



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

Issued by the Chief Inspector

Name of designated centre:	Mulcahy House (Respite)
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	05 October 2021
Centre ID:	OSV-0001854
Fieldwork ID:	MON-0034013

About the designated centre

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

The statement of purpose for the centre outlines that it will provide respite care for up to seven residents, adults and children, male and female, with moderate to severe intellectual disability and high physical support needs. The seventh bed is allocated for emergency respite only. The service is open seven days per week, with the children being supported one week per month. Referrals to the centre are managed via the Health Service Executive referral committee, and admissions are scheduled to offer high and low support weeks for residents. Staffing and support arrangements are based on the residents' needs with full-time nursing care provided, and a minimum of three staff on duty during the day and two waking staff at night. The residents are enabled to continue to attend schools or day-services during midweek respite breaks so there is continuity of care and development for them. The premises is a single story house which is spacious, brightly decorated, homely and suitable to meet all of the residents' needs. Each resident had their own single bedroom and there were suitably adapted bathrooms and spacious communal areas which were very comfortable. All areas are easily accessible and there is a safe play garden area to the back of the house.

The following information outlines some additional data on this centre.

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
Tuesday 5 October 2021	09:00hrs to 17:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre provides respite services to both adults and children who stay on separate weeks over the course of the year. During the COVID-19 pandemic the centre was identified by the provider as a location for use as an isolation centre if needed. This was used for residents who reside in other centres operated by the provider. While the respite service was initially closed for a number of months early in 2020 it was made available in a reduced capacity to prioritised residents from May 2020 and is now operating as previously. Currently, both respite and isolation services can be accessed in this centre.

This inspection took place during a week offering respite to children. There were two children staying in the centre who were in school when the inspector arrived. The inspector met them both on their return to the centre in the afternoon. A document review, including information from recent respite stays by adult residents and from COVID-19 isolation stays was also completed. The inspector had the opportunity to meet and speak with members of the staff and management team over the course of the day. The inspector adhered to infection prevention and control best practice throughout ensuring the wearing of personal protective equipment and maintaining social distance.

This is a large centre registered for a maximum of seven residents to avail of respite at any one time, numbers of residents vary on each stay based on criteria such as level of assessed need, age range and compatibility. The children present on the day of inspection had requested to go to a popular fast food restaurant and staff had surprised them with a visit on the way home from school. The children both showed the inspector toys they had received in the restaurant and one child outlined extra information about the toy and what it did to the inspector.

The children each had their own room which had been decorated for their stay with personal and familiar items. For a period of time after returning from school and the restaurant trip the children were supported to engage in individual activities with staff support. The inspector observed one child in their room watching a cartoon on their electronic tablet while the other child was in the sitting room. The centre cat was a popular member of the house and was seen to be comfortable visiting with both children.

Where the centre had been used for planned isolation purposes, each resident was supported with a social story and symbol supported or easy read description of why they were coming to stay in this centre. The inspector found that the person in charge had considered the physical layout of the centre in allocation of rooms to individuals using it for isolation ensuring that access to a bathroom and bedroom appropriate to their assessed needs was considered.

Overall, the centre was warm and inviting and while bedrooms remain neutral in decoration the communal rooms were homely and comfortable. The staff and

person in charge spoke knowledgeably of all residents who availed of respite services and they linked with residents in their day service, spoke to family and to the residents themselves to ensure they had up to date information that would ensure a meaningful stay in the centre.

The next two sections of this report present the findings of this inspection with respect to how the centre is governed and managed in addition to the oversight arrangements in place to ensure residents experienced a good quality and safe service.

Capacity and capability

This inspection found that the registered provider and the management team in place had ensured that each resident staying in this designated centre received a good quality service. This inspection found evidence, across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of residents. A high level of compliance was demonstrated.

The centre had a clearly defined management structure in place which identified lines of accountability and authority. This was important given the centre was used for both respite and COVID-19 isolation with different configurations of the staff team required depending on the assessed needs of residents. There was a suite of audits being completed and evidence was found that these had been expanded to include aspects of the service that had changed during the COVID-19 pandemic.

