



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

Name of designated centre:	Ailesbury Respite
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	04 February 2019
Centre ID:	OSV-0002399
Fieldwork ID:	MON-0022680

## About the designated centre

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

As outlined in the statement of purpose, the centre provides respite care for a maximum of five adults or five children with an intellectual disability. The centre is a detached house with six bedrooms, two sitting rooms, a dining room, a kitchen, three bathrooms, a laundry room, two offices and a patio area with two sheds to the rear of the house. The centre is located in Co. Dublin close to a good range of local amenities. Residents are supported to attend school or day services during their respite break. Staffing in the centre is provided on a 24 hour basis by a clinical nurse manager, staff nurses and care assistants.

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

Number of residents on the date of inspection:	5
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
04 February 2019	09:30hrs to 16:10hrs	Marie Byrne	Lead
04 February 2019	09:30hrs to 16:10hrs	Michelle McDonnell	Support

## Views of people who use the service

The inspectors had the opportunity to meet ten residents, and spend some time with six residents during the inspection. Some residents were going home following their respite break and others were just commencing their break.

A number of residents spoke to the inspectors about how much they enjoy their respite breaks. They described what it was like to stay in the centre and how they were supported by staff to spend their time engaging in activities of their choosing. A number of residents described the complaints process and who they would go to if they required support in this area.

Four residents were supported to complete satisfaction questionnaires prior to the inspection. The feedback in these questionnaires was mostly positive, with residents being particularly complimentary towards staff, choice in activities, and their involvement in the day-to-day decisions in the running of the centre. One resident identified that they would prefer to spend their respite break with their friends. They had brought this to the attention of the person in charge, who was planning to review groupings at the next monthly respite booking meeting.

Residents and their representatives' experience were also captured as part of the centres' annual review of quality and safety. The report indicated that they were satisfied with the care and support in the centre and that they were aware of the complaints process. Areas for improvement were identified in relation to whom residents wished to spend their respite break and the need for additional breaks was identified by a number of residents and their representatives.

## Capacity and capability

Overall, the inspectors found that the registered provider and person in charge had made improvements since the last inspection to ensure increased oversight of the quality of care and support for residents. These improvements were in their infancy and required further time to bed in. The provider was completing regular audits including the annual review and six monthly visits. These reviews were identifying areas for improvement in line with the findings of this inspection. However, a number of actions identified by the provider from these audits had not been completed.

The person in charge facilitated the inspection, and they had the relevant qualifications and experience to manage the centre. Throughout the inspection, inspectors observed kind, caring and respectful interactions between the person in

charge and residents. Residents who spoke with the inspector, spoke fondly of the person in charge. However, the person in charge was not working in a full time capacity in line with the requirements of the regulations and it was evident that as a result management hours were not utilised effectively.

The staff team reported to the person in charge, who in turn reported to the person participating in the management (PPIM) of the centre. There were regular meetings between the person in charge and PPIM, but limited evidence of regular staff meetings. A number of staff who spoke with the inspectors highlighted issues with transport in the centre and lack of access to computer and Internet at times to complete documentation. The provider was aware of these issues and the person in charge and PPIM outlined plans to rectify them to the inspectors.

Some audits were being completed such as; medication audits, first aid audits and equipment checks. The annual review of quality and safety for 2018 identified areas for improvement in line with the findings of this inspection and there were dates identified for completion of these actions. The six monthly review by the provider had not been completed in line with the timeframe identified in the regulations. There were a number of actions identified by the provider following this review and some of these had not been completed which were past the identified completion date.

Throughout the inspection residents appeared relaxed, happy and to be engaging in activities of their choosing. Staff were observed to be knowledgeable in relation to residents' care and support needs and residents who spoke with the inspector, spoke fondly of the staff team. Staff had completed training and refreshers in line with residents' assessed needs and were in receipt of regular formal supervision. The inspectors reviewed a number of staff files and found that they contained all the information required by the regulations.

