Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Miltown Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	15 January 2020
Centre ID:	OSV-0005501
Fieldwork ID:	MON-0022631

About the designated centre

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

In this designated centre a respite service based in their own community is provided for residents; currently seven residents access the service and a maximum of two residents can be accommodated at any one time. The residents availing of respite present with a diverse range of needs ranging from a requirement for minimal staff support to full dependence on staff support at all times. This diversity is reflected in the organisation and delivery of the respite service such as occupancy and staffing levels. Given the range of needs that can be met the service is operated in a single storey property located in a small housing development on the outskirts of the town. The location of the centre facilitates ease of access to and from home, to the day service and to the range of amenities offered by the town. While care and support is provided for higher medical and physical needs the model of care is social and the staff team consists of social care and support workers. Staffing levels are adjusted to reflect resident's need for support and there is a minimum of one staff on duty at all times when residents are in the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
15 January 2020	09:45hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The inspector met with two residents. The assessed needs of residents included communication differences and residents engaged using some words, gesture and facial expression. From this engagement the inspector concluded that residents were happy for the inspector to be in the house and that there was an interest in the presence of the inspector. For example, one resident came and sat in the office and was welcomed and supported by staff to engage with the inspector. Residents knew what their plans for the day were and were looking forward to these; the inspector's presence and words were also responded to at intervals during the day with a welcoming smile.

The inspector saw that both residents presented as comfortable in their environment and with the staff on duty, for example one resident gave a gentle wave of goodbye to the person in charge as they left the centre. The routines and support observed and conversations with staff provided assurance that staff were very familiar with each resident and provided them with the support that they needed and as outlined in their personal plan, for example allowing sufficient time to complete personal routines or maintaining a staff presence at all times.

Because this inspection was announced staff had also sought to support residents to complete Health Information and Quality Authority (HIQA) questionnaires. Two were completed and the feedback was positive as to the quality of the respite stay, the choice that residents were offered and the kindness of staff.

Capacity and capability

The inspector found that this was a well managed service that was focused on and was adequately resourced to provide residents with an individualised, safe and quality service. This finding was reflected in the satisfactory level of regulatory compliance found and the fact that the provider has consistently demonstrated and sustained this level of compliance. This inspection did find that the provider could improve its use as appropriate of all feedback it received on the quality and safety of the service. The provider was also required to review some of its fire safety arrangements to ensure that they provided the optimal level of detection and containment.

The management structure, individual roles and responsibilities were clear and operated as outlined in the statement of purpose and function for the service. This is a record that the provider is required to develop and maintain and that contains

information such as the type of service provided and the range of needs that can be met. There had been relatively recent changes to the management team, but this change had been managed by the provider so that it did not impact negatively on the quality and safety of the service. The provider had ensured that it appointed suitably qualified and experienced persons to participate in the management of the centre and that they were adequately and appropriately supported in their roles. For example, the person in charge had gained experience in a similar service and spoke of the ready access they had and the quality of support that they received from their line manager. The inspector saw that the provider supported staff to progress their roles and develop their knowledge and skills through supervision, mentoring and further education.

In addition to this effective management the provider also had arrangements for maintaining consistent oversight of the quality and safety of the service. For example, the person in charge and the social care worker completed routine checks of medication management practices. Staff meetings were convened at which residents' needs, operational matters and feedback from senior management were discussed with front-line staff. In addition, the provider was as required by the regulations completing the annual review and the six-monthly reviews of the quality and safety of the service. The purpose of these reviews is for the provider to self-identify and rectify deficits so as to effect change and improvement. The inspector reviewed the reports of the annual review and the most recent six-monthly review and saw that the findings were consistently good with minimal areas noted for improvement. These findings would reflect HIQA inspection findings that have also found evidence of a safe, quality service; this would support the accuracy and transparency of the provider's own reviews. The reviews actively sought feedback from staff, residents and residents representatives. The inspector noted that overall this feedback was positive and the response rate was sufficient for it to be representative. However, suggestions for improvement had also been made and this information was not included or progressed in the quality improvement plan issued. Therefore it was not evident how this feedback was used to positively inform, improve and sustain a quality service.

