



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

## Issued by the Chief Inspector

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| Name of designated centre: | Beaubec Cottage  |
| Name of provider:          | St John of God Community Services Company Limited By Guarantee |
| Address of centre:         | Louth  |
| Type of inspection:        | Short Notice Announced   |
| Date of inspection:        | 04 March 2021  |
| Centre ID:                 | OSV-0005784  |
| Fieldwork ID:              | MON-0031793  |

## About the designated centre

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

Beaubec Cottage is a four bedroom community home located on the outskirts of a large town in Co.Louth. The centre provides 24hr care and support to four male adults. The house has been adapted for wheelchair users. It consists of four bedrooms, two of which have en-suite bathrooms. There are two sitting rooms, a large bathroom and a kitchen/dining room with access to a large landscaped garden. The house is located close to community facilities and transport is also provided for residents. Residents do not attend a formal day service. A person centred approach is adopted to support individuals to establish their own personal goals. Residents have access through a referral system for allied healthcare professionals as required. There are three staff on duty each day to support this. Two waking night staff are also on duty to support residents with their needs. The skill mix includes nursing staff, social care staff and health care assistants. An out of hours on call service is available to staff 24/7. This is provided by senior nurses. The person in charge is responsible for three other designated centres under this provider. A CNM2 is employed to support the person in charge to ensure affective oversight of this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 4 March 2021 | 10:00hrs to 14:50hrs | Anna Doyle        | Lead    |
| Thursday 4 March 2021 | 10:00hrs to 14:50hrs | Florence Farrelly | Support |

## What residents told us and what inspectors observed

Residents enjoyed a good quality of life in this centre. All of the residents had moved to their home from a large rural campus based setting in 2018. Since moving it was evident that residents were integrating into their local community and were being supported to develop new skills to enhance their independence and quality of life.

Due to the size and layout of the centre and in line with current public health advice, inspectors spent a short time at the centre. The rest of the inspection was completed at an administration office near the centre.

Inspectors met all of the residents and one inspector spent some time observing the practices in the centre. The residents were observed to be relaxed in their home and some were organising a trip to the beach for a walk. Staff were observed treating residents with dignity and respect at all times and residents appeared relaxed in their company. Staff also had a very good knowledge of the residents' needs in the centre.

A family representative also spoke with an inspector over the phone and gave some feedback on the services provided. They were very complimentary of the staff and described the centre as a "home from home" for their family member. They said that they were kept informed at all times of any changes to their family members care.

The annual review for the centre also provided detailed feedback from residents and family representatives about their views on the services. The feedback from residents was very positive saying that they liked the staff, the meals in the centre and outlined some of the activities they enjoyed. Some residents had spoke about things they would like to change. For example; one resident said they would like their bedroom painted and this had been completed.

The annual review also included some of the activities that residents had done over the last year. These activities were contributing to inclusion of residents in their local community. For example; one resident now volunteers for the local community beach clean up group. Another resident is a member of the local library, and another took part in a local walk challenge. Another significant outcome for one resident was also now contributing to more community access for this resident who beforehand had being very anxious about engaging in community activities.

Feedback from family members in the annual review was also very positive saying that overall they were very happy with the services provided. One family member had raised one potential concern and the person in charge had followed up with the family member about this.

Since the public health restrictions community access had been limited in line with

public health advice. However, staff and residents had adapted to this. Some residents were even developing entrepreneurial skills. For example; there was now a large poly tunnel in the back garden where residents were growing vegetables, fruits and plants. Rhubarb and potatoes had been planted at the time of the inspection. Staff spoke about two residents who had made vegetable parcels during the summer as a gift for their family members. Some of the produce grown was also being used for meals in the residents home.

A wall art project had also been completed in the garden, one resident had been very creative and had used their empty wine bottles to create an art feature on the wall.

Residents had also been supported to enjoy other activities in their home during the public health restrictions, some of which included; a black tie dine in event which included pints from the local pub. One resident had also become a regular listener to a local radio programme and liked to send in requests to this, for their family members.

Residents had weekly meetings in the centre where a number of topics were discussed. This included menu plans and activity options for the week. Other topics discussed included information on COVID-19 regarding hand washing and vaccinations. Residents could decline to go to these meetings if they wanted to. In its place residents also had weekly meetings with staff to plan their own activities for the week. This informed the inspectors that residents were included in decisions about their home.

