



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

Issued by the Chief Inspector

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| Name of designated centre: | Killygowan Respite Centre |
| Name of provider: | Health Service Executive |
| Address of centre: | Cavan |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 05 November 2020 |
| Centre ID: | OSV-0006712 |
| Fieldwork ID: | MON-0030594 |

About the designated centre

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

This centre is a residential respite service located in a rural setting, and is within driving distance from a large town. The accommodation is arranged to ensure the individual and collective needs of residents are met.

The centre provides respite services to approximately 80 residents, within the Cavan and Monaghan areas. The centre can accommodate both children and adults, with services arranged on alternate weeks for both groups of residents. Residents are supported with their individual needs while accessing the service, and residents' preferences are a key element in the planning of care and support.

The centre has its own transport and residents can access a range of social activities in the community. Residents are also supported to access their educational and training supports while availing of services in the centre.

There is a supportive management structure in place, with a full time person in charge. The staffing arrangements comprises of a nurse and a healthcare assistant during the day, and at night time.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|-----------------|------|
| Thursday 5 November 2020 | 11:45hrs to 16:45hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

Killygowan respite service provides respite services to children and adults on alternate weeks. The centre is comfortable and homely and residents can freely access all parts of the centre. On the day of inspection there were two children in attendance in the centre. Staff were observed to respectfully help residents settle in to the centre for their stay, for example, a staff member brought a resident to their bedroom to unpack their belongings, and another staff supported the other resident to get a snack on their arrival to the centre. The residents appeared comfortable in their surroundings and it was observed that their choices were respected, for example, a resident wanted to watch television and the person in charge was observed to support the resident to choose their preference of movie.

Due to the residents' individual communication methods it was not possible for the inspector to talk with the residents. However, the inspector did observe that staff were knowledgeable on residents' communication methods, and were therefore able to interpret and respond to residents' requests. Significant effort was put into ensuring that residents stay in this respite centre was meaningful to the residents and enjoyable. For example, a photograph of each resident was placed on the door of their bedroom to enable them to easily recognise their own room, child friendly bedding was provided, and individual activity and meal choices were planned and available for the residents' stay. Residents were also supported with their educational needs, and transport was provided for residents to go to and from school each day of their stay.

Capacity and capability

The inspector found that the provider had ensured that a safe and effective service was provided to residents attending this respite centre in line with the details set out in the Statement of Purpose. The centre was consistently and effectively monitored on an ongoing basis. The centre provided respite services to approximately 80 residents in the Cavan and Monaghan area, and children and adults availed of this service, on alternate weeks. The centre had initially opened in February 2020 but was temporarily closed due to COVID-19 restrictions and had reopened on 28th September 2020. The person in charge informed the inspector that to date approximately 30 residents had availed of respite services in the centre.

The centre had a statement of purpose which had recently been revised in light of reduced admissions to the centre due to public health guidance, and consequently reduced staff complement. The inspector reviewed the statement of purpose post

inspection and found the details of the services and facilities, and management and staffing of the centre were reflective of the findings on the day of inspection. All of the information as required by Schedule 2 of the regulations were outlined in the statement of purpose.

There were sufficient staff employed in the centre with the right skills, experience and qualifications to meet the needs of the residents. There was one nurse and one care staff on duty during the day, and at night time. The person in charge was also in attendance in the centre daily when on duty. The inspector reviewed a sample of rosters that were in place since the centre reopened in September 2020. Planned and actual rosters were maintained showing staff on duty at any time day or night. There were no staff vacancies in the centre and, where required, regular relief staff were provided to cover staff absences. Consequently, residents received continuity of care. The inspector spoke with two staff members who were knowledgeable, in their remit to provide care and support to residents in this centre.

The inspector reviewed staff training records. All staff had up-to-date mandatory training in fire safety, safeguarding, Children's First and managing behaviour that is challenging. Additional training had also been provided in basic life support, hand hygiene, standard precautions, and medication management, enabling staff to safely meet the needs of residents attending the centre. Staff were supervised on a day-to-day basis by the person in charge, and formal supervision was facilitated on a six-monthly basis. The inspector reviewed supervision records for three staff member and found this process enabled staff and the person in charge to discuss areas for development and identify subsequent actions.

