Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

| | |
|---|---|
| Name of designated centre: | Ennis Adult Respite Service |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Clare |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 23 January 2025 |
| Centre ID: | OSV-0004895 |
| Fieldwork ID: | MON-0045911 |

## About the designated centre

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

In this centre a respite service is provided for up to a maximum of four residents at any one time; residents are over the age of 18 years. Approximately nineteen residents currently avail of the respite service. The centre is located in a residential area of the busy town and comprises of one detached two-storey dwelling. Each resident is provided with their own bedroom with en-suite facilities. In addition there is a shared kitchen and dining area, utility room, staff office, sitting room and garden space. There is one bedroom at ground floor level allocated to residents who needs preclude them from using the first-floor facilities. The model of care is social and there are staff on duty at all times to support residents. Management and oversight responsibility is delegated to the person in charge supported by a co-ordinator.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 0 |

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|---|---|---|---|
| Thursday 23 January 2025 | 09:45hrs to 16:00hrs | Mary Moore | Lead |

## What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority, (HIQA), to monitor the provider's level of compliance with the regulations. The provider had notified the Chief Inspector of Social Services that in intended to cease operating this designated centre as a standalone designated centre. The provider intended to continue to provide a respite service but wished to add this designated service to another of its designated centres. The inspector found that the proposed changes would have no adverse impact and would in fact provide a second respite facility in the area and increase slightly the number of residents who could avail of a respite service. Overall, the inspector found a well-managed service and improved compliance with the regulations.

The respite service is operated from a spacious detached two-storey property in a residential area of the town. There are 19 residents availing of the respite service on a regular, planned and recurring basis. Each resident is provided with their own ensuite bedroom for the duration of their respite stay. One bedroom with an accessible bathroom is provided on the ground floor for residents with higher physical needs. Overall, the inspector found that the premises offered residents a safe and comfortable home, all areas of the house were noted to be visibly clean and in general the house was well-maintained. However, on arrival in poor weather conditions the inspector noted significant pooling of surface rainwater at the main entrance that hindered access and, some wear and tear internally that indicated some accessibility challenges for wheelchair users. The inspector was advised that the provider had a planned scope of works for completion this year.

Due to the adverse weather the inspector did not meet with any residents. Three residents had availed of respite the night before this inspection and had left for their day services when the inspector arrived. In the evening the inspector was mindful that the provider was busy making arrangements to ensure the safety of residents and staff due to the weather advisory. The inspection was facilitated by the coordinator who supported the person in charge in the planning, management and oversight of the respite service. The coordinator also worked as a member of the staff team providing direct care and support to residents. The inspector also met and discussed the management and oversight of the service with the person in charge.

Throughout the inspection the inspector had ample opportunity to discuss and review how, for example, resident's needs were assessed, how plans of support were devised and monitored, how risks were assessed and managed and, how residents had input and choice as to how they spent their respite stay. While there was scope for further improvement, overall the inspector was assured that the provider had arrangements in place that ensured residents and their families had access to a safe and responsive respite service.

For example, the coordinator described for the inspector how respite breaks were

planned and every effort was made to meet the needs and requests of residents and their families. If, for example, it was necessary to cancel a planned respite stay due to the needs of another, an alternative respite date was offered.

Compatibility of residents' needs and preferences were considered and the occupancy of the house fluctuated dependent of the assessment of needs. Some residents attended for respite on their own while at other times two or three residents might attend together. The provider made changes to the staffing levels dependent on the occupancy of the house.

The coordinator described how these staffing arrangements and good provision of transport meant that residents could, if they wished, choose to attend a variety of community based activities while availing of respite. Residents could specify what it was they wanted to do prior to their respite stay or decide after their arrival. The staff team was described as flexible and motivated and supported residents to be out and about if that was what they wanted. The inspector also noted good provision for residents to relax and entertain themselves in the house if they preferred. Residents had access to television, a keyboard, a karaoke machine and a large range of DVD's.

The coordinator was in the process of seeking feedback from residents and their representatives as part of the annual service review for 2024. The report of the 2023 review was on file and reported that the feedback received for that review was in general positive and very positive.

Each resident transitioned between home, their day service and the respite service. The provider had systems that sought to ensure respite service staff had the information they needed to provide safe and appropriate care to residents during their respite stay. These systems for gathering and sharing information were much improved but some gaps were identified by this inspection. For example, in relation to the implementation of behaviour support strategies and controls to manage identified risks. While information was shared there was an ongoing requirement to continuously review and assess the applicability of the information to the respite service. For example, the impact of environmental differences when assessing risk.

