



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

Name of designated centre:	Ennis Adult Respite Service
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	22 January 2019
Centre ID:	OSV-0004895
Fieldwork ID:	MON-0021927

About the designated centre

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

Ennis Adult Respite Service is a centre run by the Brothers of Charity Services Ireland. The centre provides respite care for to up to four male and female residents over the age of 18 years who have an intellectual disability. The centre is located in a town in Co. Clare and comprises of one two-storey dwelling which provides residents with their own bedrooms with en-suite facilities, kitchen and dining area, utility room, office, sitting room and garden space. Staff are on duty at the centre both at all times to support residents with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or 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
22 January 2019	09:00hrs to 16:15hrs	Anne Marie Byrne	Lead

Views of people who use the service

The inspector met with three residents who avail of this service, with one resident in particular speaking with the inspector about the care and support they received. The resident told the inspector of the educational and recreational opportunities they were supported to be involved in. The resident also told the inspector about social activities they participated in and the support they received from staff.

The inspector met with staff and the person in charge as part of this inspection. The inspector observed that staff engaged respectfully with residents and were very knowledgeable on the needs and preferences of all residents who avail of the respite service.

Capacity and capability

Overall, the inspector found this was a well managed service that had suitable persons appointed to ensure regular monitoring and clear oversight of the service delivered to residents. Since the last inspection of this centre in January 2016, the provider had made a number of improvements to the service in areas such as residents' rights, safeguarding, social care and residents' general welfare and development.

The person in charge held the overall responsibility for the service and they were supported by their line manager and staff team in the running and management of the centre. The person in charge had a regular weekly presence at the centre and had regular contact with staff and residents in between their visits. Meeting structures ensured all staff were regularly made aware of changes occurring within the organisation and ensured staff had an opportunity to raise any concerns they had with senior management relating to the safety and welfare of residents. The annual review and six monthly provider-led visits had occurred in-line with the requirements of the regulations and where improvements were identified, the provider had time bound action plans in place to demonstrate how the improvements required were going to be addressed. The person in charge also had a system in place to ensure all incidents were notified to the Chief Inspector, as required by the regulations.

Due to the nature of the respite service, the number and skill-mix of staff working in the centre was subject to regular review by the person in charge to ensure adequate staff were on duty to meet the assessed needs of the residents requiring respite care. Staff who spoke with the inspector were found to be

very knowledgeable of each resident's assessed needs and they had access to regular mandatory training as required. Staff were also subject to regular supervision from their line manager, which had a positive impact on ensuring that staff were appropriately supported to carry out the duties associated with their roles. Although there was a planned and actual roster in place, it required some review to ensure it clearly identified the start and finish times worked by staff at the centre.

The provider had recently reviewed the written agreements in place for each resident accessing respite care and these were in the process of being re-signed by residents and their representative at the time of inspection. Although there was a directory of residents in place, it required review to ensure it included the name and address of any authority, organisation or other body, which arranged the residents' admission to the centre. The inspector also found that the statement of purpose required review to ensure it adequately described all information as outline with Schedule 1 of the regulations. Subsequent to this inspection, a revised copy of the statement of purpose was provided to the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application for the renewal of registration for this centre was sent to the Chief Inspector within the time frames required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to have the experience and qualifications required to meet the requirements of the regulations. The governance and management arrangements set out by the provider had ensured that they were supported to meet the requirements of their role.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the needs of the residents who used the service. Staff files were found to contain all information as required by the regulations. However, some improvement was required to the staff

<p>roster to ensure it provided the start and finish times worked by staff in the centre.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>Staff had received up-to-date training and had access to a training refresher programme. Supervision arrangements were also in place to ensure all staff were suitably supervised and supported in their role.</p>
<p>Judgment: Compliant</p>
<p>Regulation 19: Directory of residents</p>
<p>Although a directory of residents was maintained at the centre, it required review to ensure it included the name and address of any authority, organisation or other body, which arranged residents' admission to the centre.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The registered provider had ensured that suitable persons were in place to manage this service. Effective monitoring systems were in place to ensure the service delivered to residents was regularly monitored and reviewed. The six monthly provider-led audit and the annual review of the service were completed in line with the requirements of the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 24: Admissions and contract for the provision of services</p>
<p>The registered provider had written agreements in place for each resident.</p>
<p>Judgment: Compliant</p>

Regulation 3: Statement of purpose

Although there was a statement of purpose in place, it required review to ensure it adequately described the service delivered to residents. Subsequent to the inspection, a revised copy was provided to the Chief Inspector, which contained all information as set out by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had arrangements in place to ensure all complaints received were responded to in a timely manner and an appeals process was available to residents, as required.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre and were supported to access educational opportunities, participate in activities of their choice and to regularly access the community.

