



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

## Issued by the Chief Inspector

Name of designated centre:	White Strand Respite Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	02 December 2020
Centre ID:	OSV-0002085
Fieldwork ID:	MON-0031046

## About the designated centre

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

The provider's statement of purpose details that the centre will provide respite care for a maximum of 5 residents. The centre can support residents with low, medium and moderate support needs, physical care needs and autism. There are different staffing arrangements in place based on the profile of respite admissions and the assessment of resident needs. In accordance with the statement of purpose the provider can manage admissions to provide single occupancy accommodation where needed. The centre is located in the centre of the local community with easy access to all facilities and services.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	1
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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
Wednesday 2 December 2020	10:00hrs to 16:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet one resident following their admission to the designated centre for respite. The resident was observed to be relaxing on the couch in the kitchen while completing puzzles with the support of a staff member and watching television.

The resident used some words, gestures and body language to communicate their needs to staff members. It was evident from observations that the resident appeared comfortable around staff members. It was evident that the resident knew the staff members that were supporting them. Although the resident had minimal interactions with the inspector, they appeared content and relaxed in the presence of the inspector. The resident was supported to go for a walk with two staff members after they met the inspector.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that it was of a good standard. Although some areas for improvement were identified, it was evident that these areas had a minimal impact on the quality of service that residents received when attending respite.

Residents were supported by social care workers and care assistants, with oversight provided by the person in charge who was a qualified nurse. Recruitment for a staff nurse was due to begin to ensure that the designated centre could respond to the increasing demand for respite services and to support residents and their families, following the COVID-19 pandemic. There was a consistent staff team, following the recruitment of staff for the designated centre. It was evident that the resident that the inspector met with, knew the staff members who were supporting them at the time of the inspection.

Staff members had completed a wide variety of training to support them to meet the needs of the residents who attended the designated centre for respite. Examples of training included manual handling, first aid, fire safety and the safeguarding vulnerable adults. In response to the COVID-19 pandemic, staff members had completed online training including hand hygiene, the use of personal protective equipment and breaking the chain of infection. The person in charge was a hand hygiene assessor, and they told the inspector that they observed staff members carrying out hand hygiene on a regular basis.

There was a clear governance and management structure in the designated centre. It was evident that members of senior management knew the residents who

attended respite, and the staff members who supported them. The registered provider visited the centre on a regular basis. Oversight was maintained by completing six-monthly unannounced visits and an annual review of the services provided to residents. Following these reviews, an action plan identifying areas for improvement was developed. It was noted that although the registered provider had sought feedback from residents and their representatives, these were not included in the annual review report.

A statement of purpose had been developed to outline the services provided in the designated centre. It was noted that the whole-time equivalent (WTE) documented for the person in charge in the designated centre did not accurately reflect that they had other management responsibilities in the organisation. Therefore, the statement of purpose required updating to reflect the time that the person in charge dedicated to the designated centre.

The inspector reviewed the written policies and procedures required under Schedule 5 of the regulations. Twelve of these policies required review. The quality review team were planning to review the updated policies after the inspection. Following the review and sanctioning of the policies, they would then be available in the designated centre.

### Regulation 15: Staffing

Residents were supported by a consistent staff team. It was evident that staffing levels were responsive to the needs of the residents who attended respite.

Judgment: Compliant

### Regulation 16: Training and staff development

Residents had access to regular training to support them in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance and management structure had been put in place. Improvements were required to ensure that consultation with residents and their representatives was included in the annual review report.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose requiring updating to ensure it accurately reflected the WTE of the person in charge in the designated centre.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The registered provider had not ensured that Schedule 5 policies and procedures had been reviewed at intervals not exceeding three years.

Judgment: Substantially compliant

## Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents in the designated centre and found that overall they were of a good standard.