The provider had ensured the centre was resourced enabling the effective delivery of care and support for residents. There was a clearly defined management structure. Staff reported to the person in charge, and the person in charge reported to the director of nursing. The person in charge was in contact with the director of nursing on a daily basis, or in their absence an assistant director of nursing, and clinical supervision was completed every six months for the person in charge. The person in charge was responsible for the day to day management of the centre and in their absence the staff nurse on duty assumed responsibility.

The person in charge was a registered nurse in intellectual disability and had a number of years management experience. The person in charge had a management qualification and was engaged in continuous professional development thorough the provider's training courses. The person in charge had been appointed nine months prior to the inspection and was employed in a full time capacity. The inspector spoke to two staff members who told the inspector the person in charge was approachable, supportive and they could raise concerns about the quality of care and support provided to residents with the person in charge, or the management team should the need arise.

The centre was monitored on a regular basis. A six-monthly unannounced visits had been completed by the provider in July of this year during the closure of the centre, and actions had been re-evaluated in September in light of the centre re-opening. Actions were developed to issues identified during this visit and actions were

progressing as planned with the remaining actions completed within the specified time frame. The person in charge had also completed number of audits, for example, infection control, person centred planning, health and safety, and medication management, with actions also in progress or completed within the required time frame.

An annual review of the quality and safety of care and support was not due for completion on the day of inspection as the centre had only recently re-opened following an extended period of closure. A directory of residents was maintained in the centre which contained all of the information as specified in Schedule 3 of the regulations.

Admissions to the centre were determined by the needs of residents, and planning for admissions considered each individual resident's needs and preferences. Admissions were planned in consultation with a multidisciplinary team, in order to identify respite requirements for example, length of stay. There were clear and transparent processes for admission to the centre, which included planned transitions, communication with families, planning provisions, transport and support requirements for residents, and care and safety relating to residents' possessions, finances and medication. Each resident had a contract of care which outlined the services to be provided, and this contract of care was issued to families and returned to respite prior to residents' admission to the centre. There were no fees for attending the centre and additional fees relating to social activities were outlined in the contract of care.

The person in charge had not notified HIQA in quarterly notifications of the use of window restrictors throughout the centre.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis and had the right skills, qualifications and experience as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre with the right skills, experience and qualifications to meet the needs of the residents. Planned and actual rosters were maintained and continuity of care was provided to residents. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had up-to-date mandatory training in fire safety, safeguarding, Children's First and managing behaviour that is challenging. Additional training had also been provided in basic life support, hand hygiene, standard precautions, and medication management, enabling staff to safely meet the needs of residents attending the centre. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre which contained all of the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was appropriately resourced. There was a clearly defined management structure, and the management system had ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. A six-monthly unannounced visit had been completed in the centre. Staff were enabled to raise concerns about the quality and safety of care and support provided to residents should the needs arise.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were determined by transparent criteria in line with the centre's statement of purpose. Each resident had a contract of care which outlined the services to be provided, and additional fees for which the resident may be liable were outlined in contracts of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose which was reflective of the services and facilities, and management and staffing of the centre on the day of inspection. All of the information as required by Schedule 2 of the regulations was outlined in the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not notified HIQA in quarterly notifications of the use of window restrictors throughout the centre.

Judgment: Substantially compliant

Quality and safety

The inspector found residents were supported by a good quality of care and support in accordance with their assessed needs. Residents were supported to have a meaningful, safe and enjoyable stay in which their preferences were respected. One aspect of support required improvement relating to behaviour support planning.

The inspector reviewed records for four residents availing of respite services in this centre. Each resident had an assessment of need completed, which was informed by up to date information provided by family members, multidisciplinary team members, day service and school staff. The person in charge had a system in place to ensure this information was sought prior to each admission and that corresponding records maintained in the centre were subsequently updated. The assessments of need outlined the health, personal and social care needs of each resident.

Personal plans were developed for each resident and outlined the support to be provided to residents to meet their identified needs while attending respite services. The inspector found these plans were detailed and guided the practice sufficiently, given the remit of the provider in this respite service. Goals and activity plans were also developed in consultation with residents on admission, from information provided by family members prior to admission, and the inspector found these goals

were implemented in practice. Records were maintained of all activities residents took part in while in the centre, and while external social activities had recently been reduced due to COVID-19 restrictions, efforts were made to ensure activities provided were meaningful, varied and gave opportunity for personal development. For example, teaching self-help skills, sensory play, bus trip, baking and getting preferred takeaway meals.

