



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

Issued by the Chief Inspector

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| Name of designated centre: | Beach Lodge |
| Name of provider: | Terra Glen Residential Care Services Limited |
| Address of centre: | Wexford |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 October 2021 |
| Centre ID: | OSV-0007933 |
| Fieldwork ID: | MON-0032268 |

About the designated centre

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

This centre provides full time residential care for a maximum of four children between the ages of six and 18 years of age. This centre is a large detached house set in private grounds on the outskirts of Enniscorthy. All of the young people who live here have their own bedroom and access to communal areas such as kitchen-diner, conservatory and two living rooms.

Staff within Beach Lodge will endeavour to support the young people who present with intellectual disabilities, autism, epilepsy, mental health and other complex needs. The staff team promote and encourage social inclusion and integration within the community. Children are supported by a staff team comprising of social care workers and health care assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 - 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 |
|-----------------------|----------------------|-------------|------|
| Friday 8 October 2021 | 10:00hrs to 18:00hrs | Tanya Brady | Lead |

What residents told us and what inspectors observed

This inspection was the first completed in this centre since it was registered. The centre is currently home to three young people but is registered for a maximum of four up to the age of 18 years. The inspector met all three young people who live here in addition to the staff and management team over the course of the day. As this inspection was completed during the COVID-19 pandemic the inspector adhered to national guidance in relation to the wearing of personal protective equipment and maintaining social distance.

One young person was attending school and was not present in the centre until later in the day and the inspector met them on their return. The other two were present throughout the day and were supported by staff to go out to town or to engage in activities in the centre. The inspector noted that the young people had decorated their home for Halloween and in one room had created a fake person on a sofa to try and play a practical joke on the person in charge. There was a relaxed and fun atmosphere in the house.

Later in the day two of the young people were relaxing in the kitchen and one showed the inspector a painting they had completed that was displayed on the wall. They explained that it was a rose which was a symbol used by the provider to represent their service and outlined to the inspector what this meant. The other resident joined in the conversation and suggested that the rose could be painted using 'county colours' to represent different counties in Ireland.

One young person was seen to relax in a small living room which they called the chill out room over the course of the morning before getting ready to go into town with staff. They returned later in the afternoon with a new headband decorated for Halloween that they had chosen. Over the course of the day the young people were engaged in activities and the staff team were observed to be respectful and engaged with them. The young people looked to staff for support if required and were encouraged to be independent as much as possible.

In summary, based on what residents communicated with the inspector and what was observed, it was evident that residents received a good quality of care and had busy and active lives. However, there are some areas for improvement including infection prevention and control and medicines management. The inspector acknowledges however, that the systems in use in the centre are in their infancy and will take time to become embedded into everyday practice. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for the young people in the centre. There were clearly defined management structures in place which identified the lines of authority and accountability. This centre was newly registered and this was the first inspection since the young people had moved in.

Within the centre the person in charge was supported by a full time team leader and by a person participating in management of the centre. There had been a six monthly unannounced visit as required by the regulations with specific action plans arising from the completion of this. It was evident that improvements were made as a result of the findings of these reviews which were positively impacting on the young people living in the centre however, not all actions were as yet completed.

The inspector found that the young persons living in the centre appeared happy, relaxed and at ease with the support offered to them by staff. Staff were observed by the inspector to be caring and respectful in all interactions with the young people. The staff who spoke with the inspector were knowledgeable in relation to the young persons needs and likes and dislikes. There were sufficient staff numbers to meet the assessed needs of the young people as identified in the centre statement of purpose.

Regulation 15: Staffing

The provider had ensured that there sufficient staff to meet the assessed needs of the young people who lived in this centre. The inspector reviewed the current and planned roster and it accurately reflected the staffing position. Each shift identified ensured that there was a range of skills and experience present so that the assessed needs of the young people were met. Staff were knowledgeable in relation to the care and support needs identified.