The premises of the designated centre was located in an urban area, with access to a number of community amenities including shops, pubs and restaurants. Private bedrooms were provided to residents, with three bedrooms having an en-suite bathroom. Two bedrooms shared a bathroom and this was risk assessed for each group of residents attending respite, when both bedrooms were occupied. All bedrooms were fully furnished, and residents were welcome to bring small furnishings with them to make their stay more comfortable.

The designated centre was bright, warm, clean and suitably decorated. In each bedroom, residents were provided with a key for a locked press so that they could safely store any valuables or personal items. An inventory of each resident's belongings was completed on each admission to respite, to ensure that belongings were returned on discharge.

An activity room was available with bean bags, a football and snooker table for residents to use. There was also a dedicated visitor's room, in the event residents would like to receive a visitor while in respite. All visitors to the designated centre

were required to sign the visitor's log.

The annual review report identified that there were no safeguarding concerns in the designated centre, and that a zero tolerance approach to abuse was adopted. All staff members had participated in training to help them to identify possible indicators of abuse, and how to report them.

On admission to respite, residents were afforded the choice to maintain control over their own personal money, or for staff members to assist them to manage their finances and ensure personal money was kept in a safe location. Staff members told the inspector that they also discuss with each resident what activities they would like to do during their respite visit, and facilitate such requests.

All residents were assigned a staff member that was their key worker. The inspector reviewed a sample of residents' files that provided documentation on how to support their needs. Staff members told the inspector that the residents' files were shared with the day service, and that there was additional documentation that was added to the residents' files when they were admitted to respite in the designated centre. Following discussion with residents and their representatives, a form was completed by staff members on each visit to respite to provide an update on any changes or information relevant to their visit.

The inspector reviewed a sample of the residents' files and noted that a comprehensive assessment of the health needs of one resident had not been reviewed since 2016. It was also noted that there was no evidence of a comprehensive assessment of the health needs of two other residents. Where residents had identified health needs, these were not always supported by a plan of care. For example, one resident was noted to have asthma and thyroid issues, however there was no associated health care plan to provide guidance to staff members on how to meet these health care needs.

A number of measures had been put in place to support residents to receive respite during the COVID-19 pandemic. Although the designated centre did close for a period of time, the person in charge sought advice from Public Health on how they could safely provide respite services to residents. Measures that had been adopted included the 'podding' of residents into groups so that they could attend respite with their friends, with COVID-19 swabs being taken by the person in charge before they entered a pod.

A COVID-19 folder was available in the designated centre. It was noted that some of the guidance in the folder required updating, and the person in charge ensured that the most up to date COVID-19 guidance was in the COVID-19 folder by the end of the inspection. The inspector reviewed minutes of a senior management meeting, to ensure that the registered provider was prepared in the event of an outbreak of COVID-19. Alcohol based hand gel and adequate hand washing facilities were available in the designated centre.



## Regulation 11: Visits

A suitable private area was available if residents wished to receive a visitor.

Judgment: Compliant

## Regulation 12: Personal possessions

Measures had been put in place to ensure that residents were supported to maintain access and control over their personal finances and property while attending respite. Adequate laundry facilities were available in the designated centre.

Judgment: Compliant

## Regulation 17: Premises

The premises of the designated centre was clean and suitably decorated. It was evident that it had been kept in a good state of repair both internally and externally. Painting was planned for January 2021.

Judgment: Compliant

## Regulation 20: Information for residents

A guide about the designated centre had been prepared, and was available to residents in the designated centre.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had ensured that measures had been adopted to protect residents from potential sources of infection.