The next two sections of this report will discuss the governance and management arrangements in place and how these ensured and assured the appropriateness, quality and safety of the service.

## Capacity and capability

Based on the findings of this inspection this was a well-managed service. There was clarity on roles and responsibilities and accountability for the care and support provided to residents. The centre presented as adequately resourced and the provider had improved its level of compliance with the regulations.

The day-to-day management and oversight of the service was the responsibility of the person in charge. The person in charge was a member of the senior management team and had other management responsibilities. The person in charge was supported to manage and oversee the respite service by a coordinator. Both were satisfied that the current governance and management arrangements worked well and this would be supported by these satisfactory inspection findings.

The coordinator managed duties such as planning and maintaining the staff duty rota, reviewing incidents and risk assessments and ensuring residents plans were kept up to date. The coordinator met formally with the person in charge and confirmed they had access to the person in charge whenever needed. The inspector saw from the relevant records that the person in charge maintained oversight of incidents, risks and residents' support needs.

There were on-call management arrangements in place for out-of-hours the details of which were displayed in the staff office.

The inspector discussed with the person in charge and the coordinator the staffing levels and the staffing arrangements in the designated centre. The inspector also reviewed the staff duty rota. The staff duty rota showed each staff member who worked in the designated centre, the hours that they worked and, the daily occupancy of the designated centre. This information enabled the inspector to establish for example that when two of more residents attended for respite there were two staff members on duty up to 22:00hrs.

Good oversight was maintained of staff attendance at training and regular staff team meetings were convened. The records of these meetings confirmed that there was very good staff attendance at the meetings and good discussion of topics such as residents' needs, safeguarding, fire safety and any learning from incidents that had occurred.

The provider had systems in place for reviewing the quality and safety of the service including the (at least) six-monthly unannounced provider-led audits and the annual review. The annual review for 2023 had been completed and had included consultation with residents and their representatives. Where a respondent felt there were areas that could be improved upon, the inspector saw that the feedback and the providers response to it were included in the quality improvement plan. Additional audits completed included the review of how medicines were managed and the review of any incidents and accidents that occurred.

## Regulation 14: Persons in charge

The person in charge was the regional manager and a member of the senior management team. The person in charge therefore had good autonomy and accountability for decisions made about the operation of the designated centre. The person in charge had the experience, skills and qualifications required for the role of person in charge. The person in charge described how they maintained oversight of

the service with support from the coordinator. The person in charge also liaised with other relevant stakeholders such as the day service managers in relation to the residents, their needs and supports. This was evident from records seen such as individual case reviews.

Judgment: Compliant

## Regulation 15: Staffing

The inspector was satisfied that the staff-skill mix, staffing levels and staffing arrangements were suited to the number and the assessed needs of the residents who attended for respite. A planned and actual staff duty rota was maintained.

The provider had local procedures for the recruitment and selection of staff and was awaiting a revised and updated national policy and procedure. The inspector requested a sample of two staff files to review based on the low number of staff employed in the service. The files contained most of the required information and records such as a full-employment history, evidence of qualifications, proof of identity and a vetting disclosure. However, one file did not have two written references. The inspector discussed the efforts the provider had made to ensure compliance with the requirements of the regulations. There was discussion of the policy some employers had to provide statements of employment as opposed to a reference in a format suited to or specified by the provider. However, such statements of employment are not fully compliant with the requirements of the regulations which require the provider to obtain in respect of each staff member employed, two written references including a reference from the persons most recent employer (if any).

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix. There was a training record in place for each staff member listed on the staff duty rota. The training record indicated that mandatory training such as in safeguarding, fire safety and responding to behaviour that challenged had been completed by staff. Where refresher training was due this was highlighted so that it could be scheduled and booked. The coordinator was awaiting the staff training schedule for 2025. Additional training supported the staff team to provide a safe quality service and included training in falls prevention, first aid, a range of infection prevention and control training and, training on promoting residents' human rights.

The coordinator confirmed that formal staff supervisions were on schedule and were

completed in line with the providers supervision policy. The inspector saw that a copy of the Health Act and other guidance issued by HIQA such as guidance on the submission of statutory notifications was available in the designated centre.

