

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	White Strand Respite Service
<b>Centre ID:</b>	OSV-0002085
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Carriglea Cairde Services
<b>Provider Nominee:</b>	Vincent O'Flynn
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	2

## 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 September 2016 10:00 To: 13 September 2016 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection was undertaken as a follow up to the registration inspection of 13 September 2014. The centre was registered at that time without restrictive conditions.

How we gathered our evidence:

This inspection was announced at very short notice and took place over one day.

As part of the inspection the inspector met with the three residents and all were very happy with the service. They said they looked forward to the breaks and really enjoyed the activities they took part in. They also said they enjoyed the day care service and that all staff were very helpful to them. They told of their personal goals and how they were helped to achieve them.

The inspector also met with the staff, the person in charge, deputy person in charge, designated safeguarding officer and the provider nominee. The inspector reviewed the documentation including personal plans, accident and incident reports, and policies, procedures and staff files. There were six actions required following the

previous inspection. Satisfactory actions were taken on all with the exception of one. This was the availability of up-to-date and ongoing healthcare information in order to support the residents. The provider had however made efforts to remedy this but deficits remained.

#### Description of the service:

The statement of purpose states that the service provides respite care for five adult residents, male and female with mild to moderate intellectual and physical disability.

The centre is open alternate weeks with males and females admitted at different weeks. The premises is suitable for its purpose and located within easy access to the local town, all amenities and the seaside. All residents access the organisations day services which ensures there is cohesive care and support for the residents. The care provided is congruent with the statement of purpose.

#### Overall judgement of the findings:

Overall, the inspector was satisfied that the provider had put systems in place to ensure the service could meet the needs of the residents and provided a responsive and supportive service. This resulted in positive experiences for residents, the details of which are described in the report.

There were robust and effective governance and oversight systems evident.

Good practice was identified in areas such as:

- Access to individually tailored social and day services which ensured meaningful participation development and enjoyment (outcome 5)
- Good safeguarding measures and medicines management systems which promoted residents safety (outcomes 8 and 12).
- Sufficient number, skill mix and training of staff (outcome17)

Some improvements were required in:

- Systems to ensure there was sufficient information to support residents on going healthcare and reviews of healthcare needs.

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):**

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

**Findings:**

This outcome was not covered in its entirety but it was apparent to and observed by the inspector that the management and staff were committed to promoting resident's dignity, personal development and ability to make choices.

The inspector observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence. There was evidence that the residents and their representatives were actively involved in decisions regarding their daily activities day care and respite attendance. On the first evening of the respite break residents meet with staff to decide on and plan the preferred activities and social outings.

The inspector also saw details in personal plans of communication patterns, preferences and likes to ensure the residents had choice.

The inspector saw that the residents had their own large bedrooms with en suite. The rooms which had a shared en suite were used primarily for one resident at a time to ensure privacy and dignity was protected. Personal belongings were carefully stored by staff.

The inspector reviewed the complaint policy which contained all of the requirements of the regulations. A small number of minor complaints were recorded and it was apparent that action had been taken to address these promptly. The residents told the inspectors who they would speak to if they had any concerns and that these would be sorted out for them.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors reviewed the personal plans and daily records of three residents and found that assessments of need informed the planning process. In accordance with the statement of purpose the planning and review process was undertaken in combination with the day service and pertinent to the role and level of involvement of each service. There was evidence of a range of assessments undertaken for falls risks, nutrition, mental health and social and personal needs as relevant to the resident's needs and preferences. Pertinent support plans were put in place for any issues identified. There was evidence that via the day service residents and parents attended annual reviews. There was also evidence that staff supported and encouraged residents and parents to address issues identified such as dietary needs.

As the residents attended day services managed by the organisation there was no disruption to work, training or other supports when in respite.

Resident social and developmental preferences were well supported. The residents did work experience, money management and some participated in formal training courses. They went horse riding and swimming or had access to sensory supports. During the respite they had meals out, went to the cinema or just relaxed with their peers. They told the inspector they looked forward to the breaks and always enjoyed them. They had staff support to continue their self-care and life skill development and the centre was set up in a manner which allowed this to continue.

There was evidence of frequent regular internal multidisciplinary meetings on behalf of the residents primarily held via the day care service which was the primary service provision to the resident and their families. There was evidence that the residents where possible, and or their representatives were closely involved in the planning process and in the annual or more frequent reviews.

**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):**

No actions were required from the previous inspection.

**Findings:**

No actions were required from the previous inspection. The inspector found that systems for the management of risk were proportionate and proactive.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices had been undertaken and were updated regularly.

The risk management policy was current and complied with the regulations including the process for learning from and review of untoward events. The risk register was centre specific and provided a framework for managing risks and was updated as incidents or risks were identified. There were systems evident for review of accidents and incidents including an organisational monitoring system.

