



Office of the Chief Inspector

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

Name of designated centre:	Scariff Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2019
Centre ID:	OSV-0004634
Fieldwork ID:	MON-0023383

About the designated centre

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

Scariff respite is a service which is run by the Brothers of Charity Services Ireland. Scariff respite can provide care and support for up to two individuals with an intellectual disability, male or female and over the age of 18. Scariff respite provides planned short-term respite care and can support individuals who are awaiting a move to a full-time residential placement. It can support individuals with mild to profound intellectual disabilities, physical disabilities, autism, residents with behaviors of concern and epilepsy. The centre comprises of one single-storey bungalow dwelling which is located within walking distance of a medium sized town. Each resident has their own bedroom along with access to communal bathroom facilities, kitchen and dining room, sitting-room and a large garden area for residents to enjoy. The house benefits from their own mode of transport for access to community activities. The centre is staffed with a mix of social care workers and support workers and staffing is provided both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
24 June 2019	09:45hrs to 16:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector met and spoke with two residents who availed of respite care at the designated centre. On the morning of the inspection, the inspector observed a resident being supported to get ready to attend their day activities in a respectful and dignified manner. Another resident who the inspector spoke with said that the designated centre felt like home and that he was very happy with the centre and the supports received from staff. The inspector observed residents being supported to take part in activities throughout the day specific to their individual needs and preferences. Throughout the inspection residents appeared content and comfortable in their environment and with the supports that staff were giving them. Staff were observed to be responsive to residents' needs and providing support to residents as outlined in their specific care plans. Inspectors observed warm, affectionate and caring interactions between staff and residents throughout the day.

Capacity and capability

The governance and management arrangements in place ensured that residents who received respite care in which the quality and safety of care was promoted. The person in charge worked full-time and was found to be knowledgeable about the needs of residents. The person in charge was responsible for oversight of the centre but, they were also supported by a team leader who managed the day-to-day operations. The team leader and person in charge met on a weekly basis to discuss care practices.

The inspector found that the centre was well resourced and the staffing arrangements were adequate to meet the needs of residents. This ensured that residents received care in a safe and person centred manner. There was an actual and planned rota in place which was found to be accurate. Staff received regular training as part of their continuous professional development which ensured residents were supported by staff who were knowledgeable about their support needs. Training in safeguarding, fire safety and behaviour management was completed by staff. However, the inspector found that some staff had not received refresher training as required but person in charge confirmed dates for this training prior to the conclusion of the inspection. There was a range of additional training provided to staff in order to improve the care and support of residents. This included training in areas of communication and intimate care practices. The person in charge carried out regular support and supervision meetings with staff who worked in the centre. Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the management team if

needed.

The provider ensured that audits and an annual review of the quality and safety of care and support of residents was completed as required by regulation. These audits were detailed in nature and action plans had been devised as a result of these audits. This demonstrated a commitment by the provider to drive quality improvement in the centre to enhance the quality of care provided to residents. The annual review of the service identified areas for improvement and provided for consultation with residents and their representatives. The person in charge carried out regular internal audits in the centre in areas such as health and safety, fire safety checks and accident and incidents. This ensured that the person in charge had oversight of the running of the centre and promoted safe practices.

There was a directory of residents in place in the centre which contained all the information as set out in Schedule 3 of the regulations. The provider ensured that residents had written contracts for the provision of services which included the fees to be charged, where relevant.

Regulation 15: Staffing

There were suitable staffing arrangements and skill-mix in place to meet the needs of the residents in the centre. There was a planned and actual staff rota in place which was reflective of what was being worked on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had access to training as part of their continuous professional development. Some staff had not received refresher training in a timely manner, however the person in charge had confirmed dates for this training by the end of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place which included all the required information relating to residents who received respite services at the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management arrangements in the centre were robust. This ensured that the quality of care and safety of residents who received respite care was promoted. The provider ensured that audits and an annual review of the quality and safety of care and support were completed as required. These audits outlined areas for improvement which were followed up appropriately and in a timely manner. The provider ensured that there were appropriate resources to meet the needs of residents in a safe and person-centred manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for each resident. These agreements stated the fees to be charged and the required information about the service to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents availing of respite received a good quality, safe and person-centred service. Residents' personal, health and social care needs were assessed, and plans were developed to support residents as required. Residents were supported to identify and achieve personal goals, and progress on these goals was reviewed regularly. A resident who the inspector spent time with spoke about the activities he was involved in and outlined some of his wishes for the future, he also discussed some personal achievements, such as applying for a drama course. The provider ensured that residents' general welfare and development was promoted by providing the residents with access to facilities for occupation and recreation. On the day of inspection one resident was observed accessing the internet to view items of personal interest to him, and later being supported by staff to pack for a holiday that had been organised for the following few days. Residents were supported to engage in a range of activities, both in house and in the community, as directed by the residents and taking into account their specific needs and preferences.