Staffing levels and arrangements supported the provision of a safe quality service to residents. The assessed needs of residents and any associated or emerging risk informed staffing levels; for example, there were times when two staff were always on duty including night-time. At other times one staff was sufficient to provide the supervision, support and care that were required based on the objective assessment of needs and risk. The staffing levels observed were as described to the inspector.

The provider supported staff to access the training and education that they needed in their role and to ensure that the care and support that residents received was evidence based and promoted resident well-being. Records seen indicated and staff spoken with confirmed their attendance at training including safeguarding, fire safety, manual handling, medicines management and 'responding to behaviour of risk' training. There were no gaps in staff attendance at training; attendance at refresher training was monitoring and scheduled.

The inspector was advised that no complaint had been received for sometime. How

to complain and who to complain to, were prominently displayed in the main hall. The person in charge said that being accessible, facilitating regular communication and listening to what was said meant that complaints were pre-empted. Feedback was sought after each respite stay and if any issue arose this was dealt with prior to the next planned respite. For example, if resident needs or preferences were not compatible this was acknowledged and reflected in the planning of further respite stays.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection the provider submitted a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge was aware of their role and responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The person in charge had the autonomy and the support needed from the provider to effectively manage the centre. The person in charge had day-to-day practical support from a social care worker.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels, skill-mix and the deployment of staff reflected the stated purpose and function of the service, the number and assessed needs of the residents and the findings of any associated risk assessments. The person in charge maintained a planned and actual staff rota. In managing the staff rota the person in charge ensured that residents received continuity of care and support from a regular staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training that supported them to provide a safe and effective service to residents. Supervision to support staff in their work was understood and implemented informally and formally. The inspector saw that staff accessed and used guidance issued by HIQA to inform the provision of care and support in the centre, for example recently issued safeguarding guidance.

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. The provider advised residents in the contract for the provision of services that this insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

The annual review provided for consultation with representatives. However, the provider had failed to ensure that suggestions made for improvement were included in the quality improvement plan.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admission practices took account of each resident's needs and preferences and the compatibility of these needs and preferences. Each resident or their representative was provided with a contract for the provision of services; the contract included the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information; for example a statement as to the aims and objectives of the centre and the facilities and services to be provided to residents. The record was reviewed and amended to reflect changes, for example changes in the management structure. The record was available in the centre.

Judgment: Compliant

Regulation 30: Volunteers

Currently there were no volunteers working in the centre. The provider did however have arrangements to ensure that volunteers were appropriately and adequately selected, vetted and supervised.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the records maintained of accidents and incidents that had occurred in the centre. Based on this review, the inspector was assured that there were adequate arrangements for ensuring that the Chief Inspector was notified of incidents and events that had occurred in line with the regulations such as any activation of the fire alarm or the use of restrictive practices.

Judgment: Compliant

Regulation 34: Complaints procedure

Through discussion the provider ensured that residents and their representatives were aware of its complaint policy and procedures and how to access and use them if needed. This information was also prominently displayed. The provider reviews of

the service monitored the receipt and management of complaints.

Judgment: Compliant

Quality and safety

As discussed in the first section of this report this centre was effectively managed and overseen by the provider with the objective of providing each resident with a safe, quality service that was suited to their needs. There was scope for improvement as identified by this inspection, for example in the effective use of all feedback received and while good, a review was required of the existing fire safety arrangements. Overall however the inspector was assured that this was a highly individualised, safe quality service.

Factors other than effective management supported this finding. For example, the respite service worked in close conjunction with the day service. All of the residents who availed of respite also attended the day service; the person in charge was responsible for both services and the staff team worked in both services. These arrangements meant that residents received a seamless service and a continuum of care from a management and staff team that were familiar to them and fully informed of their needs, choices and preferences. These arrangements supported effective communication and consistency, for example any changes in needs or well-being were known and managed by the person in charge and incorporated into the personal plan that was maintained in the respite service.