There was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis. Self closing fire doors were installed.

Personal evacuation plans had been compiled for each resident. Fire drills were held on a very regular basis to ensure the different residents were familiar with the procedures. The plans also took account of any specific needs of the residents for example, using a light to alert residents with hearing difficulties or using specific communication cards in such an event.

There were pertinent individual risk assessments and management plans for each individual resident available. These were found to be pertinent to the residents assessed needs including risk of pressure areas, choking or falls.

Additional measures including an intruder alarm and sensor alarms on bedroom doors were in place to alert staff to activity during the night time. There were grab rails in suitable areas, accessible shower facilities and the premises was designed in a manner to facilitate the use of specialised equipment should this be necessary.

Accidents and incidents were not a significant feature of this centre. Where they did occur they were seen to be individually responded to with appropriate remedial actions

taken.

There were policies in place including a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff.

The policy on infection control was detailed.

**Judgment:**

Compliant

**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:**

The inspector was satisfied that the provider had taken steps to protect residents and had systems in place to respond to any concerns which arose. The action from the previous inspection had been resolved. This was in relation to the documenting and recording of residents monies when in respite care. There were detailed records of all monies received for those residents who were deemed not to have capacity or who did not wish to manage their own monies. All expenditure was detailed and receipted and these documents were then returned to the families on completion of the stay.

The policy and procedures for the protection of vulnerable adults was in accordance with Health Service Executive (HSE) revised procedure.

There is a social work service in the organisation with a designated person who deals with any allegations which occur.

The inspector reviewed details of an external concern which the provider was managing in conjunction with the HSE and multidisciplinary services. There was evidence that where the provider become aware of potential concerns the appropriate referrals had been made the HSE in accordance with the providers responsibilities.



However, the safeguarding plan agreed did not clarify the need to discreetly record and communicate any further evidence of concern while this assessment process was ongoing. This was discussed with the provider at the feedback meeting who agreed to put such a process in place.

Where on occasion a particular risk had been identified in the centre additional staffing and alerting systems had been put in place. There were good communication systems evident between the day service staff and the respite staff.

All staff involved with the respite service had been trained in the revised procedures. Staff spoken with were familiar with the signs and symptoms of abuse and also expressed their confidence in their manager to act promptly in the event of any concern.

The residents were found to have staff support and where particular vulnerability was identified additional therapeutic care was offered.

Male and female respites took place on alternative weeks in most instances. This was a protective mechanism but also ensured that the activities could be geared to the various different preferences of the residents.

The ethos of the service is inclusive in that it seeks to provide a holistic service via day care and short respite to families who remain the primary carers. The inspector found that there were effective systems to support residents with behaviours that challenge. These were not a significant feature of this service but there were plans which were primarily designed to support families at home. There was regular review and interventions by mental health specialist where these were deemed to be required. Policy on the use of restrictive practices was available. With the exception of the sensors on the bedroom doors at night which were used primarily to alert staff to residents leaving their rooms no restrictive practices were implemented. There was a clear rationale for the use of the sensors and in the inspectors view given the changing groups of residents this was a reasonable intervention.

Staff had received training in an approved method of managing behaviour which includes physical interventions de-escalation and prevention when this is deemed absolutely necessary and as a last resort.

**Judgment:**  
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:**

A review of the accident and incident logs, resident's records and notifications forwarded to the Authority demonstrated that the person in charge was fully compliant with the obligation to forward the required notifications to the Authority. Incidents were reviewed promptly.

**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):**

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

**Findings:**

The action required from the previous inspection had not been fully resolved.

This related to securing up to date and comprehensive information on residents' health care needs. The respite services are offered circa two to three weeks per year. The families / parents remain the primary carers and therefore organise routine and other health related reviews, appointments and assessments. Prior to admission or re-admission the person in charge requests detailed information in order to ensure the healthcare needs of the resident could be met. This information forms the basis of the health care support plans.

In the main this approach was satisfactory and was also supported by the ongoing knowledge of the residents which the day service is in receipt of. However, in some instances there was insufficient information to enable adequate support plans being identified. For example, dates of medical appointments were noted but no details as to the outcomes were available. There was evidence where the staff recommended further assessment or medication review but this was not facilitated.

The person in charge and the provider both acknowledged this issue and the inspector saw evidence of attempts to resolve it by consistent liaison with families.

The residents retain their own general practitioner (GP) but out of hours services and nursing or other supports are available during the respite periods.

Care plans for other relevant healthcare related matters were available and revised based on the information received. There were protocols in place for the management of epilepsy or head injury and staff were clear on these protocols. Where the information was available and assessment completed there were suitable support plans and evidence of review of their effectiveness and monitoring healthcare needs. Nutrition and weights were monitored and specific vulnerabilities were noted and acted on such as falls risks or specific dietary needs.

