



Office of the Chief Inspector

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

Name of designated centre:	Offaly Respite/Family Support Service (Adult) - Area N
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	28 March 2019
Centre ID:	OSV-0002743
Fieldwork ID:	MON-0022101

About the designated centre

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

This centre comprises of a spacious four bedroom bungalow on the outskirts of a large town. It provides residential respite services to children and adults on alternating weeks and endeavours to provide a home from home experience to all individuals who use respite. The centre sits on a large site with ample parking to the front and an enclosed garden to the rear. There is capacity for five individuals at any one time but only if two choose to share one bedroom, otherwise four residents stay. There is a large open plan kitchen, diner and sitting room with four bedrooms, two of which are en-suite with a separate staff sleepover room.

The staff in the respite centre are committed to ensuring that as far as possible an individual experiences continuity of their daily routine such as going to school or going to work or day services. Respite services are viewed in the centre as a means of providing individuals the opportunity to develop new relationships and experiences while maintaining existing ones.

The following information outlines some additional data on this centre.

Current registration end date:	31/08/2020
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
28 March 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

Views of people who use the service

This inspection took place in a week where respite was available for adult residents, there were three individuals using respite on the day of inspection. The inspector had an opportunity to engage with two residents as the third was already gone to day services. One resident who was verbal told the inspector that they used respite a couple of times a year and really liked it. They did extra jobs to help out in the house and felt as though they were very independent. Staff honoured this residents wishes by allowing them to manage their own personal plan for the stay and also in not moving or managing personal items unless requested. Staff were observed to facilitate this independence for example in stating it was cold and wondering if a coat was required and supporting the resident to decide to get a coat rather than directing them to.

The other resident who met the inspector was non verbal but was effective in utilising multiple modes of communication to respond and initiate communication with the inspector, staff and other residents. The resident was comfortable in the respite environment and was seen to request attention, protest when a television programme ended or an item fell to the floor from their wheelchair and staff were skilled in interpreting all communication cues. When both residents were observed in the communal space they enjoyed each others company and were seen to laugh together and to support each other in getting ready for the day.

Capacity and capability

Overall the inspector found that the registered provider and the person in charge were monitoring the quality of care and support for residents in this centre for both adults and children. There were clear lines of accountability and authority and clearly defined management structures in place.

There was an annual review in place and six monthly unannounced visits to the centre by the provider or their representative. These were reviewed by the inspector and were found to be detailed with clear actions outlined that were assigned to an identified person with a clear time line for completion. These documents were continuously reviewed by the provider until such time as all actions were marked as completed. It was noted that goals arising from these reviews showed progression over time from report to report which had a positive impact on the residents staying in this centre.

There was a range of audits being completed including but not restricted to, resident finances, information reviews, medication, care plan, and equipment audits.

There was evidence of follow up and completion of actions following these audits. Resident care and support needs were seen to be central to the purpose of meetings and were central on the agenda items for staff and management meetings. Resident meetings were seen to take place at the start of each respite week in a format that was appropriate to the group scheduled to stay.

The inspector found that the residents who were staying in respite on the day of inspection were relaxed and at ease with the staff who were present. Despite some residents only staying in respite a couple of times a year the staff remained current in their knowledge of issues of concern and in areas of interest for residents. The inspector viewed an actual and planned rota for the centre which accurately reflected the staffing arrangements. As individuals using respite vary week to week and may present with complex health presentations the core staff team was experienced and only nurses were on the rota to work overnight. The residents planner was also viewed by the inspector and this identified who would be in the centre at least a month in advance and the person in charge demonstrated flexibility in planning for staffing arrangements with the residents needs at the core of the rota. No volunteers were working in this centre however there may be student nurses assigned to the staff team on occasion.

On reviewing the training records all staff had completed training and refreshers in line with the residents assessed needs. All staff complete a training needs analysis annually and the information from this was used to identify additional training in line with residents specific needs. Staff were in receipt of regular formal staff supervision from the person in charge who in turn was supervised by the regional manager. The opportunity for team supervision was available to the person in charge as a means of supporting the team if an incident had occurred.

All individuals who avail of respite have a contract in place that outlines the service that will be provided and also all charges. These were reviewed by the inspector and were current, they are reviewed routinely by the person in charge every three years and are signed by the resident where possible, their next of kin and a representative of the registered provider.

The person in charge ensured that all notifications to the office of the chief inspector were made within the appropriate time frame and a record of all incidents in the centre was current and detailed. In addition a complaints policy was in place in the centre and an accessible version was part of the welcome pack available to all residents. There have been no complaints in this centre for three years however there were a number of compliments on file.

Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents needs. Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities effectively.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that this centre was well managed and that the individuals who stayed here were in receipt of person centred care and supports. The management team were active in monitoring care and support and in identifying areas for improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured a service agreement document was in place for all who availed of respite. This detailed the service to be provided and any fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information as required by schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents were reported to the office of the chief inspector within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was available in the centre giving clear guidelines to staff on the procedures to follow in addressing a complaint. An accessible version was available.

Judgment: Compliant

Quality and safety

The inspector found that overall the quality of the service provided to the individuals who stayed in this centre was good. The individuals met by the inspector were being supported in a person centred manner in keeping with their assessed needs and preferences. A review of some individual plans showed this to be the case for other individuals who stayed in the centre both adults and children. The registered provider ensured that the residents continued to access their familiar ongoing activities such as school or day services while also providing new experiences with a range of people who may be different on each stay in respite. These outings or activities were supported with social stories and photographs of the individual which were also used in giving news to others or when talking about a novel event with people less familiar to the resident.