Residents were supported with their healthcare needs and information provided prior to admission informed healthcare plans. For example, information from a speech and language therapist informed a communication plan for a resident, and information from an occupational therapist informed a plan relating to a resident's seating. Plans were found to be implemented in practice and records were maintained of healthcare interventions completed for residents while attending the centre.

The inspector reviewed a behaviour support plan for a resident, however; an up-to-date behaviour plan reflecting the resident's current presentation was not available in the centre. Evidence was available to confirm the person in charge had sought this information prior to admission from the relevant allied healthcare professional. The inspector observed that efforts were being made to reduce a restrictive practice in the centre, and a trial of this reduction was underway on the day of inspection. The use of a physical restrictive practice was recorded for the period a resident was in attendance in the centre. Staff had been provided with training in the management of behaviours of concern including de-escalation and intervention techniques.

There had been one safeguarding concern reported to HIQA, and a safeguarding plan was developed following the incident. The incident had been reported appropriately to the relevant personnel. The inspector met with two staff members on duty, and found staff were knowledgeable on the types of abuse and on the response and reporting requirements to a safeguarding concern. There were systems in place to ensure residents were safeguarded for example, monitoring of residents on admission, and planning admissions, taking into consideration the individual needs of residents and any compatibility issues which may potentially arise. All staff had up-to-date training in safeguarding. Intimate care plans were developed for each resident and outlined the support residents required to ensure their needs were met, and their privacy and dignity was respected.

Residents were provided with varied and nutritious food in line with their specified preferences and needs. Residents were supported to choose their preference of meals using verbal, picture or assistive technology communication methods. There was a large selection of food choices in supply in the centre and residents could access food or drinks as they wished. For example, the inspector observed a resident was supported through gestures to have a snack of their choice. Menu cards were maintained of residents food likes or dislikes, which were also used as part of planning food purchases prior to admissions. There were detailed plans in place with regards to residents receiving nutrition via percutaneous endoscopic gastrostomy, and records were maintained of all fluid intake in this regard. Risk

assessments had also been completed with regards to this intervention.

Residents were provided with the appropriate support to manage their personal possessions and finances while attending the centre. Comprehensive records were maintained of all possessions and monies received on behalf of the resident as part of the admission process to the centre.

The person in charge had identified and assessed risks throughout the centre, and individual and site specific risk management plans outlined those measures in place to minimise the risk identified. For example, risks associated with residents' mobility, emotional needs, manual handling, and specific medical conditions were assessed and plans guided practice. The centre had an up-to-date safety statement and risk management plans had considered risks in the centre. Plans were implemented in practice, for example; the inspector observed that an oxygen cylinder was appropriately stored and checked, vehicle checks were completed weekly and measures were in place for the prompt response to missing persons. The inspector reviewed records of nine incidents occurring since the centre opened. All incidents had been recorded and follow up actions had been taken in response to adverse incidents. For example, risk management plans were updated in order to guide practice, and a safeguarding plan had been implemented.

Suitable procedures were in place for the prevention and control of infection. Sufficient hand washing facilities and personal protective equipment (PPE) were available in the centre. Staff were observed to adhere to procedures in line with public health guidelines, for example, maintaining social distance and wearing face masks at all times. The person in charge had developed a COVID-19 contingency plan, which outlined the response the provider was taking to prevent the spread of COVID-19, and in response to a suspected or confirmed case in the centre. The inspector found the strategies outlined in this contingency plan were currently in operation or systems were in place in the event they were required. For example; a deep clean was completed after each resident was discharged from the centre, and the centre had reduced the numbers of residents admitted to the centre at any one time to promote social distancing. In addition, an isolation room was available in the event that a resident or staff were suspected of having COVID-19 while in attendance in the centre. Information was displayed for residents and for staff on COVID-19 and on the associated infection prevention procedures. Staff had recently been provided with appropriate training in the prevention and control of infection.

There were safe and effective fire safety management systems in the centre. Suitable fire detection and fire fighting equipment, and containment measures were provided, and all equipment - including the fire extinguishers, fire alarm and emergency lighting had been serviced as required. A fire evacuation plan was prominently displayed and there were adequate means of escape in the centre. Fire drills were carried out on admission of residents to the centre, and the inspector found residents had been evacuated in a timely manner. Personal emergency evacuation plans were developed for residents and reflected the support they required to evacuate the building safely. Weekly fire safety checks were completed in the centre and all staff had been provided with fire safety training.

