

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Beechhaven
Centre ID:	OSV-0002121
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Co Wexford Community Workshop (Enniscorthy) Limited
Provider Nominee:	Trevor N Jacob
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 September 2016 10:00	20 September 2016 17:30
21 September 2016 10:00	21 September 2016 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This was an announced registration inspection. The registration inspection was taken on foot of an application to register by County Wexford Community Workshop (Enniscorthy) Ltd (CWCW). The centre was previously inspected in May 2014. This inspection gathered evidence to assess the fitness of the provider, CWCW, in providing safe and appropriate supports to residents in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The provider had applied to register the centre to accommodate nine male and female residents.

How we gathered evidence

The inspector met with all nine residents, staff, the person in charge, provider nominee, team leader and clinical nurse manager 3 (CNM3) over the course of the inspection. Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. The inspector observed practice and staff interactions with residents. Residents had varying communication abilities and the inspector interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the service

The statement of purpose for the centre set out that CWCW aims to “support and value residents, within a caring environment, in a manner which promotes the health, wellbeing and holistic needs of residents. We aim 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”.

The centre comprised of one pleasant detached bungalow, referred to in the report as the designated centre. The centre was located in the suburbs of Enniscorthy town. The provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers.

The centre accommodated nine adult residents with varying degrees of intellectual disability and specific support needs in the management and support of healthcare and nutritional management, epilepsy, end-of-life and behaviours that challenge.

Overall judgment of our findings

The inspector found improvements in compliance had occurred since the previous monitoring inspection. Of the 18 outcomes assessed, 17 Outcomes were found to be compliant or substantially compliant.

Improvements in compliance had been brought about by more robust governance and management systems in the areas of risk management, auditing, improved training and skill development for all staff working in the centre and residents’ greater access and review by primary care allied health professionals in relation to health, mental health and end-of-life supports.

Some improvements were required in relation to management of fire safety systems in the centre. The provider was required to implement recommendations made by an external fire safety engineer who had visited the centre shortly before the inspection. There were also improvements required in relation to the management of behaviours that challenge and the policy and procedures that guided staff to ensure they were based on the principles of positive behaviour support.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found evidence that residents living in the centre had their rights, privacy and dignity promoted and their personal choices supported and encouraged. Some improvements were required. The procedure for night time checks on residents required review to ensure residents' privacy was not impacted upon.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was located in a prominent position and in an easy read format in the centre. The complaints procedure identified who the complaints officer was for the organisation and the person nominated to manage complaints in the centre also.

The inspector reviewed a complaints log for the centre. There were no recorded complaints for the centre at the time of inspection.

Residents had access to an internal advocate at the time of inspection. The provider had identified residents' required greater access to independent advocacy services. Information and contact details were available in the centre on how to access an independent advocate and the senior management for the centre were actively involved in supporting residents to have an independent advocate assigned to the centre.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. The policy was dated April 2016. All staff had been made aware of the policy and had signed they had read it. Almost all residents living in the centre required full support in managing their personal finances.

The policy set out that residents would have a financial passport developed outlining their abilities and support needs with regards to management of their financial matters. Financial ledgers, with documented monetary in and out balances were maintained and receipts for purchases and bank withdrawals and deposits also be maintained in each residents' financial ledger.

Each resident had an individual bank account and ATM bank card where appropriate. A nominated staff could withdraw or deposit money on behalf of residents in and out of the account. Where money is withdrawn each resident's financial ledger would be updated and a receipt maintained. The ledger would be used as part of financial auditing of residents' monies and the centre specific bank account.

The centre had adequate privacy options in place for residents. All bedrooms, bathrooms and toilets had privacy locks. Bedroom windows also had adequate privacy options where they could provide adequate lighting but ensured privacy from the outside.

Staff spoken with during the course of the inspection informed the inspector of the roles and responsibilities for day and night time staff. They informed the inspector that waking night staff engaged in one hourly night time checks of residents. While there was an identified risk for one resident at night time regarding epileptic seizure related risks, there was no rationale for one hourly checks at night time for other residents. The person in charge was required to review this process to ensure it was based on identified risk otherwise one hourly checks on healthy residents could pose an invasion of residents' privacy.