Judgment: Compliant

<b>Regulation 28: Fire precautions</b>
<p>Fire safety management systems were in place in the designated centre. There was evidence of regular fire drills being carried out, with all residents who attended respite having participated in a fire drill. There was emergency lighting, fire resistant doors and a fire alarm panel. Fire extinguishers were due to be serviced the week after the inspection took place.</p>
<p>Judgment: Compliant</p>
<b>Regulation 5: Individual assessment and personal plan</b>
<p>The registered provider had not ensured that a comprehensive assessment of the health needs of each resident had been completed by an appropriate health care professional on an annual basis.</p>
<p>Judgment: Substantially compliant</p>
<b>Regulation 6: Health care</b>
<p>The registered provider had not ensured that an appropriate health care plan had been developed, for all identified health needs for each resident.</p>
<p>Judgment: Not compliant</p>
<b>Regulation 7: Positive behavioural support</b>
<p>One resident's behavioural support plan provided clear guidance on how staff could support the resident to manage their behaviour. There was evidence that staff were recording instances of behaviours that challenges, to inform future planning and review of the residents' behaviour support needs.</p>
<p>Judgment: Compliant</p>
<b>Regulation 8: Protection</b>

The registered provider had put measures in place to ensure that residents were protected from all forms of abuse. Intimate care plans were available and subject to regular review.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respected each resident. There was evident that residents were given choice and control over the supports they received in the designated centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for White Strand Respite Services OSV-0002085

Inspection ID: MON-0031046

Date of inspection: 02/12/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All future Provider Annual reviews of Quality &amp; Safety of Care and Support for the Designated Centre will include the process for and outcomes of consultation with residents and their representatives.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose for the Designated Centre will be adjusted to reflect that the Person in charge has other management responsibilities in the organization, accordingly the revised Statement of Purpose will reflect the whole time equivalent (time) that the person in charge dedicates to the designated centre.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

The registered provider will ensure that Schedule 5 policies and procedures will be reviewed at intervals not exceeding three years, accordingly where relevant policies will be updated through the Quality Committee and Human Resources.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The registered provider will ensure that a comprehensive assessment of the health, personal and social care needs of each resident who access respite will be undertaken. The requirement will be communicated to and in agreement with each resident with the support of family representaives.

The assessment of health needs will be undertaken by appropriate health care professionals on an annual basis and will be reviewed by the Person In Charge.

The health care assessment will be co-ordinated through an annual medical for each resident undertaken by the residents GP. Relevant and updated information from supporting medical consulatnts / other health care inputs will be considered at the annual medical and in agreement with the resident and consistent with GDPR the information / output of the annual medical is to be made available to the Designated Centre.

Ongoing updates on all medical & health appoinments and outcomes will continue to be made available to Deignated Centre in advance of every respite admission.

Relevant multi-disciplinary reports including psychology, physiotherapy, speech and language theapry, occupational therapy are also to be considered and included.

The outcomes of the annual medical, relevant supporting medical consultant reports, multi-disciplinary reports and the pre admission to respite will support the services to develop the assessment of health needs for each resident.

The update on personal and social care needs will continue to be updated through each residents person centred plan.

A meeting subject to lifting of COVID 19 restrictions will be held with respite attendees and their famly repercentative in order to communicate the revised process and requirement for development of the assessment of health needs for each resident.

In the interim residents and residents famlies will be communicated with in regard to the further requirements and their feedback will be incorporated.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The registered provider will ensure that a comprehensive assessment of the health, personal and social care needs of each resident who access respite will be undertaken. The requirement will be communicated to and in agreement with each resident with the support of family representatives.

The assessment of health needs will be undertaken by appropriate health care professionals on an annual basis and will be reviewed by the Person In Charge.

The health care assessment will be co-ordinated through an annual medical for each resident undertaken by the residents GP. Relevant and updated information from supporting medical consultants / other health care inputs will be considered at the annual medical and in agreement with the resident and consistent with GDPR the information / output of the annual medical is to be made available to the Designated Centre.

Ongoing updates on all medical & health appointments and outcomes will continue to be made available to Designated Centre in advance of every respite admission.

Relevant multi-disciplinary reports including psychology, physiotherapy, speech and language therapy, occupational therapy are also to be considered and included.

The outcomes of the annual medical, relevant supporting medical consultant reports, multi-disciplinary reports and the pre admission to respite will support the services to develop the assessment of health needs for each resident.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/03/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with	Substantially Compliant	Yellow	27/02/2021

	best practice.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/03/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/03/2021