Judgment: Compliant

## Regulation 19: Directory of residents

The inspector saw that the provider established and maintained a directory of residents. The inspector reviewed a random sample of five entries. That sample contained all of the required information such as the resident's name and date of birth, the name, address and contact details of their representative and, the name of any organisation or body associated with the residents admission to the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

Based on the findings of this inspection much improvement was noted on the findings on the last HIQA inspection. The inspector found clarity on roles and responsibilities and improved accountability for the service and supports provided to residents. There were still some shared tasks and arrangements between the respite service and the day services but both services had access to the information on the shared server and regular meetings were convened between the services. For example, the inspector saw that a soft copy of residents' personal goals and objectives was available and updated by both services. Records of multi-disciplinary case reviews were also in place attended by the person in charge, the coordinator and day service managers. The provider ensured that its formal systems of quality assurance were implemented in the designated centre. For example, the inspector saw from the reports on file that the unannounced six-monthly quality and safety reviews were completed on schedule. The coordinator told the inspector that they had issued questionnaires to residents and their families to inform the annual service review for 2024.

The objective of management was to provide each resident with a continuum of care between home, the day service and the respite service and, to ensure that the respite service was operated within the parameters of the regulations. Overall, the provider demonstrated a much improved level of compliance with the regulations. However, some gaps were still evident such as in for example, the assessment and control of risk. These gaps and their impact are addressed in the relevant regulations.

Judgment: Compliant

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

The provider had a policy and procedures that detailed how requests and referrals for respite were made, reviewed and assessed including any request for emergency respite. The coordinator described how the planning and management of attendance at respite and the occupancy of the house considered the compatibility of each resident's needs and preferences with other respite attendees.

In the two personal plans reviewed by the inspector there was a contract for the provision of services. The contract was specific to the provision of a respite service and included the details of any fees the resident had to pay. These particular contracts had been signed by the residents themselves.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector read the statement of purpose and saw that the provider kept the record under review and updated it to reflect any changes. The statement of purpose contained all of the required information such as a synopsis of the admission procedures, details of the management structure, the facilities provided to each resident and, how to make a complaint. The statement of purpose was available in the designated centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed the log of incidents that had occurred in the designated centre since June 2024 to date. The inspector also spoke with the coordinator who monitored the incidents and provided the person in charge with a report of the incidents that had occurred and their management. The inspector cross referenced this information with the incidents the person in charge had notified to the Chief Inspector of Social Services. The inspector found that there was clarity on for example, minor injuries that residents had sustained and the fluctuating level of restrictive practices in use dependent on the needs of the residents attending for respite. The inspector was satisfied that these arrangements had ensured that incidents had been and would be notified as appropriate to the Chief Inspector of

Social Services.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The inspector saw that the provider had in place the policies specified in Schedule 5 of the regulations. For example, policies on safeguarding, the management of complaints, the management of residents' personal assets, risk management, health and safety and the management of medication. The inspector reviewed a random sample of 12 policies and saw that the provider had a system for reviewing and updating as needed its policies and procedures at least every three years.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the provider had the arrangements in place that residents needed to avail of a safe and comfortable respite stay. Staffing levels and arrangements meant that residents could be out and about in the local community in the evening and the weekends. The house was spacious and comfortable and generally well maintained. The provider had improved the arrangements in place for ensuring staff had current and sufficient information available to them about each resident that attended for respite. However, this inspection did identify some gaps and scope for further improvement.

The residents who attended for respite ordinarily lived at home in the community with family and attended day services operated by the provider. The person in charge advised the inspector that 19 residents were availing of the respite service on a planned and rotational basis. Access to respite was based on requests and the needs of families and residents. The occupancy of the respite service fluctuated in response to these needs and the compatibility of residents to share and enjoy a respite stay with peers.

The inspector found much improved accountability for the assessment of residents needs and the preparation of plans that guided staff on the care and support that was needed by residents during their respite stay. Much of this information gathering was completed by the relevant day services and overseen by the person in charge. The inspector saw that each resident had a personal plan that was held in the respite service and a soft-copy personal outcomes plan that was accessed by both services.

The inspector reviewed a purposeful sample of two personal plans based on

incidents that had occurred in the centre and the findings of the most recent provider led internal review. Much of the information needed was in place such as plans to support residents who experienced seizure activity, who were at risk of aspiration or choking while eating and drinking, residents who might exhibit behaviours that challenged and residents at risk of falling. However, there were still some gaps and these gaps didn't ensure continuity of care as plans did not always seamlessly transfer into the respite service where the same needs and risks had to be supported and responded to.