Some residents living in the centre were aware of the right to vote and participate in decisions in relation to the community they lived in. Some residents enjoyed going to Mass and were supported to engage in spiritual practices in line with their personal choices.

Activities available to residents were suited to their age and interests. All residents had opportunities to attend differing day services suited to their needs and spoke to the inspector about their interests and activities. They mentioned they enjoyed playing Bocce and enjoyed participating in the Special Olympics years previously and hoped to join again. Residents enjoyed day trips, holidays, shopping trips and leisure pursuits both in their day services/active retirement services and also from their home.

Judgment:
Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' communication needs were supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

Residents' communication needs had been identified in their personal planning documentation and the supports they required in place where needed. Each resident had a communication passport developed as part of their transition planning which contained detailed person centred information such as 'all about me', 'likes and dislikes' and 'how I communicate', for example.

Information in the centre was available in an easy to read format. If supports were required residents could avail of the services of a speech and language therapist (SALT) through local primary/community health care services.

Internet access was available in the centre as were radios and a television and an electronic hand held computer device.

Staff knew residents from having worked with them for many years and knew their communication styles well.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' family, friends and representatives were involved and included in decisions, planning and goals set for each resident. The centre operated an open visitors' policy in line with policies and procedures for visits.

Staff facilitated residents to maintain contact with their families. This included access to phone facilities, transport home if needed and an open visiting policy to the centre.

As part of the organisation's policy on visitors there was a sign in book for visitors in the house which was up-to-date.

There was sufficient space available in the house to facilitate a resident to receive visitors in private if and when they wished.

The location of the centre was in close proximity to the local town. There were facilities in the locality residents could access and frequent which would ensure they had a presence in their locality.

The centre was supplied with its own designated transport vehicle solely for use by residents in the centre. This ensured residents could access their community and go on visits when they wished. The provider had identified that a second transport vehicle was required for the centre and planned to procure a vehicle. Residents spoken with however, said they felt the transport resources for the centre were adequate.

Some residents had romantic relationships, whilst other residents enjoyed visiting their friends during the week. Other residents frequently visited their families and had overnight stays when they wished.

One resident had a pet dog, all residents living in the house enjoyed caring for the dog and found her great company. The inspector noted the pet was well cared for and had a friendly, affectionate demeanour which added to the home like quality of the centre.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose.

Each resident had an agreed written contract that dealt with the support, care and welfare of residents and included details of the services to be provided for each resident and the fees they would be charged.

The inspector reviewed a sample of contracts for the provision of service which documented signatures of residents and their representatives. A breakdown of their fees were also outlined in their contracts for the provision of services.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a comprehensive assessment implemented and ongoing monitoring of residents' needs including residents' interests, communication needs and daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, behaviour support planning, healthcare assessments and personal goal setting.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management plans.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals identified for residents included learning how to swim and to maintain important relationships in their lives through support and active planning.

Other goals achieved by residents included in one instance where a resident had learned how to independently make themselves a cup of tea which in turn had reduced instances of behaviours that challenge which occurred due to them finding it difficult to wait for staff to make a cup of tea.

There was evidence of review and assessment of residents' goals and plans on an ongoing basis.

During the course of the inspection a resident, using an electronic hand held device, (Ipad), played the inspector a video that had been made of the person centred planning goals. This was an innovative and useful way in which the inspector could discuss with the resident their personal goals in a meaningful way and the decisions made by the resident and their keyworker with regards to their personal goals and wishes.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre was suitable and safe for the proposed number of residents the provider had applied to register the centre for. Overall the inspector found the centre was homely and well maintained.

Each resident had their own bedroom. There were an adequate number of bathing/showering and toileting facilities in the centre. All of which were of a good standard with aids and appliances to suit the needs of residents.

The inspector viewed bedrooms on the invitation of some residents. Though some appeared small residents said they were happy with them and could decorate their bedroom how they wished. Each bedroom had suitable storage options and adequate lighting and space for residents to mobilise safely. A provider led audit had identified that residents' bedrooms were small and future plans for the centre would propose to make two of the smaller bedrooms into one large bedroom. However, at the time of inspection and for the foreseeable future there would be no adjustments to the premises and these plans would only be considered should a resident leave the centre, for

example.

