



Office of the Chief Inspector

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

Name of designated centre:	South Tipperary Respite Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 September 2019
Centre ID:	OSV-0005547
Fieldwork ID:	MON-0024651

About the designated centre

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

The statement of purpose for the centre states that it will provide respite care for up to 10 residents, adults and children, male and female, in two separate houses with moderate to severe intellectual disability and physical support needs. The service is open seven days and one weekend per fortnight. Admissions' are agreed via the regional Health Service Executive (HSE) admission and referral panel with up to 50 children and 65 adults currently availing of the service. Staffing and support arrangements are based on the residents needs with full-time nursing care provided in the children's house and waking night staff in each house. The respites are planned so as to provide relevant care and support to each individual. The residents attend their own schools or day services during midweek respite breaks, so there is continuity of care for them. The centre comprises two individual single story house , with one located in a rural town and the second some miles away. The houses are within access to all services and facilities and the residents schools and day-services. Each resident had their own single bedroom and there were suitably adapted bathrooms and spacious communal areas which were very comfortable. The houses have wide corridors and are suitably equipped with hoists, wheelchairs and other equipment. Both houses have large gardens and the childrens' house is child friendly and has a large safe well equipped play area and sensory room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
17 September 2019	09:30hrs to 06:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with five of the residents in each of the houses who communicated in their own preferred manner and allowed the inspector to observe some of their routines on their return in the evening. They appeared to be very comfortable with the staff and familiar with the houses. The children headed straight for the sensory room when they returned and the staff had treats and the evening meal prepared for the residents. It was apparent that the residents primary care needs were being very well supported. Staff supported, understood and responded to the residents non verbal communication. They were consulted about what they would like to do for the evening, and this was being facilitated, one resident got a take away and others were planning on going out for ice cream.

Capacity and capability

This inspection was undertaken in order to ascertain the providers' ongoing compliance with regulations. The centre was last inspected in January 2018. All of the actions identified at that inspection had been addressed by the provider.

The inspector found that that the centre was well managed with good systems in place for oversight of care. There was a good management structure in place with a suitably qualified and experienced person in charge who reports to the service manager. There was evidence of good planning for the admission of the residents and efforts to make the experience as positive as possible. The findings of this inspection demonstrate that the provider is committed to providing a flexible, safe and enjoyable experience for the residents in what is a fluid environment.

There were good systems for quality assurance including regular audits and reviews of practices. A number of unannounced quality and safety reviews of the centre were undertaken. These were detailed reviews and covered areas such as personal plans, medicines administration procedures, restrictions, incidents of behaviours that challenged. Remedial actions were identified and implemented as a result of these. A number of parents and relatives were consulted regarding their views on the service and these were found to be very positive, with the exception of reasonable concerns regarding the limited numbers of respite periods available. The annual review of the quality and safety of care was a detailed and transparent reflection of the service.

There were a number of matters identified in relation to the use of some restrictions and safeguarding, overall the inspector was satisfied that this was a safe service for the residents.

However, the the inspector found that an irregular arrangement was in place, whereby the premises was leased to another agency at alternate weekends to provide individual care for one young person in what was an undesignated or monitored arrangement within the centre. The office of the Chief Inspector had not been informed of this and in doing so the provider was not operating according to the terms of the statement of purpose and conditions of registration.

The inspector found that the skill-mix and numbers of staff identified was suitable to meet the needs of the residents with nursing care provided when needed and at all times in the childrens' unit. Rostering arrangements were found to be flexible based on the needs of the residents. A number of residents, including children, were assessed as requiring one-to-one staffing which was provided. This ensured they had the supports needed and could have additional activities during their time in respite.

From a review of the complaints records the inspector found that any concerns raised were addressed transparently by the person in charge and the provider.

From a review of the staff training records the inspector found that there was a commitment to mandatory and other training to meet the needs of the residents. In addition to the mandatory training requirements, which were up-to-date, the staff had been given additional clinical training which was necessary for the residents. This included training in specialised nutritional systems. All staff had the required Children's First training.

