

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Robin Hill Respite House
Centre ID:	OSV-0003285
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Provider Nominee:	Fiona O'Neill
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 August 2017 09:30 To: 01 August 2017 14:00

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

Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This monitoring inspection was carried out in response to the provider's application to renew the registration of the centre. The previous inspection of the centre took place in May 2017. As part of this inspection the inspector monitored the centre's compliance with the regulations and assessed if the provider had addressed the actions from the previous inspection.

How we gathered our evidence:

At the commencement of the inspection the inspector met with the person in charge. The centre provided respite services for a maximum of six people. The centre accommodated five people at any one time and one bed was available to support an emergency placement where required. Adults and children were accommodated on alternate dates. The service was accommodating children on the day of inspection.

The inspector met with the five people staying in the centre at the beginning of the

inspection. The inspector spoke with four respite users. One respite user declined to speak with the inspector.

Respite users spoken with said they were happy staying in the centre and liked staff. Respite users were observed relaxed and comfortable in the presence of staff. Respectful interaction was observed and staff responded to respite users' needs in a manner which was consistent with their assessed support needs.

The inspector also spoke with staff and the person in charge of the centre. Documentation such as respite users' support plans, medical records, accident logs and policies and procedures were reviewed.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. The inspector found that the service was provided as described in that document.

The aim of the service was to provide a service wherein adult respite users were supported to access their local community, to develop their independence and to enjoy a holiday with their peers. The aim of the service for children was to provide high quality evidence based care to allow children the opportunity to spend time with their peers.

The house contained adequate private and communal space to meet the needs of respite users. The centre comprised one house which had seven bedrooms, a kitchen, sitting room, play room for children, sensory room and conservatory. Each respite user had an individual bedroom when staying in the centre. There was a garden which included a play ground for children.

The house was located within close proximity of services and amenities. A vehicle was provided by the service provider to ensure respite users could access amenities.

Overall judgment of our findings:

Overall, the inspector found that respite users were supported to have a good quality of life in the centre and the provider had arrangements to promote the rights of respite users. The inspector found the provider had addressed all actions required from the previous inspection and was compliant in all areas inspected.

The reasons for these findings are explained under each outcome in the report. There were no actions required from this inspection.

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 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was a policy on communication with residents.

Staff were aware of the different communication needs of respite users and inspectors observed staff communicating with respite users in line with their assessed needs and wishes.

There was a system to ensure that respite users who required support to communicate had a communication passport outlining their preferred way of communicating. These documents outlined how the respite user communicated their needs and wishes.

The centre used tools to support residents to communicate, for example pictorial aids and documents in an 'easy read' format.

Each respite users had access to radio, television, internet and information on local events.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Respite users were supported to develop and maintain relationships with family and friends.

Families were invited to attend and participate in meetings with respite users to discuss their needs and wishes. There was evidence that families were kept informed and updated of relevant issues. Staff and the person in charge outlined the ways they communicated with families. This included in person, in writing and by phone.

Staff spoken with outlined the ways respite users were supported to participate in community events and access local amenities. This included using local services and amenities such as shops, the cinema and local pubs and restaurants.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for admitting respite users, including transfers, discharges and the temporary absence of respite users. The procedures included measures to ensure the admission of a respite user did not impinge on the rights or safety of other respite users.

Respite users had service agreements which outlined the service provided and the fee charged.

The service agreements were signed by respite users or representatives and a person on behalf of the provider. This showed both parties had agreed to the terms and conditions.

Judgment:

Compliant

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Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The inspector found the centre met respite users’ needs in regard to the location and layout of the premises.

The centre comprised a purpose built bungalow which was located on the periphery of a town. The house contained adequate private and communal space to meet the needs of respite users. The centre had seven bedrooms, a kitchen, sitting room, play room for children, sensory room and conservatory. Each respite user had an individual bedroom when staying in the centre. There was a garden which included a play ground for children.

Vehicles were provided for use by respite users. The vehicles were insured, taxed and serviced.

The kitchen facilities included cooking facilities and suitable storage facilities for food items.

There was adequate ventilation, heating and lighting.

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

Findings:

The inspector reviewed the actions required from the previous inspection.

The fire safety risk, which related to the storage of oxygen in the centre, had been addressed. The provider had arranged for a risk assessment to be carried out and instruction regarding the storage of oxygen and the removal of oxygen in the event of a fire had been reviewed.

A system to ensure all staff and respite users had taken part in a fire drill in the centre had been implemented. All staff had taken part in a fire drill and respite users were taking part when they stayed in the centre. A record of this was maintained by the person in charge.

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 record of incidents was maintained in the centre. The person in charge was knowledgeable of the requirement to maintain a record of all incidents occurring in the designated centre and, where required, to notify the Chief Inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Adult respite users were supported to access day programmes and children were supported to attend schools. In addition, staff supported respite users to attend their individual after school classes and activities by providing transport when respite users were staying in the centre.

Day programmes were provided by the provider and external service providers. There was evidence of good communication between the respite centre and the day services.

Respite users were supported to access activities in the evenings in line with their wishes.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The inspector reviewed the actions required from the previous inspection.

Measures to ensure the response to medicine errors was consistent with the centre's policy had been implemented. This included ensuring a medical practitioner was contacted when a resident did not receive a prescribed medicine. The person in charge said this would continue to be reviewed to ensure adherence to the policy.

The system to ensure medicines which were received were administered or returned to the respite user on discharge had been reviewed. The count of medicines prior to discharge took place following the administration of respite users' morning medicines on the day of discharge. As a result any error in the administration of morning medicines on the day of discharge would be identified. A record of this was maintained.

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:

There was a written statement of purpose which sets out a statement of the aims, objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for respite users.

The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of respite users.

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:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked full time Monday to Friday and was also responsible for the management of another designated centre. She had clear systems to ensure the effective governance of both centres.

The person in charge had the required experience, qualifications and knowledge to hold the role. She was responsible for the provision of respite services throughout the organisation. She had extensive experience of working with people with disabilities,

relevant qualifications and had experience of managing services.

The provider nominee was present on the day of inspection. She held a senior management role and was knowledgeable of her operational and regulatory responsibilities.

Management systems were in place to ensure that the service provided was safe, appropriate to respite users' needs, consistent and effectively monitored. This included regular auditing of all aspects of the service.

There was an emergency on call system in the evenings, overnight and at weekends. This role was shared between the Director of Services (provider nominee) and the two Assistant Director of Services, one of whom held the role of person in charge of the centre. Staff contacted the on call system with queries or if they required support. There were reporting mechanisms to ensure that all three managers received comprehensive handover of information to ensure continuity of care when they were fulfilling the role.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not been absent from the role for a period which required notifying to HIQA.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

In the absence of the person in charge the role would be fulfilled by a person who held the role of person in charge of some of the provider's other designated centres or by the Director of Services who held the role of provider nominee.

Judgment:

Compliant

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Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
Theme: Use of Resources
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the centre’s statement of purpose.
Judgment: Compliant

Outcome 18: Records and documentation <i>The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</i>
Theme: Use of Information
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found that there were systems in place to maintain complete and accurate records. The policies required by Schedule 5 of the Regulations were maintained. Adequate insurance cover was in place. The inspector read the respite users’ guide and found it included a summary of the services and facilities to be provided, the terms and conditions relating to residency and a summary of the complaints procedure.

Systems were in place to ensure that medical records and other records, relating to respite users and staff, were maintained in a secure manner.

There was a directory of respite users. It contained all the required information.

The inspector reviewed a sample of staff files. All items required by the regulations were maintained. This included a full employment history, references, evidence of Garda vetting and qualifications.

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:

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