For example, there was good knowledge of behaviours that could present and the respite staff team had access to the positive behaviour support plan. However, the inspector found that recommendations made in the plan such as a visual schedule to support the resident to better transition to respite were not in use in the respite service. This, and the possible impact of not using the schedule had also been a finding of the providers own most recent internal provider review.

Family were the persons primarily responsible for supporting residents with their healthcare needs such as attending their general practitioner (GP), liaising with the pharmacy and attending appointments with other allied health professionals. Relevant information was collated from family and assess to the providers multi-disciplinary team (MDT) was facilitated. The person in charge discussed with the inspector challenges that could arise to ensuring access to information and how these were responded to and managed. For example, case reviews were convened. However, the inspector found that the actions and recommendations from a recent case review were not in place in the respite service. This included plans for responding to healthcare needs. There was documentary evidence in place that the provider continued to seek accurate and up to date information.

There were systems in place for the identification, assessment, management and on-going review of risk. There were systems in place for the review of and learning from any incidents or accidents that occurred. Risk assessments and plans were shared between the day service and the respite service. However, the inspector found that more robust consideration of risks, the applicability and implementation of controls in the respite service was needed to ensure that risks were adequately managed.

The inspector saw fire safety arrangements such as the provision of a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products. The provider had arrangements for reviewing and assuring its fire safety arrangements. For example, there was documentary evidence that equipment was inspected and tested at the required intervals and regular simulated evacuation drills tested the evacuation procedure.

The location, design and layout of the house was suited to its stated purpose and function. For example, a bedroom and ensuite bathroom was available on the ground floor for residents with higher needs. The bathroom was fitted with a ceiling track hoist. Generally, the house was well maintained externally and internally and was in good decorative order. There were some issues to be attended to based on

the observations of this inspection. The provider assured the inspector that it had an agreed programme of works due to be completed in April 2025 during a planned closure of the respite service.

## Regulation 12: Personal possessions

Ample storage was available for residents to store the personal items they needed for their respite stay. The inspector saw that each resident was provided with their own bedding and bed-linen which was stored for them in the designated centre until their next respite stay. Laundry facilities were also available. Each resident brought with them the personal monies they needed while on respite such as for outings and activities. The inspector saw that staff maintained records of the monies brought to respite, the monies spent including supporting receipts and, the balance of the monies the resident took home with them.

Judgment: Compliant

## Regulation 13: General welfare and development

Each resident availing of respite attended a day service operated by the provider. Residents participated in the process of personal planning and had a personal outcomes measures (POMS) workbook. These overarching goals and objectives were agreed with the resident in the day service and progressed as applicable by the both services. For example, the coordinator described how residents were supported to work on their skills for independent living, community engagement and access to work. The inspector saw that respite staff had access to a soft-copy POMS and completed regular progress notes. In addition, residents and their families were invited to complete a respite priorities form prior to the respite stay where they could specify what it was they would like to do during their respite stay. The inspector saw from records such as feedback provided by residents and the daily narrative notes completed by staff that residents choose and were supported to attend community based activities such as going to the cinema, bowling, swimming, shopping, drives and walks in local scenic amenities. Residents could also change their plans if they wished or decide what it was they would like to do after arriving at the respite service. For example, the coordinator described how one resident had recently asked to visit the village where their favourite comedy programme was filmed and was supported by the staff team to do this.

Judgment: Compliant

## Regulation 17: Premises

The location, design and layout of the house was suited to its stated purpose and function. Generally, the house was well maintained externally and internally and was in good decorative order. The house was spacious, each resident was provided with their own ensuite bedroom and there was adequate shared communal space for the number of residents who attended at any one time. There was a well maintained garden to the rear of the property with additional storage and a segregated area for the storage of the refuse bins. There were some issues to be attended to based on the observations of this inspection. For example, there was some minor damage to some kitchen surfaces and evident damage to door-frames in the main hall indicating some manoeuvring challenges for a wheelchair user. Also as noted in the opening section of this report there was significant pooling of surface water at the main entrance when the inspector arrived at the house. The provider assured the inspector that it had an agreed scope of works that included these matters due to be completed in April 2025.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had produced a guide for residents. The inspector read the guide and noted that all of the required information was in the guide. The guide advised residents for example of the facilities they would be provided with, how to make a complaint, receiving visitors, any charges they would have to pay and how they would be consulted with.

