



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 2
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0002388
Fieldwork ID:	MON-0038536

About the designated centre

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

Donabate Respite 2 is a designated centre operated by St. Michael's House. The centre comprises of one six bedroom purpose built premises. This respite service is registered as a mixed designated centre. The centre predominantly provides respite services for adults. The registration conditions for the centre however, allows the provider to provide respite services for children should the need arise and only when no adults are residing in the centre. The centre is located in a suburban town and is in close proximity to a range of local amenities and public transport. There is a small garden to the rear of the centre. Throughout the centre large communal space is provided with comfortable seating options and two living room spaces provided with TVs. Residents are provided with a private bedroom space during their stay and accessible toilet and bathing facilities. The centre is managed by a person in charge who reports to a senior manager. The staff team consists of nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Wednesday 10 January 2024	09:00hrs to 17:20hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to assess the levels of compliance with the regulations since the previous inspection in May 2022. The inspector found the centre provided quality services to respite users based on the high levels of compliance identified during this inspection in addition to the positive feedback from respite residents and their families.

The centre provided residential respite services for approximately 90 people at the time of inspection. A maximum of six respite residents could be accommodated in the centre, at any one time. On the day of inspection there were five respite residents availing of the service.

The inspector had the opportunity to meet with all of the respite residents on the day of inspection. Each resident used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector collated this information to gather an impression of what it was like to stay in the centre, through observations, discussions with the respite users, staff team and management, discussion with a family member, monitoring care practices and reviewing documentation.

Respite residents said that they were very happy with the service and liked the staff. They told the inspector that they liked the food in the centre, liked the environment, including the bedrooms, and felt safe in the service. Warm interactions between the respite residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the respite users in a respectful and supportive manner.

Respite residents were supported to engage in meaningful activities and were observed making plans with staff support for community based activities in the evening of the inspection. The inspector also had the opportunity to look at some photographs of previous activities, which included a weekend visit to a local farm. The service had its own transport which was used by staff to drive respite users to various activities and outings. In addition, the centre was located within walking distance of a range of local amenities, all of which were used by the respite users during their stay.

The person in charge and staff spoken with described the quality and safety of the service provided as being very good and personalised to the respite users' individual needs and wishes. They spoke about the high standard of care all respite residents received during their stay and had no concerns in relation to the well-being of any of the respite users who use the service. The person in charge told the inspector that the centre aimed to provide a 'holiday' experience that respite users looked forward to.

Staff spoken with through the duration of the inspection described the service as "person-centred" which focused on individual needs, wishes, and preferences. The inspector asked one staff member if they had any safeguarding concerns. They had no safeguarding concerns and were aware of the reporting procedures including regulatory responsibility to report any to the Chief Inspector. Staff told the inspector that respite residents compatibility was considered when planning respite provision to reduce the risk of peer-to-peer safeguarding incidents. They had no concerns about the service, and felt well supported in their role by the person in charge.

There was evidence that the respite residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. Weekly planning meetings were held at the beginning of every respite break with staff and respite users. This was an opportunity for respite users to decide how they would like to spend their week. The inspector also had the opportunity to meet with a parent of one of the respite residents. They reported that they were happy with the care and support received and were complimentary of the staff team working in the centre.

The person in charge accompanied the inspector on an observational walk around of the centre, which was found to be comfortable, homely and overall in good structural and decorative repair. Respite users had their own bedroom for the duration of their stay. They also had access to a spacious kitchen/dining area, sitting room and conservatory. To the rear of the centre, was a well-maintained garden area, that provided outdoor seating and dining for respite users to use, as they wished. Since the last inspection, the provider had addressed all issues identified and made some home improvements to the centre, to include, new flooring and repainting throughout the premises.

From what the inspector was told and observed during the inspection, it was clear that respite residents received a good quality service. The service was operated through a human rights-based approach to care and support, and respite users were being supported to enjoy their respite stay in a manner that was in line with their needs, wishes and personal preferences.