The personal plans reviewed by the inspector provided good guidance for staff and were reviewed and updated as needed as resident needs changed. Other records seen such as planning meetings and medicines management records and the practice observed, provided assurance that the personal plan guided daily care and support in the centre. The person centred nature of the service was reflected in its highly individualised organisation; different levels of support were provided based on the assessed needs of each resident. For example if needs were not compatible and caused upset or negative outcomes for another resident respite was planned so that these residents did not share a respite stay or residents were facilitated to attend on their own.

The personal plan included the plan for pursuing resident's personal goals and objectives. Planning meetings were held in the day service and co-ordinated by the person in charge; residents and their representatives attended and contributed. Goals reflected and respected the diversity of resident's needs and abilities and therefore supported success rather than failure; disability was not viewed as an obstacle to ongoing growth and development or a barrier to opportunities for new experiences. Staff spoken with were committed to ensuring that respite was an enjoyable and beneficial service were residents had independence, choice and control and something to look forward to. There was a strong theme of community

inclusion and integration and a supportive and protective local community. Residents accessed a broad range of local amenities and were supported to develop links with other local communities, services and service users.

As residents ordinarily lived at home their healthcare needs were attended to by family. However the inspector saw that staff had comprehensive information needed at times to ensure that resident health and well-being was maintained during the period of respite; this information was updated as needed so that it was current prior to each stay. Staff worked in close collaboration with families and were consulted with and included in multi-disciplinary reviews; this collaborative approach had one shared objective; the promotion and maintenance of resident health and well-being.

The provider had procedures that supported the safe management of medicines. Staff had completed training in the safe administration of medicines including any rescue medicines that were prescribed; there were clear prescriptions and protocols for staff to follow if these medicines were required. Medicines were seen to be stored securely, medicines not in use were stored separately and records of their return to the pharmacy were verified by the pharmacy. Staff were accountable for their practice and there were clear procedures for reporting, managing and monitoring medicines related incidents.

There was no identified risk for harm from abuse. Residents presented as relaxed and content in their home and with staff. In the context of residents' assessed communication needs staff were attuned to and described cues that would indicate to them if a resident was upset or anxious about something or in any way reluctant to attend for respite. Protective measures included training and refresher training for staff, the contact details for the designated safeguarding officer were prominently displayed, safeguarding and reporting procedures were discussed at staff meetings. Easy to read material and visual presentations were used to develop residents understanding of abuse and the skills that they could use for self-protection. The provider sought to assure itself on its ability to protect residents and a regional audit was planned of the provider's safeguarding measures.

Resident safety was further promoted by good risk management practice. The person in charge maintained a register of centre specific, work related and resident specific hazards, their assessment and management. Resident specific risk assessments were seen to reflect their assessed needs and were reviewed and amended as needs changed. There was an understanding that controls should be proportionate to the risk identified and their impact on resident’s lives was considered. For example, there were interventions that were needed for resident safety, but were also potentially restrictive on residents such as bedrails and sensors that alerted staff to resident movement. There was a rationale for their use and they were proportionate in the context of needs and risk, for example the requirement for a speedy staff response to administer a rescue medicine. There was evidence of ongoing review, reduction and removal of such interventions when it was possible and safe to do so.

The provider was cognisant of its responsibility to protect residents and staff from

the risk of fire; the provider had completed the actions needed in this regard and as identified on a previous inspection. However, based on visual inspection and records seen review of the extent of the fire detection and alarm system was needed to ensure that all areas of the designated centre were sufficiently and optimally serviced, for example all bedrooms and the attic space. Additional fire resistant door-sets had been fitted; some (high-risk areas such as the kitchen) but not all of these doors were fitted with self-closing devices. Simulated evacuation drills were completed; seven to date 2019-2020 including two to replicate a night-time scenario. The records of these drills however did not readily evidence that all staff and residents where possible had participated in a simulated drill annually as specified in the provider's own fire safety policy. Staff on duty confirmed that they had participated in a drill including instruction on the use of a device to support evacuation. There was two staff on duty at all times when the resident for which this device may be needed was present in the centre.

