



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

Issued by the Chief Inspector

Name of designated centre:	Annalee View Respite Centre
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0008086
Fieldwork ID:	MON-0034360

About the designated centre

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

The centre provides respite care services for up to five adults or five children on a 24 hour basis. Respite breaks are offered to residents for a period of two to seven days, and children and adults are accommodated on alternate weeks. The centre can accommodate residents with complex needs, and support is provided by a team of nurses and healthcare assistants. The centre is a five bedroomed property located on the outskirts of a large town, and has a large garden with playground area and parking. The centre has it's own wheelchair accessible bus, and residents are supported to avail of activities in the centre, as well as outings in the community. The team is managed by a full-time person in charge, and admission to respite services are planned in consultation with community health personnel and some voluntary agencies.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 July 2022	11:45hrs to 18:25hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This was the first inspection of this centre, since it was registered in September 2021. The centre provided respite services to approximately 150 adults and children within the Cavan and Monaghan areas. The services were arranged over two week rotation, with respite services provided to adults on one week and children on the second week.

The centre comprised of a large detached property, on it's own grounds, and was located on the outskirts of a large town. The premises was laid out to meet the needs of residents who availed of respite services, and the centre had it's own transport.

The inspector spoke to the person in charge, who knew the residents very well, and described some of the supports which were in place to meet the individual needs of residents, and responses which had been taken to emerging risks in the centre. The inspector also spoke to two staff members during the course of the inspection. Staff told the inspector of the activities a resident was doing, including a walk in the morning and a shopping trip in the afternoon. The inspector observed that additional staff were allocated to the centre, and brought another resident out on a trip.

The inspector met two residents, who had arrived for their stay in respite in the early afternoon. One of the residents told the inspector they liked staying in the centre, and the other resident, while not able to tell the inspector, did appear to be very happy in the centre. These residents were enjoying listening to music on a video channel, and a staff member told the inspector that this activity is enjoyed by a lot of residents who stay in the centre.

The inspector observed that the staff were courteous and respectful in their interactions with residents. For example, a staff was observed to sensitively provide support to a resident during a mealtime, and another staff chatted to residents about their choice of afternoon snack. The inspector saw that residents' preferences were respected, for example, one resident preferred to listen to their electronic tablet while seated in the hallway, and this choice was respected by staff.

Positive feedback from a family member was included in a review of the centre by the provider, with the family saying they were very happy with the service provided in the centre.

Overall the inspector found residents were receiving a good standard of care and support while staying in the centre. The following two sections outline the governance and management arrangements, and how these arrangements were positively impacting on residents availing of respite services in this centre.

Capacity and capability

The inspector found the provider had the appropriate management systems in the centre to ensure the residents received an effective and safe service. The services were monitored on an ongoing basis, and risks and emerging needs were responded to effectively. There were high level of compliance with all 12 of the regulations inspected found to be compliant.

The provider had ensured there were sufficient staffing levels in the centre, and staffing rosters were planned around the needs of residents. For example, there was an additional staff on duty during the summer months when schools and day services were closed, allowing residents to go out on trips in the community. There were some staff vacancies in the centre due to leave; however, these posts were being filled by regular agency staff. The inspector found the staff were knowledgeable on the needs of residents and on the specific supports residents required, including their healthcare, emotional and safety needs.

Staff had been provided with a range of mandatory and additional training to meet the needs of residents. This included, fire safety, behavioural support, safeguarding adults at risk of abuse, children's first, and infection control. Additional training had also been provided, for example, manual handling, cardiopulmonary resuscitation, and the management of oxygen. Staff were appropriately supervised on a day to day basis and staff supervision meetings were facilitated on a six monthly basis.

Notifications had been made to the Health Information and Quality Authority (HIQA) of practices in use, and of adverse incidents occurring in the centre, and the inspector acknowledged that one practice was currently under review relating to a restrictive practice.

There were appropriate management systems in place to ensure residents received appropriate, and safe care and support while availing of respite stays in the centre. There was a clearly defined management structure. Staff reported to the person in charge, who reported to the senior nurse managers. The senior nurse manager reported to the regional manager of the Cavan Monaghan Disability services.

The provider had ensured the service was resourced appropriately to meet the diverse needs of residents and sufficient staffing, facilities and transport were in place. Respite services were planned in consultation with community nurses, child development teams, and other service providers in in the local area.

There was ongoing monitoring of the services provided and the provider was found to be responsive to emerging risks in the centre. There were a range of audits carried out in the centre for example in, medicine management, infection prevention and control, personal planning, and fire safety. The inspector reviewed a sample of these audits, and found where issues arose, the actions had been completed. For example, a medicine prescription record had been updated following a medicine audit, supervision for staff was scheduled at six month intervals, and personal

evacuation practices were found to be reviewed and up-to-date following six monthly unannounced visit by the provider in February of this year. The person in charge had also identified a number of improvements required in the premises, following one significant incident and also in light of infection control procedures.

