowers.

Each resident had their own bedroom. There was sufficient storage facilities for residents personal belongings in each room. The majority of residents' rooms had personal pictures displayed. Each room was personally decorated to suit the personal preferences of each resident.

The centre had a large back garden and there were plans to do some planting and raised flower beds in the summertime with residents.

The inspector had the opportunity to speak with two family members over the phone. Family members were complimentary of the quality of care received by their relatives. One family member stated that they got a really good sense of the centre

and staff, and that there was a good atmosphere. Another family member stated that they felt their family member's quality of life and independence had increased since moving into the centre and that their family member had a new lease of life. They stated that they could not speak highly enough of the support provided and that the service was tailored to the needs of their relative.

The provider had also sought resident and family views on the service provided to them through a questionnaire. Feedback received indicated that residents and families communicated with were happy with the service provided. For example, residents were happy with their daily planners. Some families communicated that they were delighted with the level of kindness and care. Another stated that staff were always pleasant and helpful in every way.

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

Capacity and capability

This centre was opened in August 2022 and the purpose of this inspection was to assess how the service was operating in compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations), since their registration.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and that a high quality service was being delivered to residents.

There was a defined management structure in place which included the person in charge and two team leaders. The managing director was the person participating in management for the centre. The person in charge appeared to know the residents well.

Due to the centre only being open six months there was no annual review completed, however, the provider had arrangements in place for a responsible person to complete the review when the time came. The centre was due for an unannounced visit by the provider themselves and the inspector was assured by the assistant director that they had plans for when it was to take place. There were other local audits and reviews taking place by the person in charge and by staff members, for example, in areas, such as food and nutrition.

There was a planned and actual roster was in place. A review of the rosters demonstrated that the skill-mix of staff was appropriate to meet the assessed needs of the residents.

The inspector reviewed a sample of staff supervision records and found that they were occurring as per the organisation's policy. The person in charge monitored staff training and development needs and there were adequate arrangements in place to ensure that staff had the required training to carry out their roles. For example, staff had training in positive behaviour support and manual handling.

Each resident had a transition plan drawn up in advance of admission which included, the opportunity to visit the centre. In addition, each resident had a contract of care which was signed by their family representative and included information on any fees to be charged to residents.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They worked in the centre in a full-time capacity and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills and experience to meet residents' assessed needs. There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre. Each shift had an identified lead staff on duty that took responsibility to ensure tasks were delegated and completed.

The inspector found that the provider had ensured for the most part that staffing levels were in accordance with residents' assessed needs. There were occasions, due to staff absences, where the staffing levels fell below what the provider had assessed to be the minimum levels to provide a safe service during periods of the day. However, at the time of the inspection the provider had arranged for the recruitment of additional relief staff to ensure that future workforce contingency plans would be effective.

A sample of staff personnel files were reviewed on this inspection which demonstrated that there were safe processes in place for the recruitment of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as training in eating and drinking and fire safety management. Some scheduled training was due to take place for some staff in the coming weeks.

In addition, from a review of a sample of staff supervision files, there were supervision arrangements in place for staff as per the organisation's policy and the person in charge had a supervision schedule set out for the year ahead.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and two team leaders. There was a team leader on duty each day of the week. The person in charge reported to an assistant director who in turn reported to the managing director. The managing director was the person participating in management for the centre. The person in charge was a social care professional, who provided good support to their team and knew the residents well.

The provider had arrangements in place for consultation with residents and family representatives. There were arrangements in place to complete the annual review and provider lead visits. Due the centre not long opened those reviews were yet to take place. The person in charge arranged for regular team meetings to occur to ensure there was shared learning among the team.

There were other local audits and reviews conducted in areas, such as infection prevention and control (IPC), medication management, and health and safety.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From a sample of transition plans reviewed, residents were each provided with an opportunity to visit the premises in advance of admission. From a sample of contracts of care, they were observed to be signed by a family representative and discussed any fees to be charged to the residents.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated improvements were required with regard to fire precautions.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs.

The person in charge was promoting a restraint-free environment and while there were restraints used within the centre they were assessed as necessary for the residents' safety. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy. There was an identified designated officer, and it was found that any concerns to date of potential abuse were reported to relevant agencies and safeguarding plans put in place. There were some open safeguarding concerns at the time of the inspection, however, they were due to be closed off within the coming weeks. A staff member spoken with was familiar with what to do in the event of a safeguarding concern.