The inspector saw that residents were fully involved in the menu planning and decisions regarding their food choices. At the start of the week a meeting was held at which residents stated their food preferences and these were agreed and planned. They usually went out for a meal one evening, as on the day of the inspection and told the inspector they really enjoyed this social occasion.

Lunches were provided in the day centre. The staff demonstrated an in-depth knowledge of the residents likes and dislikes and the inspector saw lots of fruit and vegetables and also treats available. The kitchen is domestic in style and the residents helped staff prepare the food. The kitchen acted as a social hub.

**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):**

No actions were required from the previous inspection.

### **Findings:**

The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for all medicines were satisfactory and suitable to the respite and short term function of the service. Medicines received was audited on admission and again on discharge.

Medicine was dispensed in blister packs and sourced via the parent or the person in charge prior to admission. Only the required amount of medicine was dispensed and this was audited on admission and discharge.

There were suitable and safe storage systems and records of administration were maintained.

Procedures for the use of emergency medication were defined and staff were familiar with these. Staff had training in the administration of medication with a competency assessment following this. Staff were also knowledgeable as to the purpose of the resident's medication. One medication error had been noted and appropriate remedial procedures implemented.

**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 had been forwarded to the Authority and was in compliance with the regulations. Care practices and systems were in accordance with the statement as designed for adult respite service.

The inspector was satisfied that the mix of respite residents took account of the different needs, age ranges and interests of the individuals.

**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 was satisfied that the governance arrangements were effective to ensure the safe delivery of care and promote accountability. The management team operates under the board of directors. The chief executive officer is the provider nominee.

The senior management team consists of the provider nominee, person in charge/clinical lead, administrator/quality and standards manager, a human resources manager, and a finance manager. There are social work and psychology services integral to the organisation.

The person in charge works full-time and is a registered nurse intellectual disability and general. She had significant experience working in services for people with disabilities with experience also in the management role. Staff and the residents were very familiar with the management structure and this was apparent from speaking with the residents and staff. A clinical nurse manager (CNM1) deputised in the absence of the person in charge and was seen to be also fully involved in the management of the centre also. The person in charge has responsibility for a number of other designated centres and the day services. In this instance there was no evidence that this arrangement impacted negatively on the care provided to the residents. In fact the close connections between the day services, and the respite service were noticeably beneficial to the residents.

There were formalised reporting and governance systems evident with regular reviews both internal and from external agencies and evidence of ongoing strategic service planning. The provider had undertaken the required unannounced visits and reports were detailed. They included meeting residents for their views, auditing of issues such as money management, staffing, community access and any actions arising from previous inspection reports.

The annual report for 2015 was available and also detailed. The views of relatives were also sought and any issues raised were acted upon.

Both the provider and the person in charge were well informed on their respective responsibilities and fully engaged in the service

There was a satisfactory day and night time on-call system in place and staff confirmed that this was effective and responsive.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the staffing arrangements and skill mix were suitable to meet the needs of the residents. A small group of staff were assigned to the centre in accordance with the arrangements for alternative week's respite. They worked alone primarily but stated that this was not problematic given the low support needs of the residents.

They also said that they had good communication systems to ensure consistency of care and adequate updated knowledge of the residents. They said they had good access to on call or nursing support if needed for guidance and advice. They all had qualifications in social care.

Staff training records demonstrated an ongoing commitment to mandatory and other training for staff. All mandatory training including safeguarding, fire safety and manual handling was up to date. Further education and training completed by staff included food safety, first aid, risk management, person centred training, records management, health and safety and hand-washing.

The actions required by the previous inspection were satisfactorily addressed. From a sample of personal files reviewed the process of recruitment was found to be satisfactory with the required evidence of qualifications, references and An Garda Síochána vetting available. There was a detailed induction programme outlined and formal staff supervision/ support system was undertaken.

Staff were found to be very knowledgeable on their roles and the resident's needs. Residents demonstrated to the inspector that they were comfortable and at ease with the staff.

**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:***

Noelene Dowling  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	White Strand Respite Service
<b>Centre ID:</b>	OSV-0002085
<b>Date of Inspection:</b>	13 September 2016
<b>Date of response:</b>	21 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 11. Healthcare Needs

**Theme:** Health and Development

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

Health care information was not consistently available to inform support plans.

**1. 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.

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



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

The services will arrange a Family Forum with the families of all day service users who are offered breaks in the respite home in Whitestrand. At this Family Forum the services will inform families of the requirement to inform the services staff of all health care support needs of the person.

A form will be devised by the services and provided to families who will be requested to complete and sign prior to each respite break which will capture recent health care and social care support needs.

**Proposed Timescale:** 31/12/2016