Regulation 15: Staffing

There were sufficient numbers of staff on duty, with the right skills, knowledge and qualifications to meet the diverse needs of residents availing of respite services in this centre. There was one nurse on duty during the day and at night time, and one healthcare assistant during the day and at night time. Additional staff were provided to meet specific needs of residents, for example, additional staff had been provided during a recent outbreak of COVID-19 in the centre, and there was additional staff on duty during the summer months to facilitate community outings. There were some staff vacancies due to leave in the centre, and these posts were filled by regular agency staff, meaning continuity of care was maintained. Rosters were appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of training, in order to meet the needs of the residents and keep them safe. Staff were knowledgeable on the specific needs of residents, for example, health care interventions and on control measures in place to ensure residents were safe in the centre. The inspector reviewed a sample of supervision records for two staff, and found staff were provided with opportunities to review their professional and individual needs, and to raise concerns if needed. The person in charge was on duty in the centre five days a week and provided direct supervision of the care and support of residents.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate management systems in place to ensure the service provided was safe, consistent and monitored on an ongoing basis. Issues and risks identified through audits and reviews were responded to, and all actions were either complete or in progress on the day of inspection. A six monthly unannounced visit formed part of these reviews and had been completed in February of this year.

There was a clearly defined management structure. The provider had ensured the centre was resourced effectively for the safe delivery of care and support for residents. This included providing equipment and facilities in the centre for residents' use, sufficient staffing, ongoing staff training, and centre transport.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured notifications were made to HIQA as required, reporting practices and incidents in the centre.

Judgment: Compliant

Quality and safety

The inspector found residents were provided with appropriate care and support during their respite stay in accordance with their assessed needs. There was a responsive approach to risks in the centre, for example, risks relating to incidents, infection control, and positive behavioural support.

Up-to-date assessments of need had been completed for residents, and these assessments took into account information provided by residents, families, allied health care professionals, and general practitioners. Assessments considered the health, social and personal care needs of residents, and personal plans were based on these assessed needs. The inspector reviewed personal plans for three residents and found all plans were up to date and guided the practice in the provision of care and support. For example, health care plans, risk management plans, and intimate care plans were available in residents' files. Staff had also completed a document "My Plan" for each resident, which outlined each individual residents' specific likes and dislikes, daily routines, communication methods and food preferences. Staff were knowledgeable on the needs of residents for example, a staff member described some of the supports to meet the nutritional needs of a resident, as well behavioural support needs for a resident, and a safeguarding plan.

Residents were provided with appropriate healthcare while staying in the centre, and detailed healthcare plans were available to guide practice in meeting the diverse healthcare needs of residents. A staff described the response to take if a resident became unwell while staying in the centre. Up-to-date information had been provided by healthcare professionals following review of individual residents' needs, for example, general practitioner, occupational therapist and dietitian.

Residents were supported with their emotional and behavioural needs, and up to

date behaviour support plans had been developed following assessment by a behaviour support specialist. These plans provided staff with guidance on the proactive and reactive strategies to support residents with their behavioural needs. There were a number of restrictive practices in use in the centre, which had been reported to HIQA through quarterly notifications. Restrictive practices were used following assessment, and were subject to review. For example, the use of two physical restraints for a resident had recently been reviewed by an occupational therapist.

There had been some safeguarding incidents notified to HIQA. Safeguarding incidents had been investigated by the person in charge, and reported to the relevant authorities. Measures had subsequently been put in place to ensure residents were protected, and the person in charge as well as a staff member described these measures. Staff has up-to-date training in safeguarding.

There was policy on risk management which included the identification, reporting, assessment, management and monitoring of risks, and the specific measures and actions to control the risks as specified in regulation 26 (1)(c). Individual risks had been assessed, as well centre risks, and the inspector found the control measures were in place to mitigate the potential for harm to residents, staff or visitors. For example, completed control measures for the use of oxygen included safe storage and daily checks of oxygen supply.

Suitable arrangements were in place for the management of incidents in the centre. The inspector reviewed a sample of incident records since January 2022. All incidents had been reviewed by the person in charge, with additional follow up measures taken, as well as reviews with multidisciplinary team members arranged where required. For example, following a significant incident, the person in charge had arranged for new fixtures for the premises, and had changed supervision arrangements at night time. A review of the incident had also taken place with staff members, a psychologist, and a behaviour support specialist.

The centre was clean and well maintained overall. The person in charge had identified some upgrade works which were required in the centre, including painting, replacing wardrobe doors, and replacing mirrors. Each resident had their own room during their stay in respite and there were adequate numbers of bathrooms available in the centre. Equipment was provided to support residents with their needs, for example, hoists, handrails, a stair lift and a shower chair.

