



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

Name of designated centre:	Cara Respite Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	16 October 2018
Centre ID:	OSV-0005743
Fieldwork ID:	MON-0025395

## About the designated centre

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

Cara Respite Service is a centre run by Western Care Association. The centre comprises of one premises which is located close to a town in Co. Mayo. The centre provides a childrens' respite service for up to three male and female residents who are under the age of 18 years, who present with an intellectual disability. The centre can also support residents with mobility needs, assessed healthcare needs and those requiring behavioural support. Staff are on duty both day and night to support residents who avail of this respite service.

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

Current registration end date:	07/06/2021
Number of residents on the date of inspection:	1

## 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
16 October 2018	08:50hrs to 13:55hrs	Anne Marie Byrne	Lead

## Views of people who use the service

The inspector had the opportunity to meet with one resident who avails of this respite service, however; he was unable to communicate directly with the inspector. Both staff and the person in charge present in the centre on the day of inspection spoke with the inspector about the care and support residents receive in areas such as behavioural support, health care, social care and general welfare and development.

Prior to this inspection, residents and their representatives were invited to complete a satisfaction questionnaire about the care and support they received. These were reviewed by the inspector and residents and their representatives provided positive feedback on areas such as their living environment, play areas, visiting arrangements, staff support and complaints management. Some feedback received suggested the inclusion of additional social activities and social outings. The inspector brought this to the attention of the person in charge to address with residents and their representatives.

## Capacity and capability

The provider had ensured that there were effective systems in place to oversee and manage this service. This meant that residents were able to participate fully in the running of the centre and were able to enjoy living in a safe and supportive environment.

The person in charge was appointed to this role in June 2018 and was found to meet the requirements of the regulations and had a good knowledge of residents' needs, the needs of the service and of her regulatory responsibilities. She worked full-time in the centre, both at a supernumerary and administrative capacity which enabled her to have increased oversight of the service delivered to residents and to also meet regularly with staff and residents. She was supported by her line manager in the running of this centre and told the inspector that the current governance arrangements within the organisation supported her to have the capacity to fulfil the duties of her role.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Residents received continuity of care and staff attended regular meetings which facilitated them to discuss and raise concerns with senior management about the care and support residents received. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Rosters were found to be well-maintained and demonstrated the start and finish

times worked by staff in the centre. A sample of staff files were also reviewed by the inspector and these were found to contain all information as required by the regulations.

The centre was resourced to ensure the effectively deliver of care and support to residents and there was a clearly defined management structure in place which identified the lines of authority and accountability in this centre. The person in charge regularly met with the person participating in management, which had a positive impact on the oversight of this service. The annual review and six monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified; plans were in place to address these. A system was also in place for the reporting of incidents and the person in charge had ensured all incidents were reported to the Chief Inspector as required by the regulations.

An effective complaints management system ensured that where complaints were received, these were responded to, reviewed and managed in line with the centre's own procedures. Residents had access to easy-to-read information about how to make a complaint and a nominated person to deal with complaints and an appeals process were also available to residents, as required. There was a statement of purpose in place which was regularly reviewed. However, it required further revision to ensure it adequately described all information as required by the regulations. This was brought to the attention of the person in charge who rectified this in the days subsequent to the inspection.

#### Regulation 14: Persons in charge

The person in charge had the qualifications and experience required to meet the requirements of regulation 14. She was present full-time in the centre and had capacity to fulfill the duties of her role as person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

There was an adequate number and skill-mix of staff to meet the needs of the residents availing of this respite service. Rosters were well-maintained and clearly identified the names of staff working in the centre and their start and finish times. A sample of staff files were reviewed by the inspector and found to contain all information as required by Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received up-to-date mandatory training and refresher training was also available to them, as required. All staff received regular supervision from their line manager.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was found to contain all information as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had systems in place to ensure care practices were regularly monitored and reviewed. The six monthly provider-led visit and annual review were completed in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was found to contain all information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Chief Inspector as required by regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a system in place to guide staff on how to respond to, manage and record any complaints received. The complaints procedure was prominently displayed in the centre and there was a nominated person identified to deal with complaints. Residents also had access to an independent appeal process, as required.