There were good quality staff supervision systems implemented by the person in charge. From a review of the team meeting records, the inspector saw that the residents care was a core element which supported communication and consistency.

The personnel files for staff were not available for this inspection but the provider forwarded a self-declaration that the required documentation and checks had been completed. The statement of purpose was satisfactory and service was operated in accordance with this statement which supported residents well-being and welfare.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge, who demonstrated very good knowledge of the responsibilities of the role and carried it out effectively.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the skill-mix and numbers of staff identified was suitable to meet the needs of the residents with nursing care provided when needed and at all times in the childrens' unit. Rostering arrangements were found to be flexible based on the needs of the residents. The personnel files for staff were not available for this inspection but the provider forwarded a self-declaration that the required documentation and checks had been completed.

Judgment: Compliant

Regulation 16: Training and staff development

From the training records reviewed the inspector found that there was a commitment to mandatory and other training to meet the needs of the residents. In addition to the mandatory training requirements, including Children's First, which were up-to-date, the staff had been given additional clinical training which was necessary for the residents.

There were good quality staff supervision systems implemented by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that that the centre was well managed with good systems in place for oversight of care. There was a good management structure and reporting systems evident. There were good systems for quality assurance including regular audits and reviews of practices.

However, the provider had engaged in an arrangement whereby the premises was leased to another agency at alternate weekends to provide individual care for one young person in what was an undesignated or monitored arrangement within the centre. The Office of the Chief Inspector had not been informed of this and in doing so the provider was not operating according to the terms of their statement of purpose and conditions of registration. This did not demonstrate compliance with the regulations.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Agreements for the service were in place and signed on behalf of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

While the statement of purpose was satisfactory, the service was not operated within this and the provider was leasing the designated centre to an unregistered agency at alternate weekends to provide a residential service.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was compliant with the requirement to forward the required notifications to the office of the Chief Inspector with the exception of a number of the restrictive practices being implemented in the centre.

Judgment: Substantially compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had complied with the requirement to notify the Office of The Chief Inspector of any absences of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints records the inspector found that any concerns raised were addressed transparently by the person in charge and the provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

A small number of the policies available in the centre were out of date and required review.

Judgment: Substantially compliant

Quality and safety

The inspector found that the emphasis during the respite stay was on social and relaxing activities of the residents' own choosing, whether as adults or children, while supporting their individual needs for medical and psychosocial care. Staff were found to be very familiar with the residents' preferences and need for support and on the first day of admission they planned their activities with the residents. It was apparent to the inspector that the residents settled in very quickly. Children availing of respite breaks were supported to continue their education and attend school as normal. The evenings and weekends were for activities, fun and outings of their choice.

These activities included visits to local cafes, restaurants or shops, local playgrounds, walks or cinema trips for animated films, bowling and swimming. There were televisions and DVD players and stereos, toys, games and a safe playground area for the children.

In accordance with this type of service, the resident's parents/ guardians maintained primary responsibility for their care and managed appointments and referrals. All allied assessments were managed either via the guardian or the school. The staff implemented detailed support plans for all of the assessed needs and the staff were very familiar with their needs. There were systems for communicating with parents/ relatives prior to the resident's admission. However, the inspector found that these systems could be improved to ensure that residents overall and changing needs, including health care, were clearly known by the provider at each admission. This would ensure that the residents support and personal plans could be implemented based on this updated information.

In accordance with the scope and responsibility of the provider in this instance, the resident's annual reviews were facilitated by the day-service or schools. They were attended by the person in charge and families members. The records available showed that these were detailed reviews of the resident's care, developmental needs and planning for their future.

There were detailed communication plans in place for each resident and staff also used a range of pictorial images, carried on their person, to support the

residents' day-to- day routines and transitions.