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 service and how these arrangements impacted on the quality and safety of the service being delivered to each respite user on their respite break.

Capacity and capability

The inspector demonstrated the the provider and management team had the capacity and capability to deliver a good quality, person-centred service which met the requirements of the regulations in many areas. Some improvement was required

to the centre's statement of purpose to ensure that the floor plans accurately reflected the footprint of the designated centre.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the service. The service was led by a capable person in charge, who was knowledgeable about the support needs of the respite users using the service and met the requirements of Regulation 14: Person in Charge.

The provider had well established mechanisms in place to support them in their oversight of the centre. Regular audits were completed, which identified issues and set out clear, time-bound plans to address these. Audits completed in this service included an annual review of the service's quality and safety of care, six-monthly unannounced visits and health and safety audits. The inspector noted six-monthly provider-led audits showed the progression of actions in a timely manner.

There was a regular core staff team in place. They were very knowledgeable of the needs of the respite residents and had a very good rapport with them. The staffing levels in place in the centre were suitable to meet the assessed needs and number of respite residents that attended. Due to an existing vacancy the provider was ensuring continuity of care and support through the use of regular relief staff. The inspector met with staff members during the inspection and found they were knowledgeable in relation to the needs of respite users and were clear on the key policies and procedures within the centre.

The person in charge ensured that staff were supported and facilitated to access appropriate training including refresher training that was in line with the respite users' needs. A staff training schedule was in place, however a small number of staff were overdue refresher training in fire safety. A supervision schedule and supervision records of all staff were maintained in the centre. The person in charge (with support from the nurse managers) ensured that staff were provided with support and formal supervision.

An up-to-date statement of purpose was available in the service. This was reviewed by the inspector and required review by the provider to ensure floor plans accurately reflected the footprint of the designated centre.

The complaints process was displayed prominently in the hallway of the service. The person in charge was aware of all complaints which were followed up and resolved as per the provider policy.

Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff on duty to meet the number and assessed needs of respite users using the service on the day

of inspection. Due to an existing vacancy the provider was ensuring continuity of care and support through the use of regular relief staff.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the respite users and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were supported and facilitated to access appropriate training including refresher training that was in line with the respite residents' needs.

A staff training schedule was in place, however a small number of staff were overdue refresher training in fire safety. This is covered under Regulation 28: Fire Safety precautions.

As per the provider's policy staff were to receive supervision on a quarterly basis. The person in charge (with support from the nurse managers) ensured that staff were provided with support and formal supervision.

Judgment: Compliant

Regulation 23: Governance and management

Over the course of the inspection, there was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. There was evidence of completion of actions on the

day of inspection, such as the fitting of new flooring in respite user bedrooms and repainting of the premises.

The provider had carried out an annual review of the quality and safety of respite user care in the centre for 2022 and on the day of inspection the inspector was made aware of plans to complete same for 2023. These reviews also included detail on the consultation which had taken place with residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre, including the types of service and facilities provided, the respite user profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations.

However, the statement of purpose required review to ensure that all information required under Schedule 1 was accurate. For example, some minor revisions were required to ensure floor plans accurately reflected the footprint of the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had an up-to-date complaints policy and associated procedures were in place to guide staff. There was an easy-to-read version available for respite users and the details of who to speak to if they wished to make a complaint was found to be on display in the hallway of the designated centre.

Respite users were supported to make complaints where they chose to, and a record of these was maintained. The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

The provider had set out a statement of purpose for the centre as required in the regulations. The statement of purpose set out that the service aimed to "provide a respite setting wherein service users are cared for, supported and valued within a caring, friendly, professional environment that promotes their health and well-being". The inspector found that this was a respite centre that ensured that respite residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of structural and decorative repair.

There were six single occupancy bedrooms for respite users availing of the service, allowing them their own private space during their stay. There was also a communal kitchen/dining area and all areas of the house were accessible to the respite users and suitable for their assessed needs. Suitable arrangements were observed for the safe storage of respite users' personal belongings during their stay. There were adequate arrangements in place for residents to launder their clothes during their stay in respite.

