



Office of the Chief Inspector

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

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| Name of designated centre: | Bantry Respite |
| Name of provider: | RehabCare |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 21 March 2019 |
| Centre ID: | OSV-0002663 |
| Fieldwork ID: | MON-0022488 |

About the designated centre

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

Respite services are provided in this centre. The centre is open Monday to Friday and a three night respite stay is available during that period to persons from specified geographical areas with a sensory or physical disability. A maximum of six residents can be accommodated; each has their own bedroom, share communal and dining areas and share a bathroom with one other person. The service aims to support a range of needs but the provider does state that the centre is not suited to those who require a full-time nursing or medical presence, for example those with very high medical needs or requiring end of life care. During the respite stay assistance is provided to attend a range of appointments if required and to participate in chosen leisure activities. The model of care is social; the staff team is compromised of care staff supported by the team leader and the person in charge. However, collaborative working ensures that all required supports and all relevant information are available to the staff team so as to guide the support and care provided.

The following information outlines some additional data on this centre.

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| Current registration end date: | 23/08/2019 |
| Number of residents on the date of inspection: | 3 |

How we inspect

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 |
|---------------|----------------------|------------|------|
| 21 March 2019 | 09:30hrs to 18:00hrs | Mary Moore | Lead |

Views of people who use the service

Three residents were availing of respite; there are approximately forty residents in total accessing the service. While the centre is registered to accommodate six residents at any one time; three or four residents are accommodated in line with the agreed funding arrangements.

Residents spent a good portion of the day out of the centre but the inspector did not have opportunity to speak with them. The inspector also got a good sense of how residents and their families viewed the service from records seen such as the evaluations completed after each respite stay.

Residents told the inspector that they really enjoyed coming to the centre. Residents said that they looked forward to the social dimension of their stay and looked forward to the meal that was generally planned for the last night in the centre. Residents discussed their general health and well-being and said that they felt well.

The practice that was observed by the inspector was as agreed and as detailed in the records seen. Staff were attentive to residents and their requirements; residents were seen to enjoy a routine and support that was in line with their needs and expressed wishes.

Capacity and capability

This centre was effectively governed. Central to that governance was oversight, continual review and update, willingness to change and ongoing consultation with residents and their families. This meant that the service provided was appropriate to and changed as necessary to meet resident's needs; the service provided was a safe, quality service. There was a requirement however to review the adequacy of staffing arrangements in line with the increasing needs of residents.

The provider produced a statement of purpose and function for the centre; a record required by the regulations, that sets out for example the range of needs to be met and the governance arrangements. The inspector found this record was current and a very accurate reflection of the centre.

The management structure was clear and there was clarity of individual roles, responsibilities and reporting relationships. The person in charge had other areas of responsibility but was based in the centre and had a supporting management structure in each service; that is a team leader or supervisor that facilitated her to exercise her role effectively. Senior managers were described as accessible and

supportive; issues as they arose were escalated as necessary through the governance structure.

The provider had effective systems for evaluating the quality and safety of the service and for self-identifying both good practice and areas where improvement was needed. These systems included for example complaints and suggestion procedures, regular consultation with residents, audits and the annual review and unannounced provider reviews as required by the regulations. Overall the inspector found that the objective of the provider was to use these systems to make changes and improvement each time it was needed to make the service safer and better and best able to meet resident's needs and wishes.

For example it was evident from records seen that residents or their families did raise issues that they believed could be managed differently to make their respite stay better, for example in relation to the environment or perhaps the requirement of them to share a bathroom. Each issue raised was clearly recorded as were the actions taken in response; change had followed further to every suggestion made; for example allocating a different bedroom for the next respite stay or changing the language used on records to make them less clinical.

This proactive approach was also evident in relation to staffing, the monitoring of the adequacy of staffing and the provision of staff training. Staffing levels and arrangements were changed to respond to the number of residents and the individual and collective needs of residents; for example the night-time staffing changed as necessary to a waking staff or two sleepover staff as opposed to one. However, the provider had itself identified a need for additional staff due to the increasing needs of residents and the expansion of the geographical area that the centre serviced (transport driven by staff was provided). The inspector was advised that staff always prioritised residents and attention to their needs but there had been times when the person in charge had to cover frontline duties or staff worked additional hours, for example to complete administration duties. Records seen reflected the progressive and increasing nature of residents needs and their requirement for additional staff support at times particularly in relation to mobility and falls prevention.