Systems for safeguarding the residents were in place and included admissions based on compatibility of the residents, including age ranges for the children's house, limiting the numbers of residents admitted together, and additional staffing where this was necessary. The inspector found that the person in charge was robust in managing the admission process to this end. None the less, there were a number of residents whose circumstances required local safeguarding plans to ensure they were protected from the behaviours of others. Additionally, while the staff maintained charts to indicate any bruising or injury to the residents, in some instances, there was no evidence that any explanation or rationale was available or sought for the injury. While these factors were not significant features of the service, they could potentially place residents at risk. Where external concerns arose these were seen to be managed via the appropriate agencies and under the direction of the provider's social work service.

There were good systems for the support of behaviours that challenged and suitable support plans implemented. These were supported by the additional staffing, attention to the residents preferred routines and careful planning of the respite breaks. These were seen to be used to good effect. This resulted in a positive and safe experience for the resident's safety and wellbeing.

A number of restrictive practices were used in the centre. These included bed rails, transport systems, specialised sleep systems, an observation window in a bedroom, sensor alerts on doors and on occasions the administration of covert medicines. In most instances, the inspector was satisfied that the restrictions were decided on and implemented via a robust assessment process and were implemented with strict protocols appropriate to the residents' need for safety or support. The inspector saw documentary evidence that when such restrictions were no longer necessary they were removed, which demonstrated a considered approach by the provider.

There was an internal rights committee which reviewed these restrictions annually. However, despite this, a number of restrictions were incorrectly deemed to be enablers, for example bed rails, which impacted on the provider's ability to correctly acknowledge the use of these as restrictions. The decision making process as to the administration of covert medicines was also of concern. In some instances, the decisions were not informed by the appropriate multidisciplinary assessment or agreement to ensure a robust, safe and transparent use of this significant intervention.

Medicines management systems were appropriate to the respite service and staff recorded both intake and return along with the administration of medicines. This system proved to be effective and safe given the nature of the service. Likewise, residents' personal belongings or monies were itemised on admission or return home.

Residents were protected by the centres systems for the management of risk. There was a detailed risk register which encompassed the environmental and clinical risks pertinent to this type service and the individual residents. This included the

premises, the use of play equipment, wound care, falls and self-harm. Individual residents had a number of risks identified with appropriate and detailed management plans implemented. There was a pro-active approach to risk and the provider acted promptly to address any issues. For example, following a brief abscond from the centre a door alarm was fitted. The equipment, including hoists, were serviced regularly.

Good fire safety management systems were in place and there was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis and satisfactory fire containment systems in place. The actions required in relation to fire safety from the previous inspection had been addressed. A fire door had been installed at a utility room to promote safe containment of fire. Fire drills were held frequently with the various residents and in one house, a specialist piece of fire evacuation equipment had been purchased which the staff were familiar with. The sample of residents' personal evacuation plans viewed by the inspector was detailed and specific to their need for support in this instance.

The premises are very suitable for purpose, spacious and well laid-out to meet the needs of the residents. It was well equipped with assistive equipment and easily accessible. The communal areas and residents bedrooms were comfortable and nicely decorated. Residents brought their own personal possessions and toys, which were documented and returned. They were facilitated to use the same bedroom on each visit so as to be familiar the environment.

All of the required policies were in place but a number of those available in the centre required updating.

Regulation 10: Communication

There were detailed communication plans in place for each resident and staff also used a range of pictorial images, carried on their person, to support the residents' day-to-day routines and transitions.

Judgment: Compliant

Regulation 12: Personal possessions

Residents brought their own personal possessions with them, which were documented and returned. The residents' pocket monies were also itemised.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that the residents, both adults and children, were supported with age appropriate educational supports and facilities, life skills, recreation and play which the staff of the centre enabled them to continue to participate in.

