



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

Issued by the Chief Inspector

Name of designated centre:	Adult Respite
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Short Notice Announced
Date of inspection:	05 November 2020
Centre ID:	OSV-0001841
Fieldwork ID:	MON-0030771

About the designated centre

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

Adult Respite Service is a full-time residential service currently providing temporary accommodation to four adults with intellectual disabilities in two separate locations. Both buildings are in Co Longford. The first building is a large dormer style bungalow located in a quiet housing estate. On the ground floor, there is a bright entrance hall, four bedrooms, of which two are en-suite, an accessible large kitchen and dining area, a sitting room, a snug/relaxation area, and office space. The main bathroom has a Jacuzzi bath and shower facilities. There is an accessible sensory garden and outdoor seating area at the back of the residence. The second building is a large three-story house. The house comprises six bedrooms, four of which have en-suite facilities. There is one further bathroom upstairs and separate toilet downstairs. Residents have access to local amenities such as shops, bars, and cafes. There is a team of social care workers and support workers that provide support to the residents on a twenty-four-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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	10:30hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector visited one of the buildings that make up the designated centre and met with one of the residents as they were working from home on the day of the inspection. The other two residents were attending their day service programs.

The resident, who met with the inspector, chatted about their day and how they were finding working from home. The resident asked the inspector why they were visiting the centre, and this was explained to them. The resident told the inspector that they were happy with where they live but that they were due to move out soon.

A review of residents' daily notes and information displayed that residents were being supported to be active members of their local community and maintain links with their families.

Capacity and capability

This centre was last inspected in June of 2019. Findings from the previous inspection identified that the provider's governance and oversight arrangements and structures were not ensuring the effective delivery of care and support to all residents. This inspection found that the provider had addressed or was in the process of addressing all actions raised from the previous inspection and that the quality of service being provided to residents had greatly improved.

Monthly audits of practices in the centre were being carried out by the centre's management team, including the response to adverse incidents. It was also evident that communication between the team leader, the staff team, and senior management had improved and, this in turn, was leading to positive outcomes for the residents.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the report and that these were being addressed.

An annual review of the quality and safety of care and support provided in the centre had been carried out. Residents and their representatives were being consulted regarding the service being provided, and there were again clear systems in place regarding the completion of actions arising from the review.

There was a staff team in place that was appropriate to the number and assessed needs of the residents. A review of the planned and actual roster highlighted a consistent staff team supporting the resident. The provider had made changes to the staff team and reduced the number of locum staff working in the centre. This led to a more consistent team supporting the residents. The provider was also utilising staff members from their day services to support the residents. These staff members were already familiar to the residents and this was leading to further positive outcomes.

The staff team had access to appropriate training, including refresher training as part of a continuous professional development program. There was a supervision schedule in place, and the staff team was receiving supervision regularly. There was a system in place that ensured that there were regular staff meetings taking place, and that information was being shared effectively.

There was an effective complaint procedure that was accessible to residents. A review of the centre's complaints log displayed that there had been no recent complaints. There had however been some compliments made by residents family members regarding the care their loved ones were receiving. Residents were aware of the complaint process and were offered to raise concerns or complaints at weekly resident meetings.

Overall, the provider had put a system in place to address actions from the last inspection and had ensured that the systems in place provided good quality and safe services to the residents.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure in place.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support. Individualised plans had been developed for residents that reflected their needs and wishes. A review of the residents' care planning records did, however, identify that attention was required to the setting and progression of residents' social care goals. There were also improvements required to the monitoring of risk assessments in the centre.

While there were person-centered plans in place for residents, they had not been updated for a prolonged period. Social care goals had been set for one resident for review in 2018, but there was no further update or documented evidence of these goals being achieved or updated. The goal-setting practices required improvement to ensure that they outlined the supports required to maximise the residents' personal development and that there was evidence they were subject to regular and ongoing review. This was highlighted to the team leader, who immediately began to address the issue.

There were a large number of risk assessments in place, however; improvements were required to the oversight of these risk assessments to ensure the appropriate ongoing review of risks in the centre. Some of the risk assessments reviewed had not been updated for a long period or were no longer appropriate due to the discharge of the resident they related to.

A review of residents' information demonstrated that there were individual risk assessments in place for residents which outlined how best to support residents in the management of these risks. The provider had also developed a risk register that reflected the potential risk of COVID-19.

The provider had adopted procedures consistent with the standards for the

prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Residents had participated in assessments of their health and personal care needs. The inspector reviewed a sample of residents' personal plans and found that they were under regular review and were updated when required to reflect the changing healthcare needs of residents. The provider had ensured that residents had access to appropriate health care and therapeutic services. Residents also had access to adequate positive behavioural support. There was evidence of regular input from members of the provider's multidisciplinary team. The inspector reviewed behaviour support plans and found that the provider had ensured that there were appropriate systems in place to identify and alleviate the cause of residents' challenging behaviours, and this was leading to a reduction in the number of incidents occurring. However, as previously mentioned, improvements were required to the documentation relating to the achievement and review of residents' social care goals.

The provider had ensured that there were systems in place to respond to safeguarding concerns if required. The inspector reviewed current safeguarding plans and found them to be detailed. An appraisal of the adverse incident log displayed a significant reduction in residents impacting negatively upon one another.

The inspector reviewed a sample of transition plans that were in progress. One resident had been supported to successfully transition out of the centre since the previous inspection. New placements had been identified for the other three residents, and there were detailed plans in place. One of the residents was being supported to visit their new home weekly and was engaging in activities of daily living when there to promote a positive transition.

There were effective fire safety management systems in place. The provider had made adequate arrangements for the maintaining of fire equipment, detecting, containing, and extinguishing of fires. Fire evacuation drills were being held regularly, records of these demonstrated that the centre could be safely evacuated in the event of an emergency.

Overall, residents were receiving an improved service that was meeting their needs.

Regulation 25: Temporary absence, transition and discharge of residents

The provider was ensuring that residents were receiving adequate support as they prepared for their transitions.

Judgment: Compliant

Regulation 26: Risk management procedures
There were improvements required to ensure the appropriate review of ongoing risk in the centre.
Judgment: Substantially compliant
Regulation 27: Protection against infection
The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had ensured that there were effective fire safety management systems in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The monitoring of residents' goals, in regards to their progress and achievement, required improvement.
Judgment: Substantially compliant
Regulation 6: Health care
The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider's multidisciplinary team and staff team had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Adult Respite OSV-0001841

Inspection ID: MON-0030771

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>There are individual risk management procedures in place for each resident containing a governance review sheet at the back of each risk form. As part of this review, the Team Leader/PIC will ensure that there is clear information provided to include detail such as date reviewed, risk level changes or non-changes and sign off on same. A review will be quarterly and as an when required. This has been implemented since the 9th of November and is now in place.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Individual assessments and personal plans for each resident will be monitored on a monthly basis going forward as part of the key workers tasks list. The updating/reviewing of all Person-Centred Plan goals will be included in the monthly key working report. All key workers have been updated on this by the Team Leader. This will be reviewed by the Team Leader/PIC to ensure that there are achievable goals relevant to each resident. This has been implemented on the 9th of November and is in place.</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 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	23/11/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	23/11/2020