The inspector reviewed a sample of staff personnel files and found that they contained all documentation as required by Schedule 2 of the regulation. This included current vetting by An Garda Siochana in addition to evidence of qualifications and two references.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the required mandatory training to ensure they were supported in carrying out their role. Where staff had completed the theory aspect of one course in manual handling the practical component was scheduled. A clear induction process was in place for new staff and all of the current team had completed this. All staff had additionally completed training in infection prevention and control, hand hygiene and personal protective equipment (PPE) use. Certain staff has been allocated specific duties such as responsibility for medication or fire safety and they spoke to the inspector about the additional responsibilities they had. The provider and person in charge had a system in place for the monitoring and tracking of training to ensure that refresher training was scheduled when required.

Supervision for the staff team was completed by the person in charge with some staff also supervised by the team leader. The person participating in management provided supervision to the person in charge. The inspector found that a schedule was in place and that formal supervision was occurring as indicated in the providers policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre was well managed and that the young persons living here were in receipt of person centred care and support. The management of documentation and accessibility of information available to the staff team required review as over the course of the inspection it was difficult to access required information and to easily see where guidance information was stored. This is reflective of the staff team and person in charge becoming familiar with new systems. The person in charge was present in the centre on a daily basis and was supported in their role by a team leader and by the person participating in management.

There was a suite of audits being completed by both the person in charge and the person participating in management and these included spot checks in addition to routine reviews. There was evidence of follow up and completion of actions following these audits. A number of meetings were occurring such as management meetings, and staff meetings. The young persons care and support needs were central on the agenda of all of these meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This was a newly registered centre and the three young people had all moved into the centre over the course of the last six months. Each young person had had an assessment of their needs completed prior to admission. A compatibility assessment with potential peers was also completed in addition to pre-admission risk assessments. A contract of care was in place which outlined the service to be provided and arrangements for care and support in place. These had been signed and where a young person turned 18 years there was evidence that these were reviewed and updated if the young person remained in education.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all incidents and adverse events that had occurred in the centre and not all those that required notification to the Chief Inspector of Social Services had been made within the time lines set by the regulations. The provider ensured that they were submitted immediately following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had ensured that a complaints policy and an easy read version of the policy were available. Associated complaints procedures were also available and guided staff practice.

The person in charge maintained a complaints log which was reviewed by the inspector and a number of complaints had been received. The person in charge had ensured that complaints received had been investigated and managed in line with the providers policy and it was clearly indicated that these had been concluded to the satisfaction of the individual making the complaint. Learning was evident from the outcome of the complaint investigation with in one instance changes made to risk assessments and in another review of the number of student placements in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality of the service provided to the young persons living in this centre was good. Each young person was supported in a person-centred manner in keeping with their assessed needs and preferences. While the young people had only recently moved into the centre the inspector found that the staff team were endeavouring to provide care in a manner that took the young persons wishes into account.

The inspector found that the provider and person in charge were working to ensure that the evolving systems in place were monitored to ensure personal plans in place were effective and that changes were made as the staff team became more familiar with the young person over time. Some improvements were found to be required in the areas of medicines management, infection prevention and control practices and fire safety and are detailed below.

The centre presented as a homely and warm environment and there was evidence of the young people individualising both communal and personal areas. There was a large garden that ran around the house and numerous areas to play and relax as required.

Regulation 17: Premises

This centre comprises a spacious detached house set in a large garden which is mainly to lawn. The house contains a number of communal rooms and each young person has their own private bedroom which were decorated in a manner that was individual to them. There was evidence of the young persons personal belongings throughout the house and this gave the centre the atmosphere of a comfortable home.

Judgment: Compliant

Regulation 26: Risk management procedures

The young people who lived in this centre were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping them safe while responding to emergencies. There was a risk register which had been developed and was reviewed regularly by the person in charge and person participating in management. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

There was evidence that vehicles were regularly serviced, insured and equipped with appropriate safety equipment. Staff spoken with outlined the vehicle cleaning and

safe use procedures in relation to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

There were policies and procedures in place to protect the young people from the risk of infection and these included COVID-19. Staff were observed to wear masks in line with national guidance and there was access to adequate hand washing facilities and hand sanitising gels were available throughout.