Judgment: Compliant

### Quality and safety

Overall, the inspector found residents availing of this respite service enjoyed a good quality of life, were supported by staff who were very familiar with them and systems were in place to support them with their assessed needs.

The centre comprised of one premises which provided residents with their own bedroom, some en-suite facilities, dining room, kitchen area, sun room, shared bathrooms and utility area. The garden area was wheelchair accessible and the centre was found to provide residents with a comfortable and homely environment.

Effective behaviour support systems ensured that residents requiring behavioural support received the care and support they required. Staff who spoke with the inspectors were found to be knowledgeable of residents' specific behaviours and of how they were required to support these residents. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider ensured systems were in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents. Although staff spoke with confidence to the inspector about the appropriate application of specific restrictive practices which were in place, some improvements were required to some assessments and protocols in place to support these practices. This was brought to the attention of the person in charge who rectified this in the days subsequent to the inspection.

Assessments of residents' health, personal and social care were completed in consultation with residents and their representatives. The registered provider had ensured staffing and transport arrangements were adequate to support residents to participate in activities of interest to them and to also frequently access the community, as they wished. Residents' families, friends and representatives were welcomed to visit residents in the centre.

The provider had ensured effective fire safety precautions were in place, including,



fire detection and containment systems, regular fire drills, clear evacuation plans, regular checks of fire equipment and emergency lighting. Staff had received up-to-date training in fire safety and spoke confidently with the inspector on their role in evacuating residents from the centre. However, some improvement was required to the displayed fire procedure to ensure it accurately described how staff were to respond to fire in the centre. In the days subsequent to the inspection, written assurances were provided to the inspector that this had been rectified.

The registered provider had a system in place for the identification, assessment and monitoring of identified risks. A risk register was in place and was regularly reviewed by the person in charge and a process was in place for her to escalate high-rated risks to senior management, as required.

### Regulation 10: Communication

Where residents had assessed communication needs, clear communication guidelines were in place to guide staff on how to effectively communicate with these residents.

Judgment: Compliant

### Regulation 11: Visits

Residents families and friends were welcomed to the centre to visit with residents on a regular basis and there was adequate space for residents to meet with visitors in private.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider supported residents to engage in activities of interest to them, given regard to their assessed needs and wishes.

Judgment: Compliant

### Regulation 17: Premises

The premises was laid out to meet the aims and objectives of the service and it was found to be clean, comfortable and was in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place to identify, assess, manage and monitor residents' specific risks and risks occurring within the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had fire safety precautions in place, including, regular fire drills, regular fire checks and regularly maintained fire fighting equipment. Adequate fire detection and fire containment measures were in place and all staff had received up-to-date training in fire safety. Some improvements were required to the displayed fire procedure and in the day subsequent to the inspection, the inspector received written assurances from the person in charge that this was rectified.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The registered provider had safe medication management systems in place. All staff had received up-to-date training on the safe administration of medicines and an assessment of capacity was completed with each resident to encourage them to take responsibility for their own medicines, if they wished to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had ensured an assessment of need was in place for each resident and that clear plans were in place to guide staff on how they were to support these residents. A system was in place to ensure these were reviewed on a

minimum annual basis in conjunction with residents and their families.

Judgment: Compliant

### Regulation 6: Health care

Where residents presented with specific health care needs, clear plans were in place to guide staff on how they were to support these residents. Residents also had access to allied health care professionals, as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured residents requiring behavioural support received regular review and had clear plans in place to guide staff on how to support these residents. There were some restrictive practices in place and although staff spoke confidently with the inspector as to how these were to be appropriately applied, improvements were required to some risk assessments and protocols in place supporting the use of specific restrictions. In the day subsequent to the inspection, the inspector received written assurances from the person in charge that this had been rectified.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had systems in place to support staff to identify, respond to, report and manage any safeguarding concerns. Staff had received up-to-date training on safeguarding.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant