



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

Issued by the Chief Inspector

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| Name of designated centre: | Bantry Respite |
| Name of provider: | The Rehab Group |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 21 January 2025 |
| Centre ID: | OSV-0002663 |
| Fieldwork ID: | MON-0037402 |

About the designated centre

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

In this designated centre residential respite services are provided to adults with a sensory or physical disability. The service aims to support residents who have a range of needs but the provider does state that the centre is not suited to those who require a full-time nursing or medical presence, for example those with very high medical needs or requiring end of life care. The centre is usually open from Monday to Saturday, offering residents a five-night stay. The service is also open on six Sundays each year which provides residents with an opportunity for a six- or 13-night stay. The centre is closed for six weeks each year. These closures are planned in advance. A maximum of six residents can stay in the centre at any one time. Each resident has their own bedroom for the duration of their respite stay. Bathrooms are shared between two bedrooms. There are a number of communal facilities in the designated centre including two sitting areas, a visitors' room, an accessible kitchen, a dining area, sun room area, therapy room, and laundry room. There are also two staff offices, bathrooms and bedrooms. The centre is a single-storey building located on a campus operated by the provider on the outskirts of a large coastal town. The staff team is comprised of the person in charge, team leader, and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 (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 |
|----------------------------|-------------------------|----------------|------|
| Tuesday 21 January 2025 | 09:30hrs to 18:30hrs | Deirdre Duggan | Lead |

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre continued to be offered a person centred respite service, tailored to their individual needs and preferences. Residents were seen to be provided with opportunities to take part in activity if they wished during respite breaks and there was ongoing consideration of residents changing needs.

This centre comprises a large detached purpose built bungalow located in on the outskirts of a large town. The premises consists of two spacious living areas, connected by a dining room. Each area contained three resident bedroom with interconnecting bathrooms, a communal sitting room and staff office and there is also a fully equipped kitchen and laundry/sluice room in the centre. The centre is located on the same grounds as day service buildings and residents have access to outdoor areas and walkways if desired. Each resident bedroom has an external door leading to the garden. During a walk around of the centre it was observed to be bright, warm and well ventilated.

The centre offers respite short stay services to adults with physical and/or sensory disabilities and at the time the inspection commenced two residents were staying in the centre. Four residents were scheduled to be in the centre on the week of the inspection. One resident who had been due to stay in the centre was unwell and planned to commence their stay later in the week if possible. Another resident had cancelled their planned visit on the day prior to the inspection and the person in charge told the inspector that this place had then been offered to another individual, who was due to commence their stay that afternoon.

Overall, the inspector saw that there were ongoing efforts to ensure that the centre was well maintained and appropriate to the needs of the residents living there. Some paintwork and other ongoing maintenance had been completed since the previous inspection. Previously identified works to repair a leak in a hallway area not generally utilised by residents had not yet been completed but some further input had been received from an engineer in respect of this.

Communal areas were seen to be homely with comfortable seating and large TV's available for the use of residents. There was a pool table and boardgames, DVDs and books were stored in communal areas for the use of residents. Comfortable seating was provided including recliner chairs. Some chairs, which were covered by throws, were seen to be worn and cracked in areas and required reupholstering or replacement. Many residents that used the centre used mobility equipment and the layout of the centre was suitable to accommodate this, with wide hallways and large communal spaces.

One resident was resting in her room and another was out on the morning of the inspection on a planned activity and remained out for much of the day. A third resident was collected by staff and admitted to the centre on the evening of the

inspection. The centre was seen to be calm and peaceful throughout the day and it was seen that residents had a choice of communal areas to spend time in if they wished to be alone or in the company of other residents.

Resident bedrooms and bathrooms were equipped with overhead hoists and other mobility and safety aids, although these were not required by all residents that used the centre. A shared bathroom was situated between every two bedrooms. However, the number of residents that used the centre at any one time had decreased during the COVID-19 pandemic and the inspector was told that residents now had sole use of bathrooms that adjoined their bedrooms. Residents chose their own bedroom if they wished and could be accommodated on different sides of the centre to allow for more privacy if they wished.