A specific bin for the disposal of personal protective equipment was in place and there were procedures in place for the disposal of waste. There were procedures for the management of laundry and for the cleaning of vehicles used in the centre.

Improvements were required in relation to the cleaning and monitoring of cleaning within the centre. The inspector found that two rooms in the centre the staff and person in charge offices were not included on the cleaning schedule and there was no evidence that they were subject to the same procedures as other rooms. This was of concern as staff moved in and out of these rooms over the course of the day and young people had regular access to these rooms also. A storage space in the communal bathroom used by two of the young people in the centre contained substantial dust and debris and an en-suite bathroom in the other young persons bedroom was also visibly dirty. In addition a staff member had left a used face mask on a desk which had not been disposed of as required. On review of the cleaning schedules the inspector found that they had not been completed for two days over the course of the preceding week.

Judgment: Not compliant

Regulation 28: Fire precautions

The young people who lived in this centre were protected by policies and procedures the provider had in place. There were suitable arrangements to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each young person had a personal emergency evacuation procedure in place which were detailed and contained information to guide staff.

Daily and weekly fire safety checks were being completed. One area of concern was raised by the inspector with the management team on the day in relation to the location of the washing machine and tumble dryer as both were in the conservatory which was not separated and contained from either the kitchen or a sitting room.

Although both of these rooms did have containment measures in place leading to the hall. This had been reviewed by the providers fire safety expert however, the person in charge was ensuring ongoing review was completed.

Fire drills were being completed although one had not taken place that reflected minimum staffing levels with all three young people which would reflect the position at night time. In addition a fire drill record stated that on the previous drill one young person ran back into the house to collect a personal item and there was no evidence of learning arising from this or actions put in place to mitigate against this from happening in future evacuation situations.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies and procedures relating to the ordering, prescribing, storage and disposal of medicines. Specific procedures were in place for the management of controlled medication which was securely stored and its use recorded in line with best practice. Each of the young people had had an assessment of their capacity to manage medication and a management plan was in place. Audits were completed regularly however, these audits were not picking up on the omissions in practices as outlined below.

The inspector found that for one young person medication for use as required (PRN) was not available in the centre despite it being detailed on their prescription record and for creams or ointments there was no opening date recorded so it was not possible for staff to know when to dispose of them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each of the young people who had moved into this centre had an assessment of need completed with care plans and risk assessments developed as required. Goals were set in conjunction with the young person and reviewed on a monthly basis. The inspector found that there were goal planning documents in place and steps towards achieving goals identified and progress was clearly recorded. There was evidence of ongoing consultation with the young person relating to their goals and targets. The social and support skills needed in order to progress goals were identified and steps were in place regarding the development of these.

Judgment: Compliant

Regulation 6: Health care

Each young persons' healthcare needs were appropriately assessed and support plans were developed in line with these assessed needs. Each young person had access to appropriate health and social care professionals in line with their assessed needs. Care plans were in place should they be required and the inspector reviewed a number of these including management of nutritional intake and management of fungal skin infection. Where one young person had required medical review in hospital recently with onward referral made there was evidence of follow up and oversight by the team leader and person in charge in ensuring that all supports that were required were in place in a timely manner.

Judgment: Compliant

Regulation 7: Positive behavioural support

The young people in this centre were supported to manage their behaviour. Positive behaviour support plans in place clearly guided staff practice to support them. They included proactive and reactive strategies. Additionally, they outlined known triggers for the young persons and the function of some of the behaviours of concern. Protocols were in place to guide staff in supporting young people in situations known to be difficult for them.

The inspector found that there were some restrictive practices in place in this centre and they had been comprehensively assessed and were reviewed on an ongoing basis to ensure that the least restrictive measure was in place for the least amount of time.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems to keep the young people in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping the young persons safe and reporting allegations of abuse. The person in charge had systems in place to ensure that they maintained open communication with other organisations that may be involved with the young persons care and this ensured that there were consistent approaches reflecting the young persons wishes in place.