The inspector found that there were adequate mechanisms in place to uphold residents' rights, for example, there were weekly residents' meetings.

Visits were facilitated and two private areas for entertaining visitors were available. A family member communicated to the inspector that they always felt welcome to visit the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. In addition, the centre was tested for legionnaires disease prior to opening and it was not detected.

The inspector reviewed matters in relation to infection control management in the centre. The provider had taken necessary measures to protect residents from healthcare related infection risks. For example, staff were appropriately trained and there was an IPC policy in place.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and each resident had an up-to-date personal emergency evacuation plans (PEEPS) in place to outline what supports they

required in order to safely evacuate in the event of a fire. However, improvements were required with regard to the utility room fire containment door, for example, it did not have a self-closing device fitted as required.

Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Residents were supported to maintain contact with their family. Furthermore, two private areas for entertaining visitors were available. One family member communicated to the inspector that they had always felt welcomed when visiting the centre. Some residents were supported to visit and stay over with family members.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. For example, there was a risk management policy. In addition, there were centre specific and individual risk assessments had been developed and control measures in place as required. In addition, the inspector observed that the centre's two vehicles were insured, recently serviced and had an up-to-date national car test (NCT).

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout. There were hand washing and sanitising facilities available for use and infection control information and protocols were available to guide staff. There were colour coded mops and chopping boards in place to minimise cross contamination.

In addition, staff had received a suite of IPC related trainings to order to support them in their role.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was adequately serviced. There was evidence of regular fire evacuation drills taking place which included different fire drill scenarios and a drill practiced with maximum numbers of residents participating and minimum staffing levels. In addition, each resident had an up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support them to safely evacuate in the event of a fire.

However, improvements were required to the fire containment measures in the utility room. The inspector was not able to ascertain if the utility room door was a fire containment door. In addition, the door did not have an intumescent strip or cold smoke seal fitted. Furthermore, it did not have a self-closing device fitted.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs. For example, there were financial passport plans in place and there were plans for eating and drinking as required.

In addition, residents were supported to develop goals they wanted to take part in for the coming year. For example, one resident wanted to rejoin the Special Olympics. Another resident was being supported with attending a hairdresser as they had not been in years. One method by which staff supported the resident with this goal was by making a daily and weekly planner with the resident in order to mentally prepare them for the appointments.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, each resident had received a comprehensive review from a wide range of allied health care services since moving into the service in order to appropriately assess what supports they each required. In addition, residents had access to a general practitioner (G.P), ophthalmologist and a dietitian as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge was found to be promoting a restraint free environment, and while there were some restrictive practices in place, such as bedrails and lapbelts, they were to mitigate safety risks. Restrictive practices were subject to regular review and oversight.

Where necessary, residents received specialist support from a behaviour support specialist to understand and alleviate the cause of any behaviours that may put them or others at risk. Current behaviour support plans in place were under review at the time of the inspection.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, all staff were trained in adult safeguarding. While there were some open safeguarding issues within the centre, the measures put in place by the provider were facilitating a reduction in peer-to-peer incidents. The related safeguarding plans were due to be closed within the coming weeks. A staff member spoken with was familiar with the steps to take should a safeguarding incident or disclosure of abuse arise. In addition, intimate care plans were in place as required.

Furthermore, there were systems in place to safeguard residents' finances in the centre, for example, the person in charge completed a monthly audit of residents' finances and staff completed daily checks of each resident's money.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to exercise choice and control across a range of daily activities. There were weekly residents' meeting taking place and rights was a standing agenda item. In addition, there were monthly key-working sessions completed with residents. The inspector observed respectful communication from staff members when speaking with residents. One resident spoken with told the inspector that they get to make choices about their day. For example, they said if they didn't like the food on offer for dinner that staff would make them something

else to eat.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bay House OSV-0008296

Inspection ID: MON-0037619

Date of inspection: 09/02/2023

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The utility room has been fitted with a fire door with an intumescent strip. The door has also been fitted with a self-closing device which is connected to the house fire alarm system.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	06/03/2023