



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 1
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0007712
Fieldwork ID:	MON-0028270

About the designated centre

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

Donabate Respite 1 is a designated centre operated by St. Michael's House and located in North County Dublin. It provides a respite service to up to 44 children with a disability. The designated centre is a purpose built bungalow which consisted of a sitting room, a kitchen, a dining room, a sensory room, six individual bedrooms, a number of shared bathrooms, a utility room and an office. There was a secure garden to the rear of the centre which contained a trampoline for children's use. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 1 October 2020	10:45hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

At the time of the inspection, the children availing of respite had returned home and the service was undertaking a deep clean as an infection control precautionary measure before the next respite group attended the service the following day. The inspector did not have an opportunity to meet with the children availing of respite in the centre.

However, the inspector had the opportunity to speak with a family member of a child availing of the service. The inspector also observed feedback about the service from questionnaires completed by service users and their representatives as part of the service's Annual Review 2019. In addition, the inspector reviewed a number of compliments in the complaints and compliments folder from service users and their representatives.

Overall, the feedback on the quality and care of the service provided in the designated centre indicated that respite users and their representatives were happy with the care they received whilst availing of respite in the centre.

Capacity and capability

Overall, the governance and management arrangements in place were monitoring the quality and safety of the care and support provided to service users. Improvement was required in the effective oversight of aspects of service provision and in the training and development of the staff team.

The designated centre had a defined governance and management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge were supported in their role by an experienced clinical nurse manager. The person in charge also demonstrated a good knowledge of the children and their support needs. There were arrangements in place to monitor the quality of care and support in the centre. The quality assurance audits included six-monthly unannounced provider visits and an annual review for 2019. These audits identified areas for improvement and action plans were developed in response. However, improvement was required in the effective oversight of aspects of the service as the systems in place had failed to identify areas for improvement identified on this inspection. For example, personal plans. This was also identified on the previous inspection.

There was a planned and actual roster maintained by the person in charge. From a review of a sample of rosters, it was evident that there was sufficient levels of staffing to meet the assessed needs of the service users. In addition, the

rosters demonstrated that staffing levels were determined based on the needs of the group availing of respite. The provider ensured continuity of care through covering gaps in the roster with members of the staff team and regular relief staff.

The systems in place for the training and development of the staff team required improvement. From a review of a sample of staff training records, the inspector found that, for the most part, the staff team had up-to-date mandatory training. However, refresher training was required for some members of the staff team. This meant that some members of the staff team did not have up to date knowledge and skills to support service users with their identified needs.

The previous inspection identified that some of the staff team were not receiving supervision in line with the frequency stated in the provider's supervision policy. There was evidence that the person in charge had introduced a schedule for supervision of the staff team since the last inspection. However, it was not taking place in line with the provider's policy and required further improvement. This meant that staff might not be adequately supported to perform their duties to the best of their abilities.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were notified to the Chief Inspector as appropriate.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the service users and their support needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster maintained by the person in charge. There was sufficient levels of staffing to meet the assessed needs of the children.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff

team. However, refresher training was required for some members of the staff team. In addition, some members of the staff team were not receiving supervision in line with the frequency stated in the provider's supervision policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined governance and management structure in place. There were arrangements in place to monitor the quality of care and support in the centre. However, improvement was required in the effective oversight of some aspects of the service as they had failed to identify areas for improvement identified on this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and accidents were notified as appropriate to the Chief Inspector.

Judgment: Compliant

Quality and safety

Overall, the inspector found that there were systems in place to ensure that service users received a quality and safe service. However, improvement was required in relation to personal plans, fire safety and oversight of restrictive practices.

The inspector reviewed a sample of personal plans and found that each service user had an assessment of need. The assessment of need identified service users' health and social care needs and informed the service users' personal support plans. Personal support plans reviewed outlined the support required for service users' personal development in accordance with their individual personal, communication and social needs and choices. However, it was not evident that a number of the assessment of needs had been reviewed in the last 12 months. This was also identified at the time of the previous inspection.

There was evidence that service users' health care needs were appropriately identified and managed. It was noted that a number of service users availing of respite had significant health needs and life-limiting conditions.

The healthcare plans were up to date and suitably guided the staff team to support service users with identified healthcare needs while they were availing of respite.

Service users were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. There were some restrictive practices in use in the centre which were appropriately identified by the person in charge. However, the inspector found that not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group. There was evidence that this was in the process of being addressed on the day of the inspection.

There were systems in place to safeguard service users. The composition of respite groups attending together was informed by peer suitability, age, dependency levels and gender mix. There was evidence that peer suitability was reviewed while planning bookings and that peer groupings were changed if the specific respite user could be better supported within a different group. The inspector reviewed a sample of incidents and found that they were appropriately managed and responded to.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific and individual risks and the measures in place to mitigate the identified risks

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of service users if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal Protective Equipment (PPE) including hand sanitisers and masks were available and were observed in use in the centre on the day of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting service users to evacuate. There was evidence of regular fire evacuation drills and fire walks being completed with all service users during their respite break. However, some improvement was required to demonstrate that the arrangements in place would evacuate all service users in a timely manner. For example, the most recent night time fire drill was undertaken in March 2019.

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review

of risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place. There was evidence of regular fire evacuation drills and fire walks being completed. However, improvement was required to demonstrate that the arrangements in place would evacuate all service users in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each service user had an assessment of need which identified service users' health and social care needs and informed the service users' personal support plans. However, it was not evident that a number of the assessment of needs had been reviewed in the last 12 months.

Judgment: Not compliant

Regulation 6: Health care

Service users were supported to have the best possible health while availing of the respite service.

Judgment: Compliant

Regulation 7: Positive behavioural support

Service users were provided with appropriate emotional and behavioural support.

There were some restrictive practices in use in the centre which were appropriately identified. However, not all restrictive practices in use in the centre were reviewed by the provider's positive approaches monitoring group.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to safeguard service users.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Respite 1 OSV-0007712

Inspection ID: MON-0028270

Date of inspection: 01/10/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC has completed an audit of all staff training required. Staff allocated time to complete all required refresher training, which is currently online. Tracking system in place to monitor and ensure compliance.</p> <p>PIC has scheduled all staff supervision meetings. Tracking system now in place to ensure supervision completed as per organisational policy.</p>	
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>Updated audits completed - assessment of needs, support and care plans, staff training and development. Tracking systems now in place to monitor and ensure compliance. To be reviewed at regular management meetings between PIC and Service manager.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regular fire drills and fire walks scheduled and participating residents will be documented. Planned night time drill did take place on 18th October as scheduled.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has assigned all staff a number of key residents. An audit has been completed and each individuals assessments and personal plans are being reviewed and updated. A tracking system is now in place to monitor and ensure compliance.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC has completed an audit of all restrictive practices used in the centre and submitting for review to the organisations positive approaches monitoring group. The PIC is also completing local restrictive practices policy for respite with PAMG.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2020
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.	Substantially Compliant	Yellow	31/10/2020
Regulation	The registered	Substantially	Yellow	31/10/2020

28(3)(d)	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.	Compliant		
Regulation 05(6)(b)	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 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.	Not Compliant	Orange	30/11/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and	Substantially Compliant	Yellow	30/11/2020

	evidence based practice.			
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