The inspector had an opportunity to speak with two residents during the inspection. Residents spoke about the supports offered in the centre and the staff that supported them and provided very positive feedback in relation to the care and support offered to them. One resident chatted with the inspector at length in her bedroom and told the inspector that she enjoyed coming to the centre and was very well looked after there. She told the inspector about what things she enjoyed doing and plans to have her hair done and go shopping while staying in the centre. Another resident spoke with the inspector and consented to the inspector viewing her bedroom and was also very satisfied with the service provided in the centre. Both residents told the inspector that they felt safe in the centre and that they would be comfortable to raise any concerns they had. They also told the inspector that the food provided was very good and that they were always offered choices in relation to what and when they ate. The inspector observed residents being offered meals, snacks and drinks throughout the inspection and heard staff providing residents with choices in relation to mealtimes and activities.

The inspector observed a number of interactions between staff and residents that indicated that the residents using the service at the time of this inspection were comfortable with the staff that supported them. Residents were observed to move freely about their home and to spend times in preferred areas. Residents were observed eating freshly prepared snacks and meals and staff were seen to be familiar with how residents communicated their preferences and to support residents in a respectful manner. Personal care was offered in a discreet and dignified manner and staff were seen to be available and check in regularly with residents and to respond quickly to residents.

The inspector spoke with three staff privately and interacted with the other staff on duty throughout the day during observations in the centre. Staff reported that they felt residents were safe and very well cared for in the centre and that the provider was responsive to issues or concerns raised. Staff were familiar with safeguarding and complaints procedures and told the inspector that they would be comfortable to raise concerns and that these would be responded to by the provider. Staff spoken with confirmed that they had access to regular supervision and appropriate training was provided to support them in their roles.

The inspector was also provided with five questionnaires completed by residents or

their representatives prior to the inspection. The annual review also contained details about resident and family consultation completed by the provider. These contained all positive responses about the care and support received in the centre and the services and facilities available to them.

Overall, the findings on this inspection indicated that residents were afforded a good quality service in this centre and there was good compliance with the regulations. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection showed that the management systems in place in this centre were ensuring that good quality services were being provided to the residents. This inspection found that overall there was good evidence of compliance with the regulations. Action had been taken since the previous inspection to address some issues found including in the area of medication management. This will be discussed further under the quality and safety section of this report. Some further work was required to ensure that the directory of residents contained all of the required information in respect of each resident and also in the area of training and staff development.

This was an announced inspection to assess ongoing compliance with the regulations and inform the upcoming decision in relation to the renewal of the registration of the centre. The previous inspection of this centre was completed in July 2023 and that found that while some improvements were required, overall the care and support provided to residents was very good. Following that inspection, the provider submitted a compliance plan outlining what actions they would take to bring the centre into compliance and these were reviewed during this inspection and seen to have been completed.

There was a clear management structure present and there was evidence that the local management of this centre were maintaining oversight and maintained a strong presence in the centre. The person in charge reported to a regional manager. The regional manager reported to the head of accommodation who reported to a regional operations officer and a director of care. They in turn reported to a Chief Executive Officer (CEO) and a Board of Directors. Three of these individuals were also named persons participating in the management of the centre (PPIM). There had been a change in the local management of the centre since the previous inspection. A new person in charge had been appointed and a new team leader had also commenced in the centre in October 2024. Both of these individuals were present on the day of the inspection and spoke with the inspector during the inspection.

The person in charge had remit over one other designated centre, located on the same campus. This individual had worked in the centre prior to taking up the role and was very familiar with all of the residents living in the centre. The person in charge was full time in their role, was supernumerary, and was supported by the team leader in the centre to provide local oversight and governance. The team leader was also seen to be knowledgeable about the residents, and it was evident that they had made significant efforts to become familiar with residents and their assessed needs in the short time they had occupied the role.

The centre was providing respite services to 39 residents at the time of this inspection. Some residents had been discharged and others admitted since the previous inspection and the person in charge told the inspector about some upcoming assessments that would be completed for other identified potential respite residents. The management team were familiar with the assessed needs of residents and knowledgeable about all aspects of the care and support residents received in the centre. A consistent staff team supported residents and a number of staff had worked in the centre for a number of years. The centre was seen to be overall well resourced and staffing levels were seen to provide for a good quality and personalised service. Staff were appropriately trained and reported that the provider was responsive to any issues or concerns raised.