Judgment: Compliant

Regulation 17: Premises

The premises are very suitable for purpose, spacious and well laid-out to meet the needs of the residents. It was well equipped with assistive equipment and easily accessible. The communal areas and residents bedrooms were comfortable and nicely decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents dietary needs were known and supported by the staff. Where specialist systems were required these were also managed well,

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the centres systems for the management of risk. There was a detailed risk register which encompassed the environmental and clinical risks pertinent to this type of service and the individual residents.

Judgment: Compliant

Regulation 28: Fire precautions

Good fire safety management systems were in place and there was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis and satisfactory fire containment systems in place. The provider had installed a fire door in the utility room to promote safe containment of fire and the residents had detailed evacuation plans on file. Drills were held regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management systems were appropriate to the respite service and staff recorded both intake and return along with the administration of medicines. This system proved to be effective and safe given the nature of the service.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the emphasis during the respite stay was on social and relaxing activities of the residents' own choosing, whether as adults or children, while supporting their individual needs for medical and psychosocial care. Detailed support plans were implemented for the residents assessed needs. Parents /guardians maintained primary responsibility for their care and managed appointments and referrals. However, the inspector found that the communication systems could be improved so as to ensure that the residents overall and changing needs, were clearly known by the provider at each admission. Annual reviews were facilitated by the day-service or schools, and were attended by the staff or person in charge of the centre. This supported continuity of care for the residents. In one instance, however, the reviews did not take sufficient account of the suitability, continuity or lack of consistency in the residents' care given the particular circumstances involved. While it is acknowledged that the main responsibility does not lie with the provider in this instance there is none the less a duty of care to address these matters.

Judgment: Substantially compliant

Regulation 6: Health care

The residents healthcare was promoted and managed well within the service. Staff were appropriately trained and responsive to their health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems for the support of behaviours that challenged and suitable support plans implemented. These were supported by the additional staffing, attention to the residents preferred routines and careful planning of the respite breaks. However, restrictive practices required review. A number of restrictions were incorrectly deemed to be enablers, for example bed rails, which impacted on the provider's ability to correctly acknowledge the use of these as restrictions. The decision making process as to the administration of covert medicines was also of concern. In some instances, the decisions were not informed by the appropriate multidisciplinary assessment or agreement to ensure a robust, safe and transparent use of this significant intervention.

Judgment: Not compliant

Regulation 8: Protection

Systems for safeguarding the residents were in place and included admissions based on compatibility of the residents, including age ranges for the children's house and additional staff. Nonetheless, there were a number of residents whose circumstances required local safeguarding plans to ensure they were protected from the behaviours of others. Additionally, while the staff maintained charts to indicate any bruising or injury to the residents, in some instances, there was no evidence that any explanation or rationale was available or sought. This could place residents at risk, if inadvertently. These findings were not significant features of the service however.

Judgment: Substantially 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	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for South Tipperary Respite Services OSV-0005547

Inspection ID: MON-0024651

Date of inspection: 17/09/2019

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Arrangements whereby the premises was leased to another agency during closure periods have now ceased.	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Arrangements whereby the premises was leased to another agency during closure periods have now ceased.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Henceforth the identified restrictive practices will be notified to the inspectorate in accordance with the regulations.	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All updated policies are available in the center</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Communication systems have been upgraded to ensure that the residents overall and changing needs are clearly known by the provider at each admission.</p> <p>The situation relating to one child's need for continuity of placement has now been resolved.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge has conducted a review of restrictive practices within the centre to ensure all such practices are correctly identified.</p> <p>The decisions for the use of a covert medication plan is now informed by the appropriate multidisciplinary assessment or agreement to ensure a robust, safe and transparent use of this intervention.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Record keeping systems in relation to the charting of bruises and/or injuries to residents have been revised to ensure documentation of the seeking of explanations for such matters.</p> <p>Safeguarding plans are in place to ensure co-residents are protected from the behaviors of others in the service.</p>	

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)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/09/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	30/09/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Substantially Compliant	Yellow	31/10/2019

	incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	21/11/2019
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in	Not Compliant	Orange	31/10/2019

	accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2019