The centre had a well equipped and spacious kitchen and dining room. There was a large pleasant living room space which residents used for relaxing or entertaining family members and friends if they so wished.

Laundry facilities were available in a utility room equipped with a washing machine, dryer and ample space to store laundry products. The inspector observed some residents independently use the utility room for managing their personal laundry.

A room was set aside for a staff office. All files, important documentation could be securely stored there.

There was a well maintained patio area to the rear of the house. At the time of inspection the patio was supplied with garden furniture where residents could sit and enjoy fine weather or a bar-b-que. A safe space was also incorporated into the patio space where residents' pet dog had a kennel and space for their feeding bowl and space to exercise when not indoors.

There was adequate parking available to the rear of the centre and the inspector observed that suitable arrangements were in place for the safe disposal of general waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre. The provider had initiated improved risk assessment and management practices within the organisation which in turn had improved the identification and management of risks in the centre. However, there were improvements still required in relation to fire and smoke containment measures in the centre and hazard identification and documentation of control measures.

There was an up-to-date health and safety statement which addressed areas such as accidents and incidents, fire management plans, training needs, servicing of fire

equipment, and transport of residents.

The risk management policy met the requirements of the Regulations and was implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

The provider had improved the systems in relation to risk identification and management in the organisation. This included better risk analysis and risk reporting systems within the organisation. The provider was kept informed of the risks for each designated centre within CWCW organisation. Risks, incidents and accidents are an agenda item at Board of Management meetings which the provider nominee attends and reports to the Board how risks and hazards are being managed.

Hazards in the centre were identified in a risk register and risk assessments had been carried out for each risk identified. However, there were improvements required in relation to the documentation of control measures in place to manage risks. At the time of inspection control measures for hazards were not documented in a comprehensive and clear way. This could lead to a risk of staff not knowing all control measures in place to manage a risk and hinder the audit and review of the management of hazards in the centre.

While there were improved risk identification and reporting systems not all hazards in the centre had appropriate control measures in place to mitigate their risk. As had been found on the previous inspection, blind cords were located throughout the centre, there were inadequate risk control measures in place for them. Some residents were also prone to falls, however there were inadequate control measures in place to alert staff at night time that residents prone to falling were up and required support. Equally some control measures in place for the management of risks associated with epilepsy were not robust enough.

The fire policies and procedures were centre-specific and up-to-date. The inspector observed that there were fire evacuation notices and fire plans displayed in the centre. Fire drills had taken place every quarter. Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took. However, some personal evacuation plans required updating to reflect the changed physical dependencies of some residents.

The inspector reviewed the fire safety register with details of all services and tests all of which were up-to-date.

The provider had requested an external fire safety consultant to visit the centre in September 2016. They had reviewed the fire safety systems in place and had made a number of recommendations. However, the provider had not addressed the recommendations made by the fire safety consultant by the time of the inspection.

There were still inadequate fire and smoke containment measures in the centre. For example, there were a lack of self closing devices on fire doors, a lack of smoke seals and/or intumescent strips on doors and the inspector observed gaps around the side and top of some fire containment doors which rendered them unable to prevent the spread of smoke or fire. The provider was required to address the fire safety works as recommended in the fire consultant report to ensure robust fire safety measures were in place in the centre.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

A carbon monoxide monitor was in place in the centre.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection had been addressed adequately.

There was a policy in place on the prevention, detection and response to abuse and all staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. A designated

person was in place and the organisation followed the National Safeguarding Vulnerable Adults policy. Residents spoken with said they liked living in the house and they said they felt safe.

There was a policy in place to guide staff in the management of behaviour that is challenging. However, on review of the policy the inspector was not satisfied that it met the requirements of the regulations. The policy did not make reference to positive behaviour support principles of proactive strategies and de-escalation for the management of behaviours that challenge and focused on reactive strategies and restrictive practice which is not in keeping with the requirements of the regulations.

Residents requiring behaviour support interventions had access to relevant allied health professionals such as psychologists for the development of behaviour support plans and their review. Residents were also supported to avail of community psychiatric services if required.