The person in charge had suitable practices in place in relation to the receipt, prescribing, storing, administration, and transfer of medicines. The inspector reviewed medicine practices with a staff nurse on duty. Medicine prescription records were up to date and prescription records were renewed every six months or as medicine prescriptions changed with each resident's general practitioner, as part of the centre's admission process. The inspector reviewed prescription and administration records for two residents, and all medicine had been administered as prescribed. PRN medicine (medicine given as the need arises) prescriptions stated the circumstances for which the medicine should be given, and the maximum dose in 24 hours was specified. Medicines received into the centre were recorded on admission, and a record of medicine transferred on discharge of residents was also maintained. Suitable storage was provided and medicines were kept in a locked press. Medicine for transfer was suitably secured prior to discharge of residents from the centre. There were no controlled medicines in use in the centre.

Regulation 12: Personal possessions

Residents were provided with the appropriate support to manage their personal possessions and finances while attending the centre. Comprehensive records were maintained of all possessions and monies received on behalf of residents as part of the admission process to the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with varied and nutritious food in line with their specified preferences and needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks had been identified and assessed throughout the centre and risk management plans outlined those measures in place to minimise the risk identified. Arrangements were in place for the identification, recording and investigations of adverse incidents occurring in the centre.

Judgment: Compliant

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| Regulation 27: Protection against infection |
| <p>Suitable procedures were in place for the prevention and control of infection. Infection control procedures were implemented in accordance with public health guidelines. The centre had developed a COVID-19 contingency plan in response to the recent pandemic.</p> |
| <p>Judgment: Compliant</p> |
| Regulation 28: Fire precautions |
| <p>There were safe and effective fire safety management systems in the centre.</p> |
| <p>Judgment: Compliant</p> |
| Regulation 29: Medicines and pharmaceutical services |
| <p>The inspector found there were suitable practices in place in relation to the receipt, prescribing, storing, administration, and transfer of medicines.</p> |
| <p>Judgment: Compliant</p> |
| Regulation 5: Individual assessment and personal plan |
| <p>Each resident had an assessment of need completed, which was informed by up to date information provided by family members, multidisciplinary team members, day service and school staff. Personal plans were developed for each resident and outlined the support to be provided to residents to meet their identified needs while attending respite services. Goals and activity plans were also developed in consultation with residents on admission, and from information provided by family members prior to admission, which were implemented in practice.</p> |
| <p>Judgment: Compliant</p> |
| Regulation 6: Health care |

Residents were appropriately supported with their healthcare needs while attending the centre. Up-to-date information was provided by allied healthcare professionals as required in relation to residents' healthcare needs. Residents' healthcare was monitored as required when availing of services in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

An up-to-date behaviour support plan reflecting a resident's current presentation was not available in the centre. Efforts were being made to reduce a restrictive practice in the centre and the use of a physical restrictive practice was recorded for the periods a resident was in attendance in the centre. Staff had been provided with training in the management of behaviours of concern including de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to ensure residents were suitably protected from abuse while availing of services in the centre. A safeguarding concern had been appropriately reported and followed up on. Staff were knowledgeable on the types of abuse and on the response and reporting requirements to a safeguarding concern, and all staff had up-to-date training in safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | 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 | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Killygowan Respite Centre OSV-0006712

Inspection ID: MON-0030594

Date of inspection: 05/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In order to meet compliance with Regulation 31 : Notification of incidents the following actions have been undertaken:</p> <p>The person in charge will notify HIQA in the next submissions of quarterly notifications, 8/1/21 of the use of window restrictors throughout the centre.</p> | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In order to meet compliance with Regulation 7: Positive behavioural support the following actions have been undertaken:</p> <p>A Management Team meeting was held with Disability Services and the Child Development Team Manager on 1/12/20. An agreed plan is in place to ensure that up-to-date information will be submitted to Killygowan on all individuals accessing respite prior to admission, which will include positive behaviour support plans.</p> | |

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 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Substantially Compliant | Yellow | 08/01/2021 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents | Substantially Compliant | Yellow | 01/12/2020 |

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| | to manage their behaviour. | | | |
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