Residents received support and care that was consistent from a team of regular experienced staff and a small core group of relief staff. Staff were supported in their work and practice through supervision, post employment appraisal and team meetings. The provider had obtained the records required for each staff employed such as references and evidence of relevant qualifications. Training records indicated that staff had completed all required mandatory training and additional training such as medicines management, food safety, record keeping and data protection. Staff had themselves recently identified a need for training in a specific area of resident support; a training facilitator had been identified and the training was planned.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications and skills necessary to manage the designated centre. The person in charge was an experienced manager and experienced in the provision of services and supports for and with persons with a disability. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a need for a review of staffing arrangements in response to a requirement, identified by the provider, for additional staffing. The provider had identified this issue in response to the increasing needs of some residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes. Staff had also completed training that supported them to safely meet resident's needs. The provider was open to providing education and training for staff to expand their knowledge and skills.

Judgment: Compliant

Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was effectively and consistently governed so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had effective systems of review and utilized the findings of reviews to proactively inform and improve the safety and quality of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were policies and procedures for ensuring that access to the service was based on explicitly stated agreed criteria. An agreement for the provision of services was signed with each resident and the agreement reflected the stated purpose of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained and made available in the centre a current statement of purpose; the record contained all of the required information and was an accurate reflection of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was readily available; residents also had access to a suggestion box; regular feedback was sought from residents. Complaints and their

management was the subject of regular audit and oversight to ensure that they were appropriately and effectively managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

Based on the purposeful sample referred to by the inspector, staff had policies and procedures available to them and the practice seen and described was as outlined in them. The policies seen were current and had been reviewed within the past three years.

Judgment: Compliant

Quality and safety

Because this service was effectively and consistently governed, and the provider itself proactively identified or responded to deficits that arose, residents received a safe, quality service that was appropriate to their needs and wishes. The inspector found that assessment, consultation and feedback from residents and their representatives was fundamental to how the service was delivered; consequently the service was individualised and responsive to change and individual wishes.

There were policies and procedures governing access to and admission to the centre. There was a multi-agency panel that reviewed each new referral to the service; the criteria for admission were clearly set out in the statement of purpose; these arrangements supported the transparency of decisions. The inspector was advised that while the centre could only operate in line with its funding arrangements; that is open Monday to Friday only and a maximum three night stay, very few referrals to the service were not accepted.

There was a pre-admission process that established the needs and requirements of residents and confirmed that the centre was suitable to meeting these. Subsequently there was a formal process for reassessing these needs prior to each new admission; this reassessment established how these needs may have changed and how the care and support to be provided would also need to change. Residents and their families were central to this process of ongoing assessment and evaluation. The sample of support plans reviewed by the inspector was presented so as to provide a clear integrated picture of each resident, the areas where support was required and what that support was but also where support was not needed

and how independence and home routine were to be maintained.

The inspector found that a good balance was achieved between promoting resident independence while providing them with the support that they required. The service was person centred and individualised in that different levels of support were provided but only in accordance with the assessed needs and expressed preferences of each resident. Records seen indicated that residents had good choice and control over their routines and care while availing of respite.

The provider had arrangements that ensured that residents received continuity of healthcare while in the centre. Residents were in the centre for a short period only; the assessment and reassessment of needs referred to above gathered the information required by staff to provide and continue the care required. Staff also had available to them records of clinical reviews and healthcare specific support-care plans. Staff support was provided to attend any appointments scheduled during the stay; medical review was sought if needed.

Medicines management practice started with the objective of facilitating residents to continue to manage their own medicines as they did at home. If staff support was necessary this was provided; different categories of support were provided from a verbal prompt or reminder to full administration by staff. All medicines management practice was informed by centre specific policy and procedures and continuous assessment of needs and risk. A variance was noted by the inspector in the instructions for the administration of a particular emergency medicine; this was addressed and clarified during this inspection.