There were some minor issues relating to infection prevention and control practices; however, these were addressed by the end of the inspection. For example, bins were replaced with pedal operated bins, missing hand soap was replaced in the kitchen, and fly paper was removed from the kitchen ceiling. Notwithstanding these issues, overall there were satisfactory infection prevention and control practices in place including staff training, environmental cleaning, and adequate availability and use of personal protective equipment (PPE). The provider had developed a contingency plan, which had been implemented during a recent outbreak of COVID-19 in the centre, and a post outbreak review had also been completed. There were clear oversight arrangements for the management of infection prevention and

control in the centre.

Suitable fire safety systems were in place. The centre was equipped with a fire alarm, call points, fire extinguishers, fire blanket and emergency lighting. Fire doors with self-closing devices were installed throughout the centre. All fire safety equipment was being serviced on the day of inspection. All fire exits were observed to be clear. The inspector reviewed a sample of 14 personal emergency evacuation plans which were up-to-date and outlined the support residents required to evacuate the centre. Regular timely fire drills had been carried out during the day, and a night time drill had also been completed. A schedule of fire safety checks were completed by staff in the centre including escape routes, emergency lighting, fire alarm, and fire-fighting equipment. Staff had completed training in fire safety.

Regulation 26: Risk management procedures

Risks within the centre had been assessed, and control measures outlined in risk management plans were implemented in practice. Adverse incidents in the centre were reported and recorded. There was evidence that incidents were reviewed by the person in charge, and where required, additional measures were taken to prevent re-occurrence. Incidents were also reviewed in monthly audits and provider unannounced visits.

Judgment: Compliant

Regulation 27: Protection against infection

Overall satisfactory measures were in place for the prevention and control of infection. Staff had been provided with a range of training including hand hygiene, donning and doffing PPE, infection control, and food hygiene. Staff were observed to wear face masks and there were adequate supplies of PPE available in the centre. There were adequate hand hygiene facilities and hand sanitiser was readily available throughout the centre. The centre was clean, and all cleaning records were complete. Satisfactory food safety practices were in place including checking of food, fridge and freezer temperatures.

There was effective oversight of infection prevention and control (IPC), and the person in charge took overall responsibility for IPC in the centre. The centre could also access the support of an IPC specialist within the organisation. Risks relating to COVID-19 had been assessed, and residents had a COVID-19 health care plan, to guide practice in the event of a suspected or confirmed case of COVID-19. The provider had developed a contingency plan, which had been effectively implemented in response to a recent outbreak in the centre. Support had been provided by a public health specialist during this outbreak, and confirmation of closure of the

outbreak had been received. A post outbreak review had been completed by the person in charge.

As mentioned minor issues relating to waste management, pest control and hand soap were addressed by the end of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place, and suitable fire detection and fire fighting equipment was provided. Adequate measures were in place for the containment of fire, and fire equipment was serviced on the day of inspection. Regular fire safety checks were completed by staff, and fire drills had been completed with residents in a timely manner. The support needs of residents had been assessed in order for them to evacuate the centre. Staff had up-to-date training in fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal care needs had been assessed, and personal plans were developed, outlining the support to be provided to residents to meet their needs during their stays in this respite centre. Plans had been reviewed, and took account of the preferences of residents, information from families and healthcare reviews. Staff were knowledgeable on the needs of residents and on their support plans.

Judgment: Compliant

Regulation 6: Health care

Up-to-date information on residents' health care needs was available in the centre, and health care interventions were implemented consistent with recommendations from allied healthcare professionals, for example, general practitioner, occupational therapist and dietician. Staff were knowledgeable on these healthcare interventions, and on the response to take should a resident become unwell while attending respite. Residents' healthcare needs were monitored on an ongoing basis while staying in the centre, and records were maintained.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident emotional and behavioural needs had been assessed, and behaviour support plan were developed where required, following assessment by a behaviour support specialist. Plans outlined the proactive and reactive responses to support residents with their behavioural needs, and plans had been recently reviewed. Restrictive practices were implemented following assessment by the relevant healthcare professional, and were subject to ongoing review.

Judgment: Compliant

Regulation 8: Protection

Measures were in place in the centre to ensure residents were protected. Safeguarding incidents had been reported to the relevant authorities. Incidents had been investigated, with safeguarding measures implemented to prevent re-occurrence and to protect residents. All staff had up-to-date training in safeguarding and in children's first.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. Each resident had their own room while staying in the centre, and there were sufficient numbers of bathrooms to facilitate residents' needs. The centre had a fully equipped kitchen, a dining room and a sitting room, as well as a utility room where residents could launder their clothes if they so wished. There was a large front garden, with a range of play equipment and outdoor seating provided.

Assistive equipment was also provided to meet the specific needs of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Compliant