The centre comprised of one two-storey dwelling located in a town in Co. Clare. Residents had access to their own bedroom, en-suite facilities, shared bathrooms, kitchen, dining area, sitting room and garden area. The centre was recently re-decorated and residents had access to their own personal safe to securely store their personal possessions. A downstairs bedroom, bathroom and built-in manual handling equipment was also available to accommodate the needs of residents who were wheelchair users. In general, the inspector found the centre to be clean, tastefully decorated and provided residents with a comfortable environment to be

in.

The provider had a risk management system in place to ensure risks were identified, assessed, responded to and regularly reviewed. Positive risk-taking was promoted in the centre, with some residents choosing to stay on their own in the centre for short periods of time. At the time of the inspection, the provider was reviewing the measures in place to ensure residents' safety was at all times maintained when taking part in positive risk-taking. Where residents self-administered their own medicines, appropriate risk assessments were in place to support them to safely do so. Although the provider had identified specific risks associated with some residents who accessed the service, the inspector found some risk assessments required further review to ensure the assessed level of risk reflected the positive impact of additional measures implemented to ensure residents were safe from the risk of harm and injury. The management of organisational specific risks was overseen by the person in charge, however; the risk register required review to ensure it included the assessment of the all risks associated with the centre such as fire safety.

Staffing and transport arrangements ensured that residents had regular access to activities in the local community. Residents were actively involved in day services as well as activities such as shopping, dining out and accessing amenities of their choice in the local town. Some residents spoke to the inspector about their involvement in education and of their hopes to secure employment in the future. Where residents presented with assessed health care needs, plans were in place to guide staff on the support they required. Similarly, residents who required behavioural support had effective behaviour support plans in place which clearly guided staff on how to support their assessed needs. In response to the outcome of a recent multi-disciplinary review of residents who required restrictive practices, new alternative measures were being trialled at the time of this inspection to support these residents to live their lives in a restraint free environment.

Effective fire precautions ensured that systems were in place for the detection, containment and response to fire in the centre. Regular fire drills demonstrated that residents could be effectively evacuated in a timely manner and a schedule was in place to ensure that all residents who availed of the respite service were facilitated to participate in these drills. To further support and guide staff during an evacuation of the centre, a centre specific evacuation plan was reviewed each day to reflect the sequence of resident evacuation based on the needs of the residents availing of respite on that day. Although there was a fire procedure and resident evacuation plans in place, these documents did not effectively guide staff on the evacuation arrangements for residents living in upstairs accommodation should the downstairs fire exits be inaccessible to them in the event of a fire. Subsequent to the inspection, written assurances were provided to the inspector that these documents were reviewed.

Regulation 13: General welfare and development

Residents were supported to have opportunities to participate in activities in accordance with their choice. Residents were facilitated to access the community on a regular basis and were supported to access training, employment and volunteer opportunities, if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, well-decorated and in a good state of repair. In addition, the centre's design and layout meet the assessed needs of residents availing of respite care.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place for the identification, assessment, response and review of risks in this centre. However, some risk assessments required review to ensure the assessed level of risk identified considered the positive impact of effective additional measures implemented by the provider on maintaining residents' safety from the risk of harm and injury. In addition, the centre's risk register required further review to ensure it included the assessment of organisational risks relevant to the centre, for example fire safety.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had fire safety systems in place, including, fire detection and containment, up-to-date fire safety training, regular fire drills and fire checks. Although the provider had a fire procedure and evacuation plans in place, these documents didn't guide on how residents residing in upstairs accommodation would be evacuated should the downstairs fire exits be inaccessible to them in the event of a fire. Subsequent to the inspection, written assurances were provided to the inspector that these documents were updated to include full evacuation arrangements for the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were appropriately assessed and had clear personal plans in place to guide staff on the level of support they required when availing of the service.

Judgment: Compliant

Regulation 6: Health care

Residents with assessed health care needs had clear plans in place to guide staff on how to support their assessed needs. Residents also had access to a wide variety of allied health care professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents requiring behavioural support had clear behaviour support plans in place which were subject to regular multi-disciplinary review. Restrictive practices were not in use at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to support staff to identify, respond to and report any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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

Compliance Plan for Ennis Adult Respite Service OSV-0004895

Inspection ID: MON-0021927

Date of inspection: 22/01/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The layout of the staff rosters will be amended to state the start time and finish time of each shift. This will be completed by 1st March 2019.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents will be updated with the information on the referral source for each resident using the Ennis Adult Respite Service. Currently we are engaging with day services, families and searching through archived material to source this information for all the residents.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:	

There is a Risk Register completed for Ennis Adult Respite Service. Any risks with a HIGH rating will be reviewed and actions implemented to reduce the risk rating by 22/3/2019. In addition, organizational risk assessments covering Lone Working, Fire, Staffing and Transport will be added to the register by 5/4/2019.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/03/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	22/03/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/04/2019