In line with the findings of the last two inspections, there was a staffing vacancy for a clinical nurse manager in the centre. The inspectors reviewed rosters and found that the provider was attempting to minimise the impact of this for residents by covering the required shifts. Regular staff were completing additional shifts, and they were using regular relief and agency staff.

The inspectors found that a policy and procedure required by Schedule 5 of the regulations had not been reviewed in line with the timeframe identified in the regulations. The provider was aware of this and provided assurances that plans were in place to review it.

Each resident had a respite agreement form in place. It detailed the services provided and what residents were required to bring with them during their respite break. There was no charge to residents for their respite break. Most of the respite agreements forms reviewed by the inspector had been signed by the resident, and/or their representative and the person in charge. However, one newly admitted resident did not have a respite agreement form in place, and another had not been signed by the resident or their representative.

### Regulation 14: Persons in charge

The person in charge had the relevant qualifications, skills and experience to carry out their role. However, at the time of the inspection they were not working in a full time capacity in line with the requirement of the regulations and they were not completing consistently completing management hours in the centre.

Judgment: Not compliant

### Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. There was a staffing vacancy for a clinical nurse manager and the provider was in the process of recruiting a staff to fill this vacancy.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their ability.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The inspectors found that a policy and procedure required by Schedule 5 of the regulations had not been reviewed in line with the timeframe identified in the regulations.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had put some additional systems in place to improve the oversight of the centre. However, they were failing to provide support to key members of the management team to ensure full oversight of centre. They were completing audits including the annual review and six monthly visits and identifying areas for improvement in line with the findings of this inspection. Progress had not been made in relation to a number of actions identified by the provider from these reviews.

Judgment: Not compliant

## Regulation 24: Admissions and contract for the provision of services

Respite agreement forms were in place which outlined the care and support for residents during their respite break. However, one newly admitted resident did not have an agreement in place and one resident's agreement had not been signed by them or their representative.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. Residents who spoke with the inspector stated that they enjoyed their respite breaks and were happy with the support they received from staff.

The house was warm and comfortable and contained adequate private and communal space to meet the number and needs of residents. However, in line with



the findings of the last inspection there were areas of the centre in need of painting, decorating and repair. The provider had recognised this in their audits and had plans in place to complete these required works. There was limited play and recreation facilities in the garden area for children. However, there was some equipment such as footballs and equipment for water play and they had access to a local schools' facilities if they so wish. The centre was close to a number of local playgrounds and other facilities for children.

Improvements had been made in relation to residents' assessment of need and personal plans since the last inspection. However, these improvements were not yet consistently implemented across all residents' personal plans. Changes were in their infancy and required further time to bed in. Some of the personal plans reviewed did not adequately detail residents' identified needs and supports, or fully guide staff practice to support residents. There was no documentary evidence to show that some residents' personal plans had been developed or reviewed with the resident, their representative, or members of the multidisciplinary team. There was limited evidence of evaluation of some residents' personal plans to ensure they were effective. Residents were supported to participate in meaningful activities while on their respite break and they were also supported to attend school or day services.

Residents' health care needs were appropriately assessed. They had appropriate health care assessments and support plans in place and had access to allied health professionals in line with their assessed needs.

Residents were assisted and supported to communicate in line with their needs and wishes. They had access to the necessary supports and aids. Communication supports were detailed in residents' personal plans.

There were no restrictive practices in place in the centre. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs.

Residents were safeguarded; there were appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Incidents, allegations or suspicions of safeguarding incidents were recorded and appropriately followed up on in line with the organisation's and national policy.

The residents' guide was on display and readily available for residents and their representatives. It contained all the information required by the regulations.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. The risk register and risk assessments in place were reviewed and updated regularly in line with learning following incidents.

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, storage and disposal of medicines. Audits were completed regularly and incidents were documented and followed up on in line with the organisation's policy. However, the inspector reviewed medication records and found that all prescribed medicines were not signed as being administered. There

were no discrepancies in the residents' medication stock audits so these errors were documentation errors. Through discussions with staff and review of the annual and six monthly reviews in the centre it was evident that the systems for getting medication administration records completed prior to residents' admission required to be reviewed and further strengthened.