The provider had effective measures for protecting residents from harm and abuse. These included training for staff, policy and procedure and a designated safeguarding person. Protection from harm was also promoted by the individualised nature of the routines, care and support provided, ongoing consultation with and requests for feedback from residents and their representatives; for example the meaningful management of complaints as discussed in the first section of this report and the formal evaluation of each respite stay. The inspector was satisfied that the culture was one of openness, where feedback both positive and negative could be provided and was welcomed.

Given the range of needs to be met in the centre there were some practices in use that were required for resident safety but that could also be defined as restrictive; for example the use of bedrails, alarms or positioning equipment. This restrictive component was recognised and managed in line with policy and evidence based practice.

A record of each incident and accident was created. Each incident was reviewed to identify changes that may be necessary or could be made to prevent a reoccurrence, for example in relation to the increased incidence of falls. The inspector saw that incident review led to a review of risk assessments and individual plans of support setting out for staff additional actions to be taken to prevent in so far as was reasonable possible a reoccurrence. The inspector did recommend a review of the tool used to assess the risk associated with smoking as it was not clear

how the risk conclusion was reached. There was however evidence of risk control measures in practice; for example there was a designated smoking area that was easily observed by staff and appropriate fire fighting equipment was provided in this area.

Resident safety was further promoted by effective fire safety management systems. Fire safety measures such as the fire detection system, emergency lighting and fire fighting equipment were inspected and tested at the required intervals; staff also completed visual checks of these. Remedial works identified during a recent test were being attended to during this inspection. All bedrooms had doors that allowed for direct external evacuation; some doors facilitated bed evacuation. These rooms were seen by the inspector to be allocated to residents with higher dependencies as outlined in their individual evacuation plan. Regular simulated drills were convened and good evacuation times were achieved.

Regulation 11: Visits

Residents received visitors in line with their choices and preferences. There were no unreasonable restrictions on visits and there was ample provision for residents to receive visitors in areas other than in their bedroom including areas that afforded privacy if required.

Judgment: Compliant

Regulation 17: Premises

The premises though not purpose built, met resident's individual and collective needs and regulatory requirements in terms of accessibility, space, facilities, personal space, general maintenance and presentation.

Residents were seen to be provided with the equipment necessary for their comfort and care.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been

compromised. The approach to risk management was individualised, dynamic and responsive and supported responsible risk taking as a means of enhancing quality of life while keeping residents safe from harm during their stay.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had medication management policies and procedures in place that complied with legislative and regulatory requirements and reflected the stated purpose and function of the centre. Residents were encouraged and supported to take responsibility for their own medicines as they did at home. Where staff did provide support staff adhered to the procedures for the safe administration of medication; medication was administered as prescribed. Records were kept to account for the management of medicines including their administration.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports required to maintain and maximise their well-being and quality of life during their respite stay. The plan was developed and kept under review in consultation with the resident and their representative as appropriate and in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Each resident was provided with the care that they required and had access to healthcare services as necessary during their stay. Issues that arose during the stay were communicated as appropriate as part of the discharge process.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a policy and procedure on the use of restrictive practices. Residents however enjoyed routines and an environment free of unnecessary restrictions.

Judgment: Compliant

Regulation 8: Protection

There were policies, supporting procedures and practice that was person-centred for ensuring that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. Resident capacity to make decisions was respected and those decisions informed the organisation of the service and the support provided. Different levels of support were provided in accordance with individual needs and choices.

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| 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 |
|--|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | 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 |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Bantry Respite OSV-0002663

Inspection ID: MON-0022488

Date of inspection: 21/03/2019

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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: An application for funding was submitted to the HSE on the 25th July 2018 requesting an additional 22hour Care Worker post for Bantry Respite. The HSE have verbally responded on 2nd April 2019 to inform that they will fund a 22hr post for 6 months, written confirmation is awaited. Once written confirmation is received the post will be advertised. | |

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 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 | 10/06/2019 |