The inspector reviewed a number of intimate care plans and found they were detailed and guiding staff practice in supporting the young people. However, there appeared to be developing compatibility issues between two of the young people in the centre and some of these concerns had been reported and managed via the complaints procedure. The inspector on review of incidents in the centre observed a pattern of concern which was discussed with the local management team on the day of inspection. While the person in charge and staff team were responding to these individual incidents in an appropriate manner, review was required to ensure that these did not become accepted as custom and practice.

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 |
|--|-------------------------|
| Capacity and capability | |
| 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 |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | 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 |

Compliance Plan for Beach Lodge OSV-0007933

Inspection ID: MON-0032268

Date of inspection: 08/10/2021

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 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Weekly Services and Governance report has recently been updated to include a section relevant to incidents that require to be reported to HIQA. Communication between PIC and PPIM will be daily on centre reports and activities. The PPIM will be on site, at a minimum of, once a week to sign off on incidents and this will provide a better oversight into the service and provide the PIC with additional support. A Child Protection training will be delivered, exclusive to the Beach Lodge staff team to enhance their practice. Child Protection training will be updated to include the HIQA reporting system. All staff members will complete Safeguarding Vulnerable Adults Protection Policy, a toolkit will be completed with each staff following training to ensure understanding and to promote a zero tolerance culture. Any issues observed during this will be addressed in staff supervision. A check and challenge document has been created to explore staff member’s knowledge on safeguarding to give them scenarios and establish their understanding of safeguarding. Any staff member’s not aware will engage in a supplementary supervision with the PIC to ensure a greater understanding. Safeguarding and child protection will be a standing item on team meeting agenda.</p> | |
| Regulation 27: Protection against infection | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Immediate action was taken and the mask was removed from the office on the day of the inspection.</p> <p>All staff have completed mandatory infection prevention, breaking the chain of infection,</p> | |

correct use of PPE and hand hygiene training have been completed by all staff. The cleaning checklist to be updated to include daily sanitization and deep clean of PIC office upstairs, staff sleep over room and the young person bathroom storage space. PIC to sign off on daily cleaning checklists and do a daily walk around to ensure high cleaning standards. PPIM will visit the service, minimum once weekly and provide oversight and assurance. Monthly spot inspections take place to ensure oversight and assurance. PIC to complete weekly infection and prevention audit to include governance and oversight and to follow up on outstanding actions.

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC to review fire procedures and protocols on a weekly basis and reflected any issues/concerns in maintenance log and send to DODs for oversight. Fire drill to take place with minimum staff and maximum service user to ensure all scenarios are covered and ensure compliance with fire regulations. Review and update of young person’s PEEP to include follow up, learning and actions to ensure safe execution of fire drill and to further support young people to evacuate safely. Key working session to be completed with young person to ensure young person awareness of safe fire evacuation.

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Daily handover form updated to include PRN required and to be purchased and staff assigned to this to ensure accountability. PIC to sign handover form, following handover and ensure shift planning has occurred and that all tasks are delegated. Monthly medication audit to be updated to include labels on open medication. PIC to sign off on audits to ensure oversight and governance. Monthly spot inspections to be completed by senior management to provide oversight and assurance. All actions to be completed and closed out by senior management. All staff members are trained in Medication and are refreshed regularly. PIC to schedule staff for training as required.



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 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Not Compliant | Orange | 29/11/2021 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 29/11/2021 |
| Regulation | The registered | Substantially | Yellow | 29/11/2021 |

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| 28(4)(b) | provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Compliant | | |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 29/11/2021 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration | Substantially Compliant | Yellow | 29/11/2021 |

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| | of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance. | | | |
| Regulation 31(1)(g) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff. | Substantially Compliant | Yellow | 29/11/2021 |