### Regulation 10: Communication

Residents were supported to communicate using their preferred methods. Their communication needs and supports were clearly outlined in their personal plan.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was in place and contained all the information required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by appropriate policies, procedures and practices in relation to risk management. There was a risk register and risk assessments were developed and reviewed as necessary.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Improvements had been made to residents' assessment of need and personal plans since the last inspection. However, these improvements were in their infancy and required further time to develop.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals as required. Staff had access to relevant training and refreshers to support residents, and plans were in place for a number of staff to complete additional positive behaviour support training.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices in the centre. Staff had completed training in relation to safeguarding children and adults.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The centre was warm and comfortable and there was adequate private and communal accommodation. There were areas of the centre in need of painting decorating and maintenance. The provider was aware of this and had plans in place to complete the required works.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, storage and disposal of medicines. Audits were completed regularly. However, improvements were required to ensure documentation errors were reviewed and in relation to systems in place for getting medication administration records completed prior to residents' admissions.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant

# Compliance Plan for Ailesbury Respite OSV-0002399

Inspection ID: MON-0022680

Date of inspection: 04/02/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>There is a full time Person in Charge post in Ailesbury respite. The CNM2 currently works 34.5 hours per week and will be consistently working management hours in the centre. A new Clinical Nurse Manager 1 is due to commence work in the centre on the 2nd April who will be rostered for management hours to support the CNM2 in the management of the centre. The PPIM work full time hours and are available to support the management of the centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A successful candidate has been recruited for the CNM1 vacancy and is scheduled to commence in their role on the 2nd April 2019.</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 Policy and Procedures for the Management of Service User Monies had been reviewed in March 2018 and is currently being reviewed in line with Assisted Decision Making legislation

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 The CNM2 will work consistent management hours in the centre and will be supported with the addition of a newly recruited CNM1 due to commence in the centre in April 2019. The PIC and Service Manager will continue to monitor and review all agreed actions at their regular management meetings to ensure the completion of agreed tasks. They will continue to advocate for additional funding resources for transport. The Service Manager on behalf of the Provider will ensure that the 6 month review will be completed within the timeframe identified in the regulations and that all corrective actions are completed within the time specified.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
 Each resident and their family have been requested to complete and return a current contract of care to the centre. Staff will confirm a current in date contract is in place as part of the pre admission checklist and will contact resident and their family if required. The 2 contracts identified on the day of inspection are now in place.

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



assessment and personal plan:  
 A comprehensive system has recently been implemented in the centre to ensure effective gathering, monitoring, review and updating of all residents assessments, support and personal plans. The PIC, staff team and Respite Liaison Nurse will continue to liaise with each resident, their family and day service staff and MDT as appropriate . They will ensure that a copy of all reviews is kept on file in the centre.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The outstanding painting, decorating and maintenance works have been waitlisted with the Technical Services department for completion.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The PIC has assigned two of the nursing staff responsibility of reviewing documentation errors to ensure learning is applied. All residents and their families have been reminded to ensure any changes in medication are notified to the centre. Staff also verify medication information is accurate as part of the pre admission checks.

## 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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30/04/2019
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/04/2019

Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2019
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	30/04/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and	Not Compliant	Orange	01/04/2019

	shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/04/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/03/2019
Regulation 04(3)	The registered provider shall review the policies	Not Compliant	Orange	30/06/2019

	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 best practice.			
Regulation 05(1)(a)	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 prior to admission to the designated centre.	Substantially Compliant	Yellow	30/06/2019
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	30/06/2019
Regulation 05(4)(c)	The person in charge shall, no later than 28 days	Substantially Compliant	Yellow	30/06/2019

	<p>after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
Regulation 05(6)(a)	<p>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.</p>	Substantially Compliant	Yellow	30/06/2019
Regulation 05(6)(b)	<p>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the</p>	Substantially Compliant	Yellow	30/06/2019

	maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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