Behaviour support plans were in place to guide staff in supporting residents that presented with behaviours that challenge. However, similar to the policy document for the organisation, behaviour support plans did not set out adequately therapeutic supports to alleviate the cause for a resident to engage in behaviours that challenge. Behaviour support policy and planning required improvement to meet the regulations.

A restraint free environment was promoted in general throughout the centre. Where restrictive practices were in place appropriate risk management plans were in place to ensure they were the least restrictive measure and closely monitored.

Residents were encouraged to advocate for themselves, know their rights and encouraged to make a complaint which provided residents with the skills to implement boundaries for themselves and raise concerns if they needed to.

Each resident requiring supports had an intimate care plan in place. They were found to be detailed and person specific setting out residents personal preferences in detail.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents' general welfare and development were supported in the centre.

All residents attended a day service which was matched to their age, interests and capabilities. Residents were supported to attend day services by the transport allocated to the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed a sample of health care plans and found residents were supported to have their health needs met in the most part. Some residents required better access to preventative health services due to their age, for example.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

While residents had access to allied health professional services they required more preventative health reviews relevant to their age and associated risk factors. Some residents who experienced falls frequently had not received a preventative health bone density scan. This was required due to a heightened risk of osteoporosis associated with residents' age but also with long-term use of anti-epileptic medications which was the case for some residents.

Residents who required specific supports with regards to epilepsy had associated care plans in place which outlined the specific management of the resident's seizures and emergency responses including the use of emergency rescue medication. Care plans were accompanied by a doctor's signature. Outcome 7; refers to some control measures in place for the management of epilepsy as not being robust enough to mitigate identified risks.

Where residents required end-of-life intervention they were supported to remain in the centre. The inspector noted the provider had implemented resources to meet the needs of residents at end-of-life and the inspector observed person centred caring practices in place during the course of the inspection.

The centre had adequate space for storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for residents each day/week.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to speech and language therapy (SALT) for review and a modified consistency meal and fluids plan was prescribed for them where appropriate.

Some residents' weights were documented regularly, with a body mass index (BMI) calculated to identify if the weight measured was one that indicated nutritional risk for the resident, for example, was the resident's weight correct for their height. Associated nutritional risk assessment tools were used also to assess if residents required referral to dietetic services based on any nutritional risk identified.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices. Gaps in policies and procedures identified on the previous inspection had been addressed.

Staff involved in the administration of medications had attended safe administration of medication training.

Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. Residents' medication were stored securely in the centre. A medication fridge was available for the storage of medications requiring refrigeration where required.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Regular medication audits by the person in charge and also residents' pharmacist were carried out to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice. Where medication errors occurred there was evidence of prompt review by the person in charge to ascertain the cause of the error and to quickly and efficiently address the issue to prevent it from occurring again.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose met the requirements of the Regulations.

It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found improved auditing systems within the organisation had brought about positive changes for residents and improved systems in relation to risk management, personal planning and resident access to primary care allied health professionals. The centre was managed by a competent person in charge supported by an equally competent team leader and clinical nurse manager 3 (CNM3).

The centre is one of a number of designated centres that come under the auspice of County Wexford Community Workshop Enniscorthy limited (CWCW) (E) residential Services. CWCW provides a range of day, residential, and respite services in Enniscorthy, County Wexford, for people with disabilities. It is a not for profit

organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a monthly basis and comprehensive minutes of these meetings are maintained and were available for the inspector to review during the inspection.

The senior management team which deals with the daily operations comprises of the Chief Executive Officer (CEO), manager of day and residential services, human resources manager, management accountant, and a group commercial manager. The senior management team meets every month, persons in charge and team leaders also attend these meetings. The person in charge and the team leaders meet with the CNM 3 on a weekly basis.

The person in charge for the centre works full-time. The person in charge is a qualified nurse intellectual disability; she has also completed a post graduate diploma in gerontology. She demonstrated a good understanding of the regulations during the inspection and addressed issues in a timely manner during the inspection. The inspector formed the opinion that she had the required experience and knowledge to ensure the effective care and welfare of residents in the centre.

The team leader for the centre assumes responsibility for the centre in the absence of the person in charge. Additionally there is an on-call system for out of hours, nights and weekends. The inspector also found the team leader for the centre to have appropriate knowledge and experience to meet the needs of residents and ensure safe supports and practices were in place.