Meetings were held with the staff team who worked in the centre whether stays were for respite or isolation purposes. Staff reflections were used to inform learning and allow for planning for future stays.

All residents who attended for respite stays had signed contracts which outlined the terms and conditions of their stay and there was evidence that these were reviewed and updated as required. Clear processes were in place for the receipt and return of residents' belongings and their medication and if required safe systems were in place to support residents with their money on arrival and discharge.

Regulation 15: Staffing

On completion of this inspection, the inspector found there were appropriate staff numbers and skill mix in place to meet the assessed needs of those residents who attended for respite or used the centre for isolation purposes. The inspector reviewed rosters for the centre when respite stays had occurred and when isolation stays had occurred. For each shift on the roster, the team comprised a nurse and care staff, there was also a relief team of staff to cover any gaps in the roster

comprising the centre's own staff team and the person in charge if required.

An on-call system was in place at all times even when the centre was not occupied to ensure if an isolation stay began at short notice the staff member accompanying the resident from another centre could receive support and a staff team could be put in place as required. During isolation stays the person in charge also utilised staff for cooking and housekeeping duties only, to ensure that the risk of cross contamination was minimised. Staff who spoke to the inspector were knowledgeable in relation to residents' needs and their likes and dislikes.

The inspector reviewed a sample of staff personnel files and found that they contained all documentation as required by Schedule 2 of the regulations. This includes evidence of vetting by An Garda Síochána and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, Children First, fire training, manual handling, the safe administration of medication (where required) and infection prevention and control. The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19.

Formal supervision was provided to all staff who work in the centre in line with the providers policy. The person in charge had linked the supervision schedule to the planned roster for the year. Systems were in place to highlight any concerns that may arise and to set actions for staff which are reviewed at each supervision.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of an experienced person in charge who was supported by a newly appointed team leader and person participating in management. This ensured that lines of accountability and authority were identified and staff were clear on who to speak with should they have a concern. The team leader and person in charge had protected hours for the completion of administration and oversight of the quality and safety of care provided to residents. There were weekly formal meetings between the team leader and person in charge in addition to regular meetings between the person in charge and person participating in management.

The inspector was also satisfied that the quality of care and the experience of

residents when staying in the centre was monitored and evaluated by the provider on an ongoing basis. An annual review of the quality and safety of care and support had been completed, while the timing of this was out of line with previous reports and encompassed a period across 2020 and 2021 the provider indicated that the time line for completion of the next report had been revised. In addition, six monthly unannounced visit reports were available for review. The provider had identified actions from both of these reports and a system had been developed to ensure that progress against these was being reviewed on an ongoing basis.

While new systems for auditing and oversight were in their infancy the inspector found that they were being implemented as intended and were effective.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policies and practices in place relating to admissions for the respite service and there was evidence that for residents who had to avail of an isolation stay as a result of suspected or confirmed COVID-19 that every effort was taken to engage and discuss with residents the reasons for them moving into this centre.

A sample of residents contracts for the provision of services in respite were reviewed. Changes had been made to these since the previous inspection. These were seen to be signed by residents or their representatives and reviewed or updated prior to each stay. The provider had ensured that residents were aware in advance of attending for respite that should the centre be required for isolation purposes that respite may be cancelled at short notice, this information was also stated in resident contracts.

A suite of information was updated prior to each admission which related to areas such as medicines, personal property or requirements for specialised equipment.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the accident and incident log and found that the person in charge was submitting notifications to the Chief Inspector as required by regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found from the documentation reviewed and discussion with the person in charge, staff team and children staying in the centre that the quality of service provided to residents availing of respite was good. In addition, the centre had been used for isolation purposes and the level of and quality of support provided to residents during these stays was person centred and supportive.

The inspector found that the premises was clean and decorated in a neutral manner that allowed for personalisation during their stay by those who availed of respite. Residents were supported to engage in activities in the local community and their specific goals for their stay were where possible facilitated.

Regulation 17: Premises

This centre comprises a large single storey of a building, a section of the building on a lower level is assigned to another designated centre but they are clearly separated. The centre was welcoming and clean and has seven individual bedrooms with spacious communal areas. Rooms were of a suitable size and layout to meet residents' needs. Residents had suitable storage to store their personal belongings and access to laundry facilities should they wish to launder their own clothes.