Judgment: Compliant

## Regulation 26: Risk management procedures

The risk register was reviewed and updated for example after an incident and contained a range of risk assessments relevant to the centre and to each of the 19 residents currently accessing the respite service. There was much evidence of good risk identification and risk management plans. However, the inspector found that more robust consideration of risks and the applicability of controls to the respite service was needed. This was required to firstly ensure that differences in how risks were managed such as environmental differences were considered and secondly, that controls that were relevant across both services were also implemented in the respite service. The findings of this inspection found that this was not always in place and resulted in an absence of assurance that risk was always adequately managed. For example, in response to a risk for falls an occupational therapy review had been completed of the day service environment and recommendations had been made. However, there was also a pattern of falls in the respite service and a

similar review of specific challenges and risks arising in the respite service was needed. For example, the inspector noted that there was a significant dip in the accessible shower tray so as to facilitate drainage but the dip potentially impacted on the suitability in the respite service of the recommended shower chair. In addition, and as discussed in Regulation 5, controls including positive behaviour support recommendations and plans to guide staff to respond to a possible medical emergency were not in place.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had arrangements for reviewing and assuring its fire safety arrangements and these were tailored to the provision of a respite service. For example, simulated evacuation drills were convened at a frequency that ensured all residents availing of the respite service had the opportunity to participate in a drill. There was a personal emergency evacuation plan in place for each resident who attended for respite. The regular simulated drills were completed to test the procedure for evacuating the centre by day and by night. The inspector noted from the drill records that residents and staff could evacuate the centre in a timely manner. While there were no reported obstacles to safely evacuating the centre the provider had plans for improving its fire safety and evacuation procedures by installing doors in the ground floor bedroom to facilitate bed evacuation of more dependent residents in the event of an emergency.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were procedures in place for the safe management of medications for the duration of the respite stay. Residents brought their medications and their prescription with them to the respite service. The coordinator described how the medications and the prescription were checked by staff to ensure they were correct and that a sufficient supply of medications was provided for the duration of the respite stay. Families were also requested to advise staff of any changes made since the previous respite stay. The inspector saw records where families highlighted changes or confirmed no changes had been made. An assessment was completed of resident ability and preference to manage their own medications and they were supported to do so where it was assessed as safe. The inspector saw that staff maintained a record of the medications they administered. Staff had completed training in the safe management of medications. There were procedures in place for the reporting and investigation of any medicines management errors. No concerning

pattern was noted in the records seen by the inspector.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector found much improved responsibility and accountability for ensuring staff working in the respite service had up-to-date-information for each resident so that they received a safe, quality service appropriate to their needs and preferences. The person in charge and the coordinator worked closely with residents, families and the day services in this regard. A personal objectives plan was also in place for each resident and was updated by both the day service and the respite service to reflect the progress made on residents personal objectives. On discussion there was clarity on residents needs, abilities, choices and preferences. Much of this information had translated into plans of support as seen in the two personal plans reviewed by the inspector. However, the inspector also found some gaps. For example, a positive behaviour support recommendation made by a member of the MDT was not implemented in the respite service though it was very applicable to the service. In addition, staff did not have plans to guide them as to how to assess and respond to a specific healthcare need including any requirement for an emergency response.

Judgment: Substantially compliant

## Regulation 6: Health care

As residents ordinarily lived at home they were supported by family to maintain their health and well-being. The provider had arrangements that sought to ensure that the respite staff team had the information that they needed in the personal plan to provide the care and support that residents needed during their stay. Information was sought and received from families, staff could liaise with relevant stakeholders such as the GP, the pharmacy and the out-of-hours GP service. There was a reasonable expectation that residents were well when they came to avail of respite but care and support could be provided if a resident became unwell during their respite stay. The inspector saw plans of care for needs such as nutritional needs and risks, mobility and seizure activity. The person in charge and the coordinator had good knowledge of residents' healthcare needs and discussed with the inspector challenges that could arise to having up-to-date and accurate healthcare information. However, in that regard, the inspector found that actions arising following an assessment of risk including the preparation of specific healthcare plans were not in place. This is addressed in Regulation 5: Individualised assessment and personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The coordinator discussed how some residents could present with behaviour that was a challenge to the resident themselves and the staff team. However, the behaviour and the associated risk was described as low. Supportive arrangements such as managing the occupancy of the house and ensuring residents could share and enjoy a respite break with a peer were in place. Staff had completed training including training in de-escalation and intervention techniques. The inspector noted that input was available from the positive behaviour support team and the respite staff team had access to a plan where one had been put in place. However, the co-ordinator confirmed that therapeutic recommendations made in the plan including a visual schedule were not in use in the respite service. This is addressed in Regulation 5: Individualised assessment and personal plan.