Documentation reviewed during the inspection included resident information, the annual review, the report of the unannounced six-monthly provider visit, incident reports, records relating to medications, policies and procedures and team and management meeting minutes. There was evidence that the provider was identifying issues and taking action in response to issues identified. Team meeting minutes showed that important information was being filtered down to the staff team and that staff were consulted regularly about the centre and any issues that might arise. The most recent six monthly unannounced visit completed by a representative of the provider had taken place in November 2024 and some actions identified in these were seen to have been completed.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and that residents were being afforded safe and person centred respite services. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a new person in charge since the previous inspection. This person possessed the required qualifications, experience and skills for the role. This individual had remit over two designated centres located on this campus, and at the time of this inspection they presented to have the capacity to maintain good oversight of the centre. Evidence of the person's qualifications, experience and skills was submitted by the provider and was reviewed by the

inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider was ensuring that the number of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents.

A planned and actual staff rota was maintained in the centre and a six week sample of staff rotas was reviewed by the inspector. This showed that staffing levels were appropriate to the number and assessed needs and number of residents present for respite stays in the centre. A core staff team was evident on the roster. The staff present in the centre on the day of the inspection told the inspector that some staff had worked in the centre for a long period of time and knew the residents very well.

The team leader in the centre had recently updated the roster to show additional important operational details such as what residents were due to stay, collection and drop off details, discharge details, drivers on shift and any appointments residents were scheduled to attend while on their respite break.

The person in charge told the inspector about current vacancies in the centre and recent recruitment efforts. Two new staff members were undergoing pre-employment checks at the time of this inspection. While agency staff did support residents on occasion, this was not regularly and the arrangements and staffing levels in place ensured that residents would always be supported by familiar staff also. The inspector was told that the respite service had not been cancelled on any occasion since the previous inspection due to staff shortages. Usually residents were supported by two to four staff members by day and two staff members by night. Where required, waking staff members provided support.

A staff member working in the centre confirmed that additional staff are rostered on to provide for resident activities if required. For example, residents often chose to go out for dinner during their stay and additional staff would be provided on some evenings to facilitate this.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and was made available to the inspector. For the most part, this contained the required information as specified in

Schedule 3 of the regulations. Some information was not present for some residents, such as specific next-of-kin details and the name and address of any authority, organisation or other body which arranged the resident's admission to the designated centre. Also, there was no picture on file for one resident. Although this residents' file did document that they had not yet consented to their picture to be taken, this meant that in the event that the resident went missing, or unfamiliar staff were on duty, there was no clear method of identifying this resident if required. The discharge date of one resident who had moved to another part of the country was also not present.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate. Evidence of this was submitted as part of the application to renew the registration of the centre and this was reviewed by the inspector. This meant that residents, visitors and staff members were afforded protection in the event of an adverse event occurring in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place and the centre was adequately resourced to provide a good quality service to residents. The local management team, consisting of the person in charge and a team leader, were seen to have the capacity to maintain good oversight of this centre.

Management systems were in place to ensure that the service provided was appropriate to residents' needs. Documentation reviewed by the inspector during the inspection such as provider audits, team meeting minutes, the annual review, and the provider's report of the most recent six monthly unannounced inspection, showed that the provider was maintaining oversight of the service provided in this centre and that governance and management arrangements in the centre were effective.

A number of actions had been taken since the previous inspection to address non compliance with the regulations. For example, medication procedures had been reviewed, the recording of complaints was now consistent with the requirements of the regulations, and residents' personal plans were being regularly updated.

The provider had ensured that this designated centre was adequately resourced to

provide for the effective delivery of care and support in accordance with the statement of purpose. Residents had access to transport to facilitate medical appointments and social and leisure activities, staffing in the centre was appropriate to the needs of residents and the premises was fit-for-purpose and maintained to a reasonable standard. While some issues relating to the retention and ongoing recruitment of staff was identified in the annual review of the centre, recruitment was ongoing and staffing levels had not impacted the provision of service in the centre.

There was evidence that local oversight was being provided by the person in charge and team leader based in the centre. Residents were seen to be very familiar with the person in charge and it was evident that they were comfortable to raise concerns with this individual and met them regularly. Other members of the management team also visited the centre and were available to support the person in charge if required. On-call management arrangements meant that support was available to staff and local management in the event that the regional manager was on leave or unavailable.

