



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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	01 October 2019
Centre ID:	OSV-0004869
Fieldwork ID:	MON-0025958

## About the designated centre

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

Shannon Respite is a residential respite centre for adults with intellectual disability. The centre comprises of a house in a rural town, and is within easy reach of shops, restaurants, banks and all other amenities. The centre provides planned short-term residential respite breaks for up to three people at any time. The service can also accommodate persons who are in the process of transitioning from one home to another. Those using the service are over the age of 18 and may have an intellectual, physical and/or sensory disability. The service can also provide non-residential care for up to three adults who attend day services at the house, but choose not to stay overnight. The provider aims to ensure that the rights and dignity of each person is respected and supports are tailored specifically to meet each person's individual needs. Staffing levels varied depending on the number and the needs of residents availing of respite services at any one time. During the day and in the evening two staff were normally on duty and a night a sleepover staff was in the house.

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

Number of residents on the date of inspection:	2
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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
01 October 2019	10:45hrs to 18:30hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

On inspection to this centre, the inspector met with four persons using services provided by the Brothers of Charity. All four individuals availed of the Brothers of Charity day services. Two of these persons were, at the time of inspection, also availing of the house's respite facilities. The respite and day facilities were intertwined, in that the day services took place from the house from which respite accommodation was provided. This facilitated the organisation's stated aim of providing care in a holistic way. The day and residential services employed the same cohort of staff thus aiding a seamless approach to communication and augmenting the holistic approach. Some of those availing of respite used the day services at times when they were not accessing respite care. This ensured continuity of care and familiarity of surroundings, familiarity with staff and familiarity with other service users.

One resident shared their pleasure at celebrating their birthday on the day of inspection. They happily showed the inspector gifts they had received and spoke of the party being organised for them, with staff assistance. The inspector saw the interactions that took place between staff and service users; interactions which were respectful, convivial, and conversational. It was noted how confident and comfortable service users were in their surroundings. The inspector observed residents being given privacy to change their clothes independently, time to take a rest, time to talk, have a cup of tea or time to just sit quietly.

From speaking with residents, it was clear that bowling was very popular with the group who used the respite and day centre facilities. Residents spoke of how well they did at the previous week's session. The bowling took place in a local community facility, indicative of the integration that the service had in the overall life of the local community.

## Capacity and capability

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards.

The person in charge was on temporary absence for more than twenty eight days and HIQA had been notified, in line with the requirements of the regulations of the arrangements in place for the duration of this absence. However, there was a

lack of clarity in practice around these duty cover arrangements. While the inspector was satisfied that the person covering was regularly informed of what was happening in the centre by another senior management person, it also appeared the named person covering had little or no presence in the centre. It wasn't clearly identifiable to all the staff or the residents that these were the temporary arrangements. While this had the potential for risk, overall the inspector was happy that there was no negative impact on residents. This was primarily due to the responsibilities that other staff, including other members of the management team assumed, for the duration of the absence.

There was evidence from speaking with staff and reviewing records that regular staff meetings took place. A staff supervision system was in place and carried out by the person in charge and the team leader. An up to date staff training matrix was available and a system was in place for staff to get refresher training on a regular basis. The training, development and quality department of the organisation was instrumental in ensuring such updates were planned, carried out and recorded. Staff spoken with by the inspector, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at understanding what brought joy to residents. This sense of contentment was palpable in the centre and in the enthusiasm shown by staff for the work they were involved in. It was also evident in the documented feedback from family members and feedback from members of the public with whom residents interacted.

On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in community activities, visiting family and friends and taking part in group activities such as bowling.

Incident and accidents were recorded on a data base. Analysis of this information was incorporated into the annual reviews of the service. This along with other information gathered, informed the ongoing focus on the quality of and safety of care and support.

The provider agreed in writing with residents and their representative the terms on which residents resided in the centre. It included the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. However, some of the contracts did not include the fees to be charged.