The inspector found improved clarity and practice on arrangements that met the definition of a restrictive practice. These were minimal and were of a physical and environmental nature such as any requirement to restrict access to any area of the house and, the use of interventions such as bedrails and audio monitors. Records were in place stating why these were needed, what alternatives had been considered and why these alternatives were not in use. For example, a specific request from a resident for the security offered by the use of bedrails. The inspector saw that while the residents request was facilitated an evidence based tool had also been used to ensure the use of the bedrails was safe.

Judgment: Compliant

## Regulation 8: Protection

The provider had measures to protect residents for harm and abuse. These measures included safeguarding policy and procedures and mandatory training for staff. The inspector saw that the contact details of the designated safeguarding officer were prominently displayed as was recent guidance issued by HIQA on recognising indicators of abuse. Safeguarding and staff safeguarding responsibilities were discussed at the regular staff team meetings. In the personal plans the inspector saw plans for supporting residents with their personal and intimate care needs.

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 | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | 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 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially 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 | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Ennis Adult Respite Service OSV-0004895

## Inspection ID: MON-0045911

## Date of inspection: 23/01/2025

**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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br><br>1. This issue has been highlighted to National HR. We are taking legal/IBEC advice regarding this matter and our right to compel employers to issue references in a prescribed format. HR are awaiting further guidance on this issue to support their efforts to progress the matter.<br><br>2. HR will thereafter need to review their current processes. HR will determine the process for ensuring compliance with regulation and outline such in its procedure for the recruitment and selection of staff.<br><br>3. This issue will be discussed at our next National HR meeting on the 5th March 2025 and the HR National Federation on the 26th February.<br><br>4. As an interim measure we will do our utmost to persuade potential employees to provide us with a more detailed reference- this is our practice currently. However, it is ultimately up to the employer to adhere to their own policy on references.<br><br>Completion 30/8/2025 | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br><br>1. The risk register will be reviewed to ensure that environmental differences and service-specific risks are fully considered. This review will involve identifying and differentiating risks unique to the respite service and those that are applicable to both the day and respite services. Clear responsibility will be established for managing both | |

shared and service-specific risks in the appropriate setting (respite or day service). The review will also ensure that risk controls are tailored to each service's environment, with any gaps or inconsistencies addressed. All controls will be clearly documented to specify whether they apply to the respite service, the day service, or both. Completion 31/3/2025

2. An occupational therapy review has been organised for 21/02/2025 to assess the needs of an individual who has experienced falls within the respite environment. The review will focus on identifying any risks and challenges specific to the respite service, including potential hazards related to the physical environment or equipment that could contribute to falls. Any recommendations made as a result of the review will be implemented to ensure the environment is safe and supportive, and to reduce the risk of further falls. The upgraded of the respite property will also consider any such recommendation and ensure they are addressed with upcoming facility works. Completion Date: 9/5/2025

| | |
|---|---|
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. A medical emergency response plan has been created as an interim measure to guide staff in recognising and responding to potential side effects of diabetes, such as a diabetic coma. This plan outlines symptoms to monitor and appropriate actions to take in an emergency while awaiting formal feedback from medical professionals. The risk relating to the management of the individuals health care needs has subsequently been updated to reflect the additional mitigations. Completed.

2. The coordinator met with the day service team and PBS team on 11/02/2024 to review the PBS plan for the individual supported. New support recommendations were made, including the creation of a visual choice board, which will be developed by the respite team prior to each stay. This board will be shared with the day service team, who will support the individual in making her choices before her stay. A positive pairing approach was recommended to make the experience more enjoyable for her and ensure it is empowering and tailored to her preferences. The risk relating to the management of the individuals anxiety has subsequently been updated to reflect the additional mitigations. Completed.

3. A review by the Coordinator and ongoing discussion at team meetings of all PBS plans for individuals availing of respite will be conducted to ensure that the correct support and strategies are in place, and that recommended strategies are being followed. PBS plans will be reviewed collectively by day service, respite and the PBS specialist as required and any necessary adjustments or updates will be made in collaboration with both teams to ensure the continued success of the support provided.

Completion date 30/5/2025

## 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 15(5) | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2. | Substantially Compliant | Yellow | 30/08/2025 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 09/05/2025 |
| Regulation 05(8) | The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended | Substantially Compliant | Yellow | 30/05/2025 |

| | | | | |
|---|---|---|---|---|
| | following a review carried out pursuant to paragraph (6). | | | |