An annual review had been completed in respect of the centre and the inspector reviewed this document. This included evidence of consultation with residents and their family members. The most recent unannounced six-monthly visit had been conducted in the centre in October 2024 by a representative of the provider. Such unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that an action plan was in place and being completed to address any issues identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that admission policies and practices took account of the need to protect residents from their peers. For example, resident groupings for respite stays were considered to reduce the impact of compatibility issues arising. Up-to-date contracts of care were in place in this centre for residents. A sample of four contracts were viewed and had been appropriately signed by the resident and/or their representative. Fees and charges were included as appropriate and these had been updated to reflect changes as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations. This was reviewed by the inspector prior to the inspection. A minor amendment was required to ensure that all of the information contained in the statement of purpose was fully accurate and this was addressed on the day of the inspection and the updated statement of purpose viewed in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector in writing, as appropriate, of any incidents that had occurred in the designated centre. An accident and incident log was reviewed in the centre alongside other documentation including a sample of residents daily notes and team meeting minutes. The documentation viewed and information the inspector was told by staff and management in the centre indicated that all required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was evidence that residents and their representatives would be supported to raise issues or concerns and that these concerns would be taken seriously and used to inform ongoing practice in the centre. The registered provider had in place a complaints policy that was dated June 2024. Easy-to-read guidance in relation to how to make a complaint was available to the residents and was viewed by the inspector on display in the hallway of the centre.

When speaking with some of the staff working in the centre, they presented as familiar with the complaints procedures in place and as comfortable in supporting residents to the complaints process if desired. Provider oversight was maintained through quarterly audits of complaints.

The complaints log was reviewed by the inspector in the centre for the period since the previous inspection. It was seen that complaints were recorded as appropriate in this log, including any actions taken on foot of the complaint, the outcome of the complaint, and the satisfaction of the complainant. The person in charge spoke about the complaints that had been received in the designated centre and how these were responded to. For example, a resident had made a complaint about the closing mechanisms in place on the fire doors in the centre and this had been addressed by the fire company.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the training needs of staff were being appropriately considered and this meant that residents could be provided with safe and good quality care and support appropriate to their needs. The inspector reviewed training records for ten staff that were also named on the centre roster and was later shown other more up-to-date records in relation to training for these staff also. These records showed that, for the most part, staff were provided with training appropriate to their roles and that overall the person in charge oversight of the training needs of staff, with training scheduled if required or out of date. The records viewed indicated that two staff required training to support them in the area of positive behaviour support and one relief staff member was required to complete fire safety training.

Staff confirmed that they were well supported in the centre and had access to formal supervision when required and a supervision schedule was in place.

The inspector noted that the copy of the regulations available in the centre for staff reference was in draft form. An up-to-date copy of these was printed by the person in charge on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

Safe and good quality supports were provided to the residents that availed of respite services in this centre. The wellbeing and welfare of residents in this centre was maintained by a good standard of care and support, provided by a consistent and committed core staff and management team. Overall, a good level of compliance with the regulations was found during this inspection and most of the issues identified in previous inspections had been addressed. There was some ongoing action required in relation to Regulation 17.

Residents were benefiting from a spacious and nicely laid out premises that was suitable to meet the needs of the residents that used this service. Residents had access to aids and equipment for mobility and safety and these were well maintained. The centre was observed to be very clean throughout. Consideration had been given to infection prevention and control in the centre and residents now no longer shared bathroom facilities during stays in the centre.

Individualised plans in place and these were seen to be regularly updated and provide good guidance for staff to ensure that residents were appropriately

supported. Residents were observed to be active in their community and had a bus and a car available to them to attend day services, leisure activities and healthcare appointments as preferred. Residents present on the day of the inspection told the inspector that they were very happy visiting the centre and were provided with good care and support during their respite stays. Residents were offered choices about a variety of aspects of their stay including around mealtimes and activities.

Residents were supported by a familiar and consistent staff team in the centre and there was a low use of agency staff. Usually three to four staff worked in the centre by day and staff were available by night also to support residents. Staff working with residents on the day of the inspection were observed to be very familiar with residents and their preferences and support needs. Staff spoke about residents in a respectful person focused manner. Staff told the inspector that they felt residents were safe and well cared for in this centre and the evidence found during this inspection showed that residents were being provided with good quality, person centred services. The staff team observed on the day of the inspection presented as committed to supporting residents in a manner that best met their individual needs.

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Where incidents of a safeguarding nature had occurred, action was taken to ensure that residents were protected and that concerns were responded to.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, support plans, healthcare plans, risk assessments and information relating to complaints. The documentation viewed was seen to be overall well maintained, and information about residents was up-to-date and relevant. Safeguarding information was available to staff and safeguarding and learning from incidents was discussed during team meetings.