The centre presented as a warm and homely environment which suited the needs of residents. There were alterations made to the decor depending on whether adults, adolescents or children were using the centre, such as different cushions or throw rugs, as well as toys and books changed or stored away. There was however a staff working office in a corner of the kitchen, which meant that resident and staff information was potentially visible to all and this was not adjudged to be in keeping with a home environment. The outdoor space did not have any age appropriate recreational facilities for children to use for play when staying in the centre.

The inspector found that the residents had a comprehensive assessment of their needs and their individual plans were focused on participation and engagement while in respite. Individual care plans were in line with assessed needs and clearly guided staff to support individual residents. While there was evidence of regular review and updated plans these had not been consistently done for all residents. While the goals set were meaningful and encouraged community

participation for residents in some individual plans these had been achieved but no new goals as yet recorded.

The individuals who stayed in this centre for respite had access to medical and health care services if required. Staff ensured that any health care recommendations made for the individuals staying were put into practice and carried out where appropriate.

The inspector found that the registered provider and the person in charge were aware of how to promote a positive approach to behaviours that challenge however there was no one currently accessing respite services requiring support in this area. There were a number of restrictive practices in use in this centre and all residents or their next of kin had given consent for their use. For each restrictive practice in place there was a clearly recorded rationale for its use and details of health care professional review.

The provider and the person in charge had systems in place to keep residents safe in the centre. Staff had received training in both safeguarding and Children First. Staff meetings were seen to have resident safeguarding as one of the standing items for discussion. Intimate care plans were present in an accessible format in each residents individual file and the safeguarding policy was visible in the hall in an accessible format for all to read. The registered provider had ensured that a range of information was available to residents in a simplified or symbolised format and appropriate to the adults and children who stayed in this centre. There was a welcome pack in each bedroom and an easy read folder in both the living room and the hall.

There was evidence in individuals plans that the transition from children's respite to adult respite was phased and planned and that care was taken to try and ensure that individuals who were familiar with each other were offered respite together where possible to aid the transition. The documented plan was kept active for two years in individual plans before they were archived.

There was a risk register in place in the centre which was reviewed regularly by the person in charge, and was being audited on the day of inspection. General and individual risks were identified, assessed and developed. As an example where there had been a choking incident for a resident with an item they had found on their wheelchair, staff had instigated a routine sweep of the wheelchair on admission to the centre to ensure no small objects were present as part of the system to manage risk. There were clear systems in place to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and serviced regularly. Each resident had a personal emergency evacuation plan and for each week in respite the resident names and the room they were staying in was recorded on the floor plan and escape routes for staff to refer to. Staff had completed appropriate training and fire drills were occurring with the person in charge maintaining a log to try and ensure that all those who avail of

respite were present for a least one drill annually. There were clear identified actions arising from fire drills and evidence that these were reviewed and acted on. A drill the day prior to inspection had identified a difficulty with using a hoist and wheelchair in the bed room with two beds given the limited floor space and the person in charge had arranged a time for the certified fire officer to attend and review. The person in charge had also decided that no two occupancy stays would be offered until this issue was fully investigated. Two fire doors were not closing completely on the day of inspection and these were fixed by maintenance on the day.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. There had been a single medication error since the previous inspection which had been recognised. The inspector reviewed the management of this error during the inspection which had been appropriately managed including discussions relating to learning following incidents at staff meetings. Audits were completed regularly and there was evidence of review of incidents and changes made to practice .

Regulation 17: Premises

Overall the inspector found that there was adequate private and communal space for residents and the physical environment was clean and welcoming. There were no outdoor recreational areas provided for age appropriate play when children stay in respite services.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider ensured that there was a comprehensive welcome pack for all residents and accessible information freely available throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The registered provider and person in charge had ensured that residents were appropriately supported as they transitioned from childrens respite to adult respite services.

Judgment: Compliant

Regulation 26: Risk management procedures

Both children and adults were protected by the risk management policies, procedures and practices in the centre. Arrangements were in place for the identification, recording and review of incidents. There were systems in place to respond to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

Residents were protected by the policies, procedures and practices in place to detect, contain and extinguish fires. Staff had completed suitable training and fire drills were being completed regularly. Resident personal emergency evacuation plans were updated regularly and in line with learning following drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured effective systems were in place in relation to the receipt, storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well being and welfare was maintained by a good standard of evidence based care and support. However some improvements were required in continuously setting social goals for residents for each time they stayed in respite services.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider was providing health care to the residents as required for their stay in respite. Health recommendations in place were being followed by the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place for the provision of positive behavioural support if required. Audits of restrictive practices were being completed to ensure the least restrictive measures were being used for the least amount of time.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents both adults and children were protected from all forms of abuse. There were currently no safeguarding concerns.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Offaly Respite/Family Support Service (Adult) - Area N OSV-0002743

Inspection ID: MON-0022101

Date of inspection: 28/03/2019

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge will arrange with companies specializing in outdoor play and recreational areas for children to design and provide costings of play areas for children that are appropriate to meet the needs of the children who avail of the respite services. A play and recreational area will be developed to meet the needs of the children based on recommendations from the companies in consultation with Person in Charge and staff team.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The Person in Charge will put a system in place to review all goals for each individual attending the service. • A system will be set up where keyworkers in consultation with the individuals set goals every four months while availing of respite service. • A recording system will be put in place to record when goals are achieved. • When goals are achieved, new goals will be set. • All information will be recorded in individuals care plan and reviewed by Person in Charge. 	

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 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.	Not Compliant	Yellow	30/09/2019
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	13/06/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall	Substantially Compliant	Yellow	13/06/2019

	be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	13/06/2019