The fire detection and alarm system, the emergency lighting and the equipment for fighting fire were all serviced at the prescribed intervals and most recently in November 2019. In addition staff completed daily inspections and tests and all staff had attended fire safety training; refresher training was due and was scheduled. Each resident had a personal emergency evacuation plan (PEEP); these clearly outlined the assistance that each resident needed from staff should evacuation be necessary.

Regulation 13: General welfare and development

Residents ordinarily lived at home with family, but there was strong evidence that the respite service was operated so that all aspects of resident's lives worked in harmony together and to the benefit of residents. There was evidence of community inclusion and participation and of maintaining and developing friendships and relationships in a very ordinary way. Staff had a clear objective to continue to develop the social dimension of the respite stay and to support each resident to enjoy and benefit from their stay.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies, 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 seen to be individualised and dynamic; risks and their control were reviewed and changed in line with changing

needs or circumstances.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector observed practice and facilities that supported good infection prevention and control. Staff had completed infection prevention and control training and were aware of the risk posed by infection to resident well-being. Staff had access to the protective equipment that they needed. Wash-hand basins were supplied with soap dispensers and disposable hand-towels. Bins seen had lids that were pedal operated.

Judgment: Compliant

Regulation 28: Fire precautions

A review of the extent of the fire detection and alarm system was needed to ensure that all areas of the designated centre were sufficiently and optimally serviced, for example all bedrooms and the attic space.

Some but not all of fire-resisting doors were fitted with self-closing devices.

Records of simulated evacuation drills did not readily evidence that all staff and residents where possible had participated in a simulated drill annually as specified in the provider's own fire safety policy.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policy and procedures that sought to ensure that resident health and well-being was promoted and protected by safe medicines management practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and abilities and outlined the supports required to maximise their well-being, safety, personal development and quality of life during their respite stay. The plan was developed based on the findings of a comprehensive assessment; the plan and its effectiveness was the subject of regular review and update as needed by staff in consultation with representatives and the wider clinical team. The inspector was assured that staff adhered to the plan and provided residents with the care and support that they needed for their well-being and continued development.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. There were some complex healthcare needs to be met; staff had access to training, to the information that they needed and to plans to guide care; staff were knowledgeable as to these needs and adhered to these plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were occasions when residents may have been challenged by events or circumstances and that resulted in behaviour of risk largely to themselves. The behaviour and how to support the resident was detailed for staff in the personal plan. The approach was therapeutic and informed by the appropriate clinicians such as psychology. Staff had a strong awareness of practice and routines that were restrictive not only in the context of behaviour and there was evidence of review and reduction so that any necessary were a last resort and used only to promote resident safety.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures that sought to protect residents from all forms of abuse and harm.

Judgment: Compliant

Regulation 10: Communication

Communication differences were assessed and residents were supported and assisted to communicate in accordance with their needs and wishes. Staff spoken with and observed clearly understood how by word, gesture, facial expression and general demeanour residents told staff how they were feeling or what it was they wanted or did not want. Technology to support communication was available if appropriate.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 10: Communication	Compliant

Compliance Plan for Miltown Respite OSV-0005501

Inspection ID: MON-0022631

Date of inspection: 15/01/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual Review: All suggestions/actions made will be brought forward to the action plan. Details on how this action was met/dealt with will be provided, detailing the outcome of same.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors to be fitted with self-closing devices. Attic and back bedroom – to be fitted with smoke alarms. Alarm system- one main testing point to be put in place, all alarms to be connected to this system. Training matrix with all staff names to incorporate fire drill participation, with date last completed and date due. To ensure all staff participate in a fire drill at least once a year.	

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(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	24/01/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/01/2020

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	24/01/2020