## Regulation 14: Persons in charge

A person in charge had been appointed in the absence of the regular person in charge. The appropriate notification and documentation for this temporary change had been submitted to HIQA.

Judgment: Compliant

### Regulation 15: Staffing

Appropriate staffing and skill mix were employed in the centre to ensure residents individual needs were catered for.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were facilitated with training and refresher training thus ensuring residents had staff who were informed how best to attend to their (residents) individual needs. Records were maintained of training conducted.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, residents welfare was well prioritised within the governance and management arrangements in place. However, there was a lack of clarity in practice, around interim person in charge arrangements.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

An easy to read version of the contract for the provision of services was available. However, this contract did not include the fees to be charged.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A written statement of purpose was available and updated as the need arose.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The Chief Inspector had been notified of adverse incidents, in line with the requirements of the regulations.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
Where the person in charge proposed to be absent from the centre for a continuous period of 28 days or more, the registered provider had given notice in writing to the chief inspector of the proposed absence.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
Where the registered provider gave notice of the absence of the person in charge from the centre under Regulation 32, the provider also provided, in writing to the chief inspector of the procedures and arrangements that were in place for the management of the centre during the said absence. This included the name, contact details and qualifications of the person who was responsible for the designated centre during the absence.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider provided an effective complaints procedure for residents which was in an accessible format and included an appeals procedure.
Judgment: Compliant



## Quality and safety

Over the course of inspection, it became evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through the residential service and through the day service. Staff spoke of the importance of having these two services well integrated to ensure the best outcome for residents. A varied social programme was in place and it allowed for flexibility, depending on the residents well-being on any given day. Activities included music, swimming, bowling, visiting friends, shopping, walks. Residents also had access to a car and staff working in the centre had an appropriate licence to drive the car.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, computer, ipads, and the Internet.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plan was updated at least annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs of each resident, be that swimming, music, medical care, shopping, visiting friends or celebrating special occasions. The physical facilities of the centre were assessed for the purposes of meeting the needs of residents using the respite service. For example, upstairs accommodation was available only to residents who could safely navigate the stairs or use the chair lift provided.

The premises was homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available.

The health care needs of residents were given good attention. Medical attention was sought promptly as required and staff supported residents when or if they needed to be admitted to hospital.

In general, risks were assessed and well managed. However, a risk assessment had not been conducted on the safety of having unrestricted first floor windows. The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment.

Residents and family members were actively involved in the services they received. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of health and social care for residents. This was confirmed to the inspector by what they observed, from what staff reported and via the documentation examined, including family feedback.

<b>Regulation 10: Communication</b>
Practices in place ensured each resident was assisted and supported to communicate in accordance with their needs and wishes.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The premises were laid out to meet the aims and objectives of the service and the number and needs of residents. It was kept in a good state of repair externally and internally, and was clean and suitably decorated.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
Where indicated, staff ensured that special diets were provided for residents. In one instance this included documentation of the amount of fluid a resident took on a daily basis.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
In general, risks were assessed and well managed. However, a risk assessment had not been conducted on the safety of having unrestricted first floor windows.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
Effective fire safety management systems were in place thus minimising the risk to

residents in the event of a fire.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Each resident had an up-to-date personal plan, which was reflective of their needs and goals.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The health care needs of each resident were assessed and where indicated medical care was provided.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Therapeutic interventions were implemented with the assistance and support of a behaviour support specialist. This was part of the resident's personal planning process.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, provided assistance in line with the resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.
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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Shannon Respite OSV-0004869

Inspection ID: MON-0025958

Date of inspection: 01/10/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Eileen Shiels PIC returned 14/10/2019. Ciara O Leary Coordinator will submit application for PPIM by November 2019	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All individual service agreements will be updated and reviewed to include details of any fees payable by 30/11/2019	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Locks on all first floor windows fitted and risk assessment drafted 21/10/2019	

## 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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	14/10/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/11/2019
Regulation 26(1)(a)	The registered provider shall	Substantially Compliant	Yellow	21/10/2019

	ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.			
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