The nominated provider, the CWCW manager and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The provider nominee and CNM3 had developed a revised six monthly auditing system in order to meet the requirements of Regulation 23 (2). Audits had been carried out in the centre and had identified a number of areas which required review such as residents' access to advocacy services, staff training in safeguarding vulnerable adults and management of percutaneous endoscopic gastrostomy (PEG) nutrition.

The provider had ensured an annual review of the quality and safety of care and support in the centre had been carried out informed by the six monthly audits of the centre. All residents had been given a copy of the annual review informing them of the outcome of the provider's internal audits and changes and improvements to the service provided to them. The inspector found the auditing system and annual review which had recently been implemented had improved practice in the centre and had been pivotal in bringing about the good level of compliance found on this inspection.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place should the person in charge be absent from the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Staff confirmed that transport was available to bring residents to their home, the various activities and the day service. It had been identified in an internal audit that increased transport needs for the house were required. The provider was reviewing this at the time of inspection. Residents spoken with however, told the inspector they could get out and about to their activities and appointments.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Recruitments systems for the centre indicated that staff were supervised on an appropriate basis, recruited, selected and vetted in accordance with best recruitment practice. The provider had initiated a suite of training for all staff working within the organisation which would ensure they were skilled and trained to support residents with all aspects of the care and welfare, including healthcare supports.

A sample roster was reviewed for the centre. This indicated there was an adequate number of staff allocated to support residents during the day with one waking staff and one sleep over staff in the centre at night time to support residents if and when required.

There was an induction and appraisal system in place. In addition, supervisory meetings were held with each staff member regular basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection. All staff appeared to be competent and were aware of their roles and responsibilities.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as PEG feed management, risk management and risk assessment, safe administration of medication, administration of emergency rescue medication, diabetes management and epilepsy support and management.

From a sample of staff files reviewed they were found to meet the matters as set out in Schedule 2 of the regulations which indicated safe and appropriate recruitment practices had been implemented.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beechhaven
Centre ID:	OSV-0002121
Date of Inspection:	20 September 2016
Date of response:	28 October 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The person in charge was required to review the process of one hourly night time checks to ensure it was based on an identified risk requirement and did not impact on the privacy of residents.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (3) you are required to: 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.

Please state the actions you have taken or are planning to take:

- Risk assessments completed for nine residents.
- Bed sensor in situ where a risk was identified.
- Night checks discontinued for 5 residents.

Reduced to 2 checks per night for 3 residents from outside the door.

One resident who remains medically unwell is checked hourly but reviewed frequently and as changing needs improve checks will reduce as per risk assessment.

Proposed Timescale: 29/09/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there were improved risk identification and reporting systems not all hazards in the centre had appropriate control measures in place to mitigate their risk.

Control measures for risks and hazards identified were not comprehensively documented.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

A comprehensive control measure documentation system is now in place and reviewed as per the risk identified. Continue to use audit of risk assessments and reviews as identified and documented electronically for senior management monitoring.

Proposed Timescale: 28/10/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider was required to address the fire safety works as recommended in a fire consultant report to ensure robust fire safety measures were in place in the centre.

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:

Fire doors now in place.

Fire strip quotes obtained and awaiting contractor to fit.

Proposed Timescale: 31/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The policy for management of behaviours that challenge did not guide staff in how to implement positive behaviour support and focused on reactive strategies and restrictive practice.

4. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:

New policy has been drafted.

New HR manager commences in November 2016, Policy will be amended by this manager and then approved by the management team

Proposed Timescale: 31/01/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Behaviour support plans did not set out adequately therapeutic supports to alleviate the cause for a resident to engage in behaviours that challenge.

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:

Behaviour support plans reviewed and positive behaviour support plans in place with

evidence of therapeutic techniques under the informed consent of the resident or the residents advocate and reviewed regularly and at person centred planning meetings.

Proposed Timescale: 28/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While residents had access to allied health professional services some required more preventative health reviews relevant to their age and associated risk factors.

6. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

Dexa scans in progress of completion, resident 2121-06 completed on 5/10/2016.

Speech and Language consulted in relation to tasting for resident with PEG feed.

Proposed Timescale: 31/01/2017