



Office of the Chief Inspector

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

Name of designated centre:	Miltown Respite
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	04 June 2019
Centre ID:	OSV-0005501
Fieldwork ID:	MON-0027084

About the designated centre

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

Miltown Respite provides a respite service for a maximum of two people, male or female, over the age of 18, at any one time. The service can support people with high medical needs and physical disability. The centre is a comfortable bungalow with a garden, which is located in a residential area on the outskirts of a coastal town. One bedroom in the centre is wheelchair accessible. Residents are supported by a staff team that includes social care workers and support workers. Staff are based in the centre when residents are present, including at night.

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
04 June 2019	09:00hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with two residents who availed of this respite service. One of these residents did not have the capacity to discuss the service with the inspector, while the other spoke of enjoying the service and liked being with the staff. The inspector observed that residents appeared comfortable in the centre and in the presence of staff. It was evident that staff prioritised the welfare of residents, and that they ensured that residents were doing things that they enjoyed during their stays, based on each person's individual abilities and preferences.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to those who took respite breaks at this centre. Six-monthly unannounced audits of the centre's practices were being carried out by members of the management team. Audit records showed a high level of compliance, and any findings had been addressed in a timely manner. The provider also ensured that an annual review into the care and support provided at the centre was being carried out.

There was a person in charge responsible for the overall management of the centre. A team leader, based in the centre, had responsibility for the day-to-day running of the service and worked closely with the person in charge. A new person in charge was due to commence in the centre shortly after the inspection, and this person came to the centre to attend the inspection feedback meeting. There were cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs and activity choices. A range of training had been provided to staff to ensure their knowledge and practices were up-to-date. Throughout the inspection, the inspector found that staff had a good knowledge of residents' care and support needs, and that these needs were supported in a person centred way.

Although there had been low levels of adverse events in the centre, the provider had ensured that these were being suitably recorded and submitted to the chief inspector. Furthermore, there was an informative and generally compliant statement

of purpose which required minor revision to comply with schedule 1 of the regulations.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed and these were accurate at the time of inspection. Staffing levels and skill-mixes were being adjusted to meet the individual support needs of residents during each break.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as safe administration of medication and first aid.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was a clearly defined effective management structure, and there

were auditing systems in place to ensure that the service being provided was safe, and in line with residents' needs. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and was being reviewed annually by the management team. However, it did not clearly state some of the information required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the chief inspector, and these had been suitably submitted.

Judgment: Compliant

Quality and safety

Residents received person centred care that supported them to be involved in activities that they enjoyed while availing of respite breaks. Resident's quality of life was prioritised while they were in the centre, and their rights and choices were supported.

Annual personal planning meetings were being held. These meetings were attended by residents, their families, day service staff and staff from the designated centre. Residents' personal goals were agreed at these meetings, and were supported while residents were availing of the respite service. Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans and plans of care had been developed for all residents and were based on their assessed needs. These were being suitably reviewed and implemented. As residents' stays in this centre were for short breaks, their goals and plans were primarily supported by families and day service staff, although designated centre staff also supported these assessed needs and plans,

including medical attention and care during respite stays.

During the course of the inspection, staff interaction with residents was seen to be person-centred and respectful, and there were clear communication plans in place for residents and staff to communicate with each other.

The provider had ensured that residents received a good level of healthcare during respite breaks. Due to the short duration and intermittent nature of residents' respite stays, most residents' healthcare appointments were managed by their families, but healthcare interventions and required care were delivered by staff during respite breaks, and medical appointments were supported as needed. The provider also had robust measures in place to ensure that residents' medicines were managed securely and appropriately. Residents' medicines were securely stored and there were suitable arrangements for the management of unused and out-of-date medicines. There were clear guidance protocols for the administration of medicines.

The centre was warm, clean, comfortable and suitably furnished and suited the needs of residents. There was adequate furniture such as wardrobes, bedside lockers and chests of drawers for residents in which residents could store their clothing and belongings while they were staying in the centre. Assistive equipment, such as hoisting equipment and adapted bathroom facilities, were also provided to enhance comfort and safety for residents.

Some improvement was required, however, to the assessment of the safe use of bed rails, and the documentation of residents' personal emergency evacuation plans. There was limited use of restrictive practices in the centre, but some bed rails were used for safety. While staff were knowledgeable about the use and management of bed rails, the risks associated with the use of bed rails had not been suitability assessed in accordance with the national policy. There were robust fire safety arrangements in place, which included servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents. However, some personal evacuation plans did not provide sufficient clear information on the specific evacuation techniques that would be used in the event of an emergency.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care, which ensured that each resident's well-being was promoted and that residents were kept safe while taking breaks in the centre.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents took part in a range of social and developmental activities both at the centre, at day services and in the community, based on their assessed needs, preferences and capacities. Suitable support was provided to residents to ensure that they could achieve their individual choices and interests, as described in their personal plans, while availing of respite breaks in the centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre suited the needs of residents who availed of respite breaks there. The centre was well maintained, clean, suitably decorated, and comfortably furnished.

Judgment: Compliant

Regulation 26: Risk management procedures

The management of the risks associated with the use of bed rails required some improvement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire, although there was some improvement required to the documentation of residents' personal emergency evacuation plans.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Annual personal planning meetings took place, at which residents' personal goals and support needs for the coming year were planned. This process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially 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	Substantially 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

Compliance Plan for Miltown Respite OSV-0005501

Inspection ID: MON-0027084

Date of inspection: 04/06/2019

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC will prepare in writing a statement of purpose containing the information set out in schedule 1.</p> <ul style="list-style-type: none"> • Completed: 01/07/2019 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Original risk reviewed and updated, to reflect the risk or risk impact of the restriction.</p> <p>Risk assessments now includes:</p> <ul style="list-style-type: none"> • The risk of not using bed rails • The risk of using bed rails • Alternatives to bedrails. <ul style="list-style-type: none"> • Completed:10/06/2019 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal Emergency Evacuation plan has been reviewed and updated, all team members have been made aware of same at team meeting.</p> <ul style="list-style-type: none">• Completed: 18/06/2019	

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 26(1)(a)	The registered provider shall 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.	Substantially Compliant	Yellow	10/06/2019
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	18/06/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	01/07/2019

	out in Schedule 1.			
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