Up-to-date communication guidelines had also been prepared; and staff were observed communicating with respite residents in accordance with their communication style and preferences.

The inspector observed a good variety of food and drinks for respite users to choose from. Food was being stored in hygienic conditions and access to refreshments and snacks was provided for. The inspector also observed that as food items were opened, they were being labelled and dated by staff. Some respite residents on the day of inspection had feeding, eating, drinking and swallowing (FEDS) support plans on file. Staff were aware of these plans and all staff had completed training in FEDS.

There were fire safety management systems in place in the centre to protect respite users from the risk of fire. The systems included servicing of fire detection and fighting equipment, and scheduled fire drills. However, some enhancements to the systems were required. Emergency exit doors utilised keys for opening them. This required improvement as it was not the most optimum arrangement in place to ensure prompt evacuation in the event of a fire. In addition, a small number of staff were overdue refresher training in fire safety.

The provider had ensured that where respite users required behavioural support, suitable arrangements were in place to provide them with this. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern. Restrictive practices were logged and notified accordingly and had been reviewed by the provider's rights committee.

Overall, there were good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate policies and

procedures were in place. These included safeguarding training for all staff, a safeguarding policy, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Regulation 10: Communication

The registered provider had ensured that respite users were supported to communicate in accordance with their needs and wishes.

Staff were observed to be respectful of the individual communication style and preferences of all respite users as detailed in their personal plans and all respite users had access to appropriate media including; the Internet and television.

Judgment: Compliant

Regulation 17: Premises

There was adequate private and communal accommodation with enough room for the number of respite users the service is registered for. To the rear of the centre, was a well-maintained garden area, that provided outdoor seating and dining for respite users to use, as they wished.

There were arrangements for the upkeep and servicing of equipment used by respite users, such as electric beds and hoists. Since the last inspection, the provider had addressed all issues identified and made some home improvements to the centre, to include, new flooring and repainting throughout the premises.

Overall, the premises was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of respite users using the service. Respite users spoken with told the inspector that they were happy with the premises.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a number of food choices available and sufficient snacks for respite users between main meals. Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences.

Some respite users required modified and specialised diets. Associated care plans had been prepared, and were readily for staff to follow. Staff spoken with were

aware of the respite users' individual dietary needs, and had also completed relevant training in this area.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The fire panel was addressable and easily accessed in the entrance hallway of the centre. However, emergency exit doors were key operated which did not ensure prompt evacuation in the event of a fire. In addition, a small number of staff were overdue refresher training in fire safety. This required review by the provider.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each respite user had their own evacuation plan which outlined the supports they may require in evacuating.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate respite users under day and night time circumstances. Staff were aware of evacuation routes and the individual supports required by respite users to assist with their timely evacuation.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support respite users to manage their behaviour.

Behaviour support plans were available for respite users who required them and were up-to-date and written in a person-centred manner.

There were some restrictive practices used in this centre and these were notified to the Chief Inspector as per the regulations. A restrictive practice committee was in place and restrictions were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard respite users from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

There were no current safeguarding concerns. Previous concerns had been responded to and appropriately managed, for example, safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks.

Personal and intimate care plans had been developed to guide staff in supporting respite users in this area in a manner that respected their privacy and dignity.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Respite 2 OSV-0002388

Inspection ID: MON-0038536

Date of inspection: 10/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose must ensure that all information under Schedule 1 is accurate. The statement of Purpose will be amended to correctly reflect the footprint of the designated center Donabate Respite 2.</p> <p>The floorplans for Donabate respite 2 will be updated to reflect the change in use of the quiet room to the file room.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire safety Training : Refresher training for 2 staff who were outstanding has been scheduled .</p> <p>Premises : Emergency exit doors will be fitted with Thumb locks for ease of egress .</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	11/01/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/03/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire	Substantially Compliant	Yellow	31/01/2024

	fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/02/2024