While there were areas that required painting and repair such as flooring that needed to be replaced this had been self identified by the provider and was scheduled for completion. Areas identified by the inspector on the day such as a bath panel that required replacement and rusted handrails were reviewed and replaced by the provider the day after the inspection.

Externally there was a small enclosed courtyard that residents could use with another private area accessed from the living room and there was some play equipment for children who stayed in the centre in addition to areas where adults could relax.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being and these were updated on each admission.

Review of all risks pertaining to the centre were in place however, some required review as not all control measures were in place as stated. For example an assessment regarding the risk of choking stated that gloves should be locked away and the inspector found a box was left on the kitchen window sill. For others such as the risk of Legionnaires Disease, while running of taps and water was reported to be happening there was no system in place to evidence that this was the case. A suite of risks relating to COVID-19 were in place for the centre and for individual residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge and provider had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19 in this centre or while supporting other centres run by the provider in the provision of isolation stays. The infection control policy had been updated to include up to date guidance and the person in charge had a comprehensive folder available for reference including systems for testing, self care, guidance documents and preparation plans.

The person in charge ensured regular cleaning of the premises, with a specific deep clean scheduled at the end of each stay. There were systems in place to ensure rooms were allocated on a rotating basis with time between stays for comprehensive cleaning to be completed. There was sufficient personal protective equipment available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

The provider had ensured that appropriate waste management systems were in place and these were enhanced when the centre was used for isolation purposes.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had arrangements in place to detect, contain and extinguish fires in the centre. There was documentary evidence that equipment was serviced as required by regulation. One fire door between the utility room and kitchen required review as the lock had been removed thus reducing the integrity of the door. The provider had this repaired on the day of inspection.

Fire drills were being completed regularly and there was evidence that actions

identified during these were reviewed. The inspector found that resident's personal evacuation plans required review to ensure they provided guidance to staff, for example on one plan reviewed there were differing directions on use of a wheelchair and hoist.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was completed prior to a resident coming to stay in respite for the first time and this was reviewed and updated on an ongoing basis. In each personal file there was comprehensive documentation related to places residents liked to go to, things they liked to do and items they liked to have available. These were supported by information regarding supports that were required, daily routines and any stated goals for the stay in respite.

Daily timetables were in place to ensure that activities were planned and completed, with audits of activities completed to ensure that residents' stated goals had been achieved.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that training was available to staff in the management of behaviour that challenges, including de-escalation strategies and maintaining a low arousal environment. Staff members on duty demonstrated a good understanding of how to promote positive behaviour among residents. Where required there were behaviour support plans in place to guide staff.

There were few restrictive practices in operation in the centre and these varied according to the residents staying. These were noted to have been assessed and were reviewed on a regular basis.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that all residents who stayed in this centre were protected from all forms of abuse. This included relevant policies and training for staff. Throughout the inspection the children staying were observed to be

comfortable in the presence of staff.

There were clear and detailed processes in place for the management of residents money where required. Comprehensive and detailed intimate care plans were in place for those who required support with personal care. Staff were aware of ensuring that residents dignity and privacy were 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 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mulcahy House (Respite) OSV-0001854

Inspection ID: MON-0034013

Date of inspection: 05/10/2021

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: The PIC will review the current local risk assessment in terms of use of PPE and add additional controls to mitigate risk. The gloves will continue to remain locked away in a designated area and in addition a new sign in sign out sheet will be required to be completed by staff when a box of gloves is removed for use and returned to the locked cupboard. The supervising Team Lead will also carry out an audit at the end of each shift to check the compliance of this new system of work and action on any non-conformance. (this will give two independent checks in 24hrs) the process is to also be audited weekly by supervising lead.</p> <p>A Water System Maintenance Schedule is currently being put in place and a flushing register is included in the cleaning schedule locally which is done weekly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: On admission to the Centre the PIC will ensure that guests personalized fire evacuation plans are reviewed and updated for the duration of their stay as part of the admission process. This is currently 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	15/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/11/2021