Regulation 10: Communication

The registered provider was ensuring that residents were assisted and supported to communicate in accordance with their needs and wishes. Residents had access to media such as television, magazines and radio. Wireless Internet access was provided in the centre and the pass-code was displayed in bedrooms for the use of residents. Residents had access to local shops for newspapers and other media of their choice if they wished.

Information about communication preferences was included in residents personal plans. Guidelines for communicating with a resident with very specific communication needs was observed in their file and staff spoken to were familiar with how this resident communicated. It was evident from speaking to staff in the centre that significant efforts were made to identify and rectify any potential barriers to communication for this resident, who had both visual and hearing difficulties.

Judgment: Compliant

Regulation 11: Visits

The registered provider was facilitating each resident to receive visitors in accordance with the resident's wishes. The person in charge had ensured that, as far as reasonably practicable, residents are free to receive visitors without restriction and that suitable communal facilities are available to receive visitors, and, a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required. The inspector saw that the centre had a number of spaces where residents could meet visitors and the statement of purpose also set out that a dedicated visitor's room was also available in an adjoining day service building for the use of residents if desired. Due to the nature of the service provided in the centre, the inspector was told that often residents did not receive visitors in the centre, but some were supported to meet with family and friends locally when they visited.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that the registered provider was providing each resident with appropriate care and support in accordance with evidence-based practice. Efforts were made to consult with residents and their families to inform how they would be best supported while in the centre. The registered provider was providing access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Residents staying in the centre told the inspector about the things they liked to do during respite stays and how these were facilitated. This included shopping trips, visiting the hairdresser, going out for meals and refreshments, reading and going on day-trips to areas of interest. The annual review for the centre included details of some of the activities that residents had been involved in during respite stays in the centre. The inspector saw that the residents in the centre on the day of the inspection were offered activities of their choosing.

The individuals that availed of services in this centre were not full-time residents and generally enjoyed short breaks in the centre. However, some of the documentation viewed showed that efforts were made to link with healthcare professionals such as the public health nurse, physiotherapy and occupational therapist in relation to their needs.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector saw that there was ongoing consideration of changes that

occurred for residents and that care plans were updated each time a resident visited the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. A walk around of the premises was completed by the inspector. The premises was purpose built and accessible throughout. The premises was seen to be well maintained and of a suitable size and layout to accommodate up to six residents at a time for the purposes of a respite stay.

The centre was observed to be clean throughout on the day of the inspection. There was suitable outdoor areas available for the use of residents. Laundry facilities were provided in a separate utility room. The registered provider was ensuring that equipment and facilities required were provided and maintained in good working order. Labels viewed by the inspector indicated that electrical equipment had been PAT-tested, equipment including hoists and adjustable beds, and the boiler had been serviced within the previous year. White goods in the centre had been replaced recently.

Resident bedrooms and living areas were seen to be decorated in a manner that reflected the purpose of the centre and efforts had been made to provide for homely and comfortable communal areas.

Overall, the registered provider had ensured that the premises of the designated centre is of sound construction and kept in a good state of repair externally and internally. However, some chairs in communal areas were seen to be worn and cracked in areas and required reupholstering or replacement. Also, as identified in a previous inspection, some further works were required to address a leaking roof in one part of the centre. This was not seen to be impacting on residents at the time of this inspection and while some action had been taken since the previous inspection, this was not yet fully addressed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge was ensuring that there was adequate provision for residents to store food in hygienic conditions. The person in charge was also ensuring that each resident is provided with adequate quantities of food and drink which are

properly and safely prepared and cooked, are wholesome and nutritious, offers choice at mealtimes and are consistent with each residents' individual dietary needs and preferences.

The kitchen was observed to be very clean, including all storage presses and white goods. Colour coded cooking and cleaning equipment was noted and new white goods had recently been purchased in the centre, including a fridge, freezer and cooker. The inspector viewed a system of food labelling was in place to ensure that food was safely stored and disposed of if required. The inspector saw that foodstuffs were available in the centre to provide for choices and a variety of foods were available to residents, including fresh fruit and vegetables and a separate storage area was identified for the storage of gluten free foods. Some food records, such as food temperature records and individual records of food provided were viewed.