Where required, residents had communication passports in place which guided staff in residents' preferred communication style. Residents had access to assistive technology to support them with communication and staff were knowledgeable in how to support residents with this. The inspector found that residents' communication plans were comprehensive detailing specific communication preferences. Staff who inspectors spoke with were knowledgeable about residents' communication supports and this was observed in practice throughout the inspection.

The provider ensured the safety of residents while staying in the centre. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about the procedures for reporting a concern of abuse. Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read document which was discussed with individual residents on a regular basis. A resident that the inspector spoke with told the inspector what he would do if he had an issue of concern. The inspector found that where restrictive practices were in place in the centre that these restrictions were assessed and reviewed regularly with relevant members of the multidisciplinary team. The inspector found that efforts were made to use the least restrictive option for the shortest duration.

The provider had systems in place for the reporting, recording and review of accidents and incidents. Risk assessments were carried out for identified risks and a log of risks was maintained and regularly reviewed. Adverse events were assessed and plans were in place to respond to emergency situations. The person in charge had a good understanding of the identification of risks and their management. Specific risks which may impact on residents had detailed risk management plans in place. There was a system in place for the review of accidents and incidents. Furthermore, the review of incidents was an item on the agenda at staff meetings

which promoted learning.

The provider had ensured that there were fire safety systems and procedures in place which included emergency lighting and fire equipment. Regular checks of fire safety equipment was also completed. Residents had personal emergency evacuation plans in place which guided staff in the supports that residents required for safe evacuation. Staff were trained in fire safety and staff who the inspector spoke with were knowledgeable about the specific support residents needed for safe evacuation. Procedures to be followed in the event of a fire were displayed in a prominent place and a resident who the inspector spoke with explained how he would respond on hearing the fire alarm. Regular fire drills were carried out, which ensured residents could be evacuated with the maximum staffing levels. However, the provider was unable to demonstrate that all residents could be safely evacuated with the minimum number of staffing on duty.

Regulation 10: Communication

The inspector found that residents were assisted and supported to communicate in accordance with their preferences and needs. Where required, there were comprehensive communication passports and assistive technology in place to support residents with communication. The centre was well equipped with televisions, radios and residents had access to the internet.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that the centre had appropriate resources to ensure that residents could achieve their goals and that their needs were met. Care was provided in a person-centred manner and the inspector found that residents had access to facilities for occupation and recreation, both in house and in the community, in line with their individual plans and preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the services provided. The inspector found that the premises was well maintained, clean and accessible to the residents. Residents had their own bedrooms which were decorated according

to residents' preferences and wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which contained all the requirements of the regulations. There were good risk management procedures in the centre which ensured risks were identified, assessed and reviewed as required. Where required, there were risk assessments in place for specific risks relating to residents, which were reviewed and updated as required.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were appropriate arrangements in place for the detection, containment and responding to fire. The provider ensured that fire drills were carried out regularly. However, a fire drill had not taken place to ensure all residents could be evacuated safely with the minimum staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for residents and were based on comprehensive assessments of each resident's needs. Annual review meetings were held which ensured the maximum participation of residents. Personal goals of residents were reviewed regularly and update on progress noted.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices were in place, these were assessed and reviewed regularly with input from the relevant multidisciplinary team members. A log of restrictive practices was maintained in the centre and the person in charge ensured that restrictive practices were reviewed to ensure they were the least restrictive

option and for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

The safeguarding arrangements in the centre ensured that residents were supported to develop the awareness and skills to self-protect. The inspector spoke with a resident who told the inspector what he would do if he had an issue of concern. Residents had comprehensive intimate care plans in place to guide staff in the support required. In addition, staff were trained in intimate care practices. Staff received training in safeguarding residents, and staff who the inspector spoke with were knowledgeable about what to do in the event of an allegation of abuse.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Scariff Respite OSV-0004634

Inspection ID: MON-0023383

Date of inspection: 24/06/2019

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill will take place to ensure all residents can evacuate safely with the minimum staffing levels.	

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 28(3)(d)	The registered 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.	Substantially Compliant	Yellow	30/07/2019