There were a number of examples of where residents rights were respected in the centre. As discussed residents could choose not to attend residents weekly meetings. One resident had been supported with a restraint reduction plan and the restraint was now no longer being used for the resident. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Residents were also being informed of issues relating to COVID-19. Residents were also been supported to be included in their local community by joining local volunteer groups and community initiatives. Residents were also observed to have free access around their home meaning there were no doors locked which impeded them from accessing areas of their home.

The centre was also very close to local shops, that residents could walk to. This was enabling residents to get to know their local shopkeepers and people in the community.

No complaints had been made in the centre over the last year. However; a number of compliments of the services provided were received from family members and residents.

Overall, the residents were being supported by a competent management and staff team who demonstrated a commitment to meeting the residents' needs and continually improving the quality of lives of the residents living here. These matters will be discussed further in the following 2 sections of the report Capacity and

Capability, and Quality and Safety.

## Capacity and capability

This centre were was well-led and resourced to meet the needs of the residents. Both the management and staff team provided safe and effective care to the residents here which is demonstrated in the high levels of compliance found at this inspection.

There was a defined management structure in place. The person in charge is a qualified social care professional with the appropriate management qualifications. They are committed to their own professional development and are currently undertaking further disability studies. As they are responsible for three other designated centres, they are supported in their role by a clinic nurse manager 2. Both staff provided very good leadership skills to the staff team, had a very good knowledge of the residents' needs in the centre and were responsive to the inspection process. The person in charge was aware of their responsibilities under the regulations and reports to a director of care and support who is also a person participating in the management of the centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The provider also had a quality enhancement plan for this centre which included all actions from audits by the provider and previous inspections conducted by HIQA. It was observed from this plan that actions relating to the last inspection had been completed. For example; all fire records had been audited and fire drills were conducted to assure a safe evacuation of the centre. Two actions were outstanding at the time of the inspection from recent audits conducted. For example; refresher training due for some staff had to be postponed in line with public health advice. However, the inspectors were satisfied that the person in charge was monitoring this.

Other audits completed in included; infection control, medication management, restrictive practices and residents' personal possessions. Overall the findings from these audits were for the most part compliant; where areas of improvement had been identified they had been addressed. For example; an infection control audit showed that the sitting room in the centre needed to be added to the daily cleaning schedules and this had been completed.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff felt supported in their role and were able to raise concerns, if needed, to a manager on a daily basis but also through regular staff meetings and supervision. An out of hours on call service was also available should staff need support around the medical needs of residents.

From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, positive behavioural support and infection prevention and control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. One area of improvement identified at the inspection in relation to training needs of staff had been implemented by the end of the inspection. Some refresher training was also due for some staff, however; there were plans in place to complete this once public health advice permitted this.

A sample of staff personnel files viewed were found to contain the requirements of the regulations, this assured inspectors that the provider had up to date Garda vetting in place for staff.

The person in charge had also notified HIQA in line with the regulations when an adverse incident had occurred in the centre.

#### Regulation 14: Persons in charge

The person in charge was a social care professional who was committed to her own personal development. They provided good leadership and support to their team and knew the residents well. They were responsible for three other designated centres under this provider and have the support of a clinic nurse manager to ensure effective oversight of this centre. The person in charge was also aware of their regulatory remit under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection.

Personnel files reviewed contained the information required under the regulations.

Judgment: Compliant



## Regulation 16: Training and staff development

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. As identified through the providers own audits, some staff were due refresher training, however once COVID-19 restrictions were lifted this training would be completed.

Staff received supervision from the person in charge or the clinic nurse manager.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a Statement of Purpose available in the centre, which had been recently updated and contained the requirements of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

From a review of incidents in the centre, the person in charge had notified the Health Information and Quality Authority (HIQA) as required by the regulations.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives both in the centre and within their community, although community activities were impacted by the current restrictions the residents had been supported to engage in other activities in line with these restrictions. The staff team were ensuring a safe, quality service to the residents here. This included risk management systems to ensure that people were safe and providing opportunities for residents to be included and involved in their community and home life.