The inspector saw and heard residents being offered a choice meals and refreshments regularly. Food was cooked on site in the centre kitchen and was observed to be presented nicely to residents. Guidance on residents' support needs and preferences in this area was viewed in resident files. Although residents generally reported that staff provided their food to them, residents had access to facilities to prepare their own meals and snacks if they wished. The evidence viewed indicated that residents were provided with a variety and choice of food and drinks in the centre, including snacks and refreshments. Residents told the inspector that the food provided to them was good and that they were offered good choices and that they could eat their meals at times of their own choosing. The inspector heard one resident decline lunch at a particular time and choose to have it a little later and this was facilitated by staff.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. This document was submitted as part of the application for the registration of the centre and was also present in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. Processes and procedures relating to risk were set out in an organisational risk management policy dated September 2023 and was submitted

by the provider for review prior to this announced inspection. Action had been taken to address findings from the previous inspection.

Incidents and accidents were recorded in the centre and team meeting minutes showed that relevant learning discussed during team meetings. Incident records were viewed for a six month period. The annual review set out the response to certain incidents in the centre, including medication errors. Risks assessments relevant to the centre were contained in a local risk register and a separate risk log and this did have the potential to cause some confusion. However, all of the required risk assessments as stipulated by the regulations were documented alongside any other risk that had been identified in the centre, and risk assessments were seen to be reviewed regularly. Individual risk assessments were viewed to be in place for residents also where required.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection and that adequate precautions were taken against the risk of fire. Arrangements were in place for maintaining fire equipment and reviewing and testing fire equipment. Appropriate containment measures were in place.

Fire safety systems such as emergency lighting, fire alarms, a fire panel, fire extinguishers, break glass units and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Fire safety systems were reviewed by the inspector during the inspection. Labels on the fire-fighting equipment such as fire extinguishers identified when they were next due servicing and fire safety records reviewed showed that quarterly checks by a fire safety company were completed on the fire alarm system and that there were a number of checks being completed by staff in the centre. Daily checks were being completed by staff in the fire fact folder with no gaps noted in these records.

A training log viewed by the inspector showed that the registered provider had made arrangements for staff to receive suitable training in the area of fire safety. All full time staff working in the centre at the time of the inspection had completed fire safety training within the providers mandatory time-lines. One relief staff had not yet completed this training. However a risk assessment had been completed, this staff member did not lone work and they had been briefed on evacuation procedures during their induction. All resident bedrooms had a dedicated external exit door.

The registered provider had ensured, by means of fire drills, that staff and residents were aware of the procedure to be followed in the case of fire, including night time

simulation drills. There were plans in place to evacuate residents in the event of an outbreak of fire and the inspector viewed personal emergency evacuation plans during a review of four residents' files. Fire evacuation drill records were reviewed for a one year period and these showed that evacuation drills were occurring regularly in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that medication-related intervention records were kept in a safe and accessible place in the designated centre. Medication records were kept in the office of the centre. The person in charge was ensuring that the designated centre has appropriate and suitable practices in place to ensure that medicine is stored securely. The person in charge was ensuring that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.

The previous inspection of this centre found some issues in relation to the secure storage of medications. Action had been taken as set out in the compliance plan submitted. A local protocol was in place and actions had been taken by the person in charge to raise awareness with the staff team and residents in relation to this issue. A risk assessments in relation to managing medication was also reviewed. This was seen to be subject to regular review and very comprehensive. Admission documentation had also been updated to reflect resident communication about the storage and administration of medications in the centre. At the time of this inspection, medications were seen to be securely stored by residents in their rooms. One resident told the inspector about how staff communicated with them about ensuring that their medications were kept securely stored and that staff reminded them of this if required. Information was viewed in resident files reviewed that showed that residents were supported to retain control over their own medications if they wished, including self-administration assessments. Rigorous local procedures were in place to ensure that this was well documented and that medications were securely stored. Individual Medicines Management plans were viewed to be signed by residents and in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider was ensuring that arrangements were in place in the centre

to meet the assessed needs of the residents using the centre. Resident and staff ratios were appropriate to ensure a safe service could be provided to all residents, and staffing levels were considered based on the assessed needs of each resident and were seen to be appropriate to meet the needs of residents.

The person in charge was ensuring that assessments were completed of the health, personal and social care needs of each resident and that the centre was suitable for the purposes of meeting the needs of each resident.

The inspector saw that individualised plans were in place for all residents. Plans were in place that reflected residents' assessed needs and these were being appropriately reviewed and updated to reflect changing circumstances and support needs.