The centre was very clean, homely and decorated to a high standard. There was a lovely garden to the back of the property which was large enough for residents to walk around. There were no environmental restrictions in the centre, meaning that residents could freely access all areas of their home themselves. Residents had their own bedrooms, which had been personalised in line with the residents own tastes.

Each resident had a personal plan which detailed the support needs they required to enjoy an active and healthy life. These plans had also been developed into an easy read version for residents. Residents health care needs were assessed, monitored and reviewed on a regular basis. An annual review took place which residents and their representatives attended to review the residents' needs, goals and aspirations for the future. Residents were supported to develop goals that they would like to achieve or increase their independence. For example; staff had implemented objects of reference for one resident to communicate to staff when they wanted something. Objects of reference are objects used to communicate a meaning in the same way as words or pictures are used. This resident uses a cup to communicate to staff when they would like a drink.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. This included timely access to GP services, a physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from a clinic nurse specialist and a psychiatrist.

There were some restrictive practices used in the centre to keep people safe. The records viewed indicated that residents representatives had been informed of the need for this practices. There was a committee in the wider organisation where all restrictive practices were reviewed and approved. An example of where the least restrictive option for the shortest duration was observed for one resident. For example a sensor had been put in place for a resident who was at risk of falls, this had been reviewed and was due to be removed in line with the resident's risk assessment in the coming weeks.

There were also systems in place to manage and respond to risk. For example; one

resident had a fall last year. The staff team and allied health professionals had continually reviewed and supported the resident with this to ensure this residents safety. Incidents that had occurred in the centre were reviewed at staff meetings and by the person in charge. Risk assessments were also in place which outlined the controls in place to mitigate risks.

Equipment was maintained in good working order, for example; the boiler had been serviced within the last year. The bus available in the centre was also insured and there was a record to indicate that it was in a road worthy condition.

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control. Personal Protective Equipment (PPE ) was available in the centre and staff were observed using it in line with national guidelines. For example; masks and visors were worn by staff when social distancing could not be maintained. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Weekly audits were also being conducted by staff to ensure that the practices in the centre were in line with current public health guidelines.

Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken with, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

## Regulation 17: Premises

The centre was very clean, homely and decorated to a high standard. There was a lovely garden to the back of the property which was large enough for residents to walk around. There were no environmental restrictions in the centre, meaning that residents could freely access all areas of their home themselves. Residents had their own bedrooms and these had been personalised in line with the residents own tastes.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. Incidents

that occurred in the centre were reviewed and where required additional control measures were put in place to keep people safe.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had arrangements in place to manage a suspected/confirmed case of COVID-19 in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed the support needs they required to enjoy an active and healthy life. These plans had also been developed into an easy read version for residents. Residents health care needs were assessed, monitored and reviewed on a regular basis. An annual review took place which residents and their representatives attended to review the residents' needs, goals and aspirations for the future. Residents were supported to develop goals that they would like to achieve.

Judgment: Compliant

### Regulation 6: Health care

Regular and as required access to a range of allied health care professionals also formed part of the service provided. This included timely access to GP services, physiotherapist, occupational therapist and a dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. Residents were also supported to enjoy best possible mental health and where required had access to support from a clinic nurse specialist and a psychiatrist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were some restrictive practices used in the centre to keep people safe. The records viewed indicated that residents' representatives had been informed of the need for these practices. There was a committee in the wider organisation where all restrictive practices were reviewed and approved.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found a number of examples where residents' rights were protected in the centre. For example; one resident had been supported with a restraint reduction plan and the restraint was now no longer being used for the resident. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Residents were also being informed of issues relating to COVID-19.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title                                      | Judgment  |
|---|-----------|
| <b>Capacity and capability</b>                        |           |
| Regulation 14: Persons in charge                      | Compliant |
| Regulation 15: Staffing                               | Compliant |
| Regulation 16: Training and staff development         | Compliant |
| Regulation 23: Governance and management              | Compliant |
| Regulation 3: Statement of purpose                    | Compliant |
| Regulation 31: Notification of incidents              | Compliant |
| <b>Quality and safety</b>                             |           |
| Regulation 17: Premises                               | Compliant |
| Regulation 26: Risk management procedures             | Compliant |
| Regulation 27: Protection against infection           | 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 |