The inspector reviewed a sample of four personal plans. Pre-admission checklists were seen to be completed for a resident met in the centre. Also, a file check was being completed before and after each residents' stay to ensure that all of the information contained in a residents plan was up-to-date and relevant. Residents were involved in the process of updating plans and a number of areas of residents' plans had been signed by residents to indicate their involvement in the process. Each resident had a comprehensive support plan in place that detailed the care and support they required, or did not require, during their stay in the centre and these were reviewed at least annually, or as changes occurred. Plans appeared to be up-to-date and reflected the information about residents that staff, management and residents themselves spoke about to the inspector. Plans in place provided guidance to staff in relation to areas including physical care needs, medications, mobility, healthcare needs, intimate care supports, any aids and appliances used by residents, and eating, feeding and drinking preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was told that there were no residents using the service that required a positive behaviour support plan. Training was available to staff in this area and is covered under Regulation 16.

Some restrictions were reported to be in use in the centre for specific residents, including bed sides and epilepsy sensors. These were in place with the informed consent of residents and were subject to regular review. The person in charge had identified some new restrictions that had been put in place for a resident that had recently been admitted for the first time to the centre and spoke with the inspector about these. While these were overall seen to be considered and put in place to respond to unanticipated safety concerns that arose during that individuals stay, one of these required further review to ensure that it was the most suitable intervention and the person in charge told the inspector of the plans in place to ensure that this

would be completed prior to the resident visiting the centre again.

Judgment: Compliant

Regulation 8: Protection

The findings of this inspection indicated that residents were protected from abuse in this centre. Residents told the inspector that they felt safe in the centre and feedback received from residents and their family member also indicated this. All staff had completed training in the area of safeguarding. Safeguarding was discussed regularly with the staff team during team meetings. As part of the local procedures in place, two staff were required to be present when any resident was being assisted with intimate care needs, and this was set out in risk assessments viewed in the centre. Safeguarding information viewed showed that efforts were made to address any safeguarding concerns that did arise and resident cohorts were considered carefully to reduce the likelihood of incompatibility among residents. A safeguarding policy dated for review in May 2026 was viewed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The evidence found on this inspection indicated that residents' rights were respected in this centre. Residents were seen to have freedom to exercise choice and control in their daily lives and to participate in decisions about their own care and support. Residents were afforded privacy in their own personal spaces and staff were observed to interact with residents in a dignified and supportive manner. For example, staff were seen to consult with residents about their preferences. There was ample evidence of consultation with residents in their personal files and consent was obtained from residents in relation to all interventions provided to them. Residents met with during the inspection and feedback provided from residents and their representatives for the purposes of the inspection indicated that they were offered choices, that those choices were respected, and that they were well consulted with in the centre.

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 (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 19: Directory of residents | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | 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 | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Bantry Respite OSV-0002663

Inspection ID: MON-0037402

Date of inspection: 21/01/2025

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 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • The Directory of Residents was updated Feb 2025 to include the next-of-kin details and the name and address of organisation which arranged the resident’s admission to the designated centre. • Following on from a meeting with a respite client the Directory of Residents was updated in Feb 2025 to include their profile picture to ensure a clear method of identifying this resident if required. • The Directory of Residents was updated Feb 2025 to reflect the discharge date of one resident who has moved to another part of the country. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Two staff who required behavior support training completed fact to face training on January 28th & 29th, 2025. CPI training booked for all the Respite team planned for October 2025. • Face-to-face fire safety training was completed by staff on 24.02.2025. Staff also completed on-line Fire Safety Essentials training. • Local training records will be transferred to a new matrix by 17.03.2025. Existing records are continuously monitored by TL and RSM. <p>The main HIQA folder in the service was up-dated to include a set of HIQA Regulations for staff attention. This was also discussed at the Feb 2025 team meeting.</p> | |

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|---|-------------------------|
| | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• Arm-chairs and recliner were replaced with new chairs & recliners on the 21.02.2025• The outstanding property action relating to the sunroom roof was referred back to property department in February 2025. These works on sun roof are to be completed in Q4 in 2025. | |

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 29/01/2025 |
| Regulation 16(2)(a) | The person in charge shall ensure that copies of the following are made available to staff; the Act and any regulations made under it. | Substantially Compliant | Yellow | 21/02/2025 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 28/11/2025 |

| | | | | |
|------------------|---|-------------------------|--------|------------|
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 21/02/2025 |
|------------------|---|-------------------------|--------|------------|