



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

## Issued by the Chief Inspector

Name of designated centre:	South Tipperary Respite Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0005547
Fieldwork ID:	MON-0024643

## About the designated centre

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

South Tipperary Respite Services is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides respite services and consists of two individual single story houses located close to one another in a town in Co. Tipperary. The designated centre has the capacity to accommodate up to 10 persons with a disability at a time across the two units. The first house is a bungalow which provides a respite service to 45 children. It comprises of a living room, kitchen/dining area, an office, five individual bedrooms, sensory room and a shared bathroom. The second house is a bungalow which provides a respite service to 58 adults with a disability. It comprises of a living room, office, kitchen/dining area, five individual bedrooms and a number of shared bathrooms. Both houses have large gardens. The garden in the childrens' respite house has a large, safe play area containing suitable equipment including swings and activity centres. The centre is staffed by a person in charge, staff nurse, social care workers and care assistants.

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

Number of residents on the date of inspection:	4
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 April 2021	10:20hrs to 16:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in one of the houses of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with service users, staff and management over the course of this inspection.

From what service users communicated with the inspector and what was observed, it was evident that the service users received a good quality of care while availing of the respite service.

The inspector had the opportunity to meet with the one service user during the course of the inspection, albeit this time was limited. On arrival to the centre, the service user was attending school. When they returned to the designated centre in the afternoon, they were observed accessing all areas of the house and relaxing in the dining room having a snack and a drink. The service user then decided to enjoy the sunny weather and was observed playing on the play equipment in the garden before going with staff to the beach.

Three service users completed a questionnaire describing their views of the care and support provided in the respite service. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of respite service in the centre such as activities, bedrooms, meals and the staff who supported them.

Service users' rights were found to be respected and the inspector observed the staff team treating the service users in respite with respect and dignity. Staff spoken with were knowledgeable about service users and their needs or wishes. All communication observed between the service user and members of the staff team was seen to be convivial and appropriate to the service users' communication support needs. Positive interactions were observed between the staff team and the service user, and the service users' presenting needs were responded to in a prompt and caring manner.

The designated centre comprised of two houses. On the day of the inspection, the inspector visited one unit of the designated centre. It consisted of a living room, kitchen/dining area, an office, a shared bathroom and five individual bedrooms. A sensory room was located to the side of the centre. The inspector observed that there were areas of the centre which had been recently renovated including new flooring in parts of the centre. In addition, the living room was in the process of being redecorated with alterations being made to the fireplace. However, there were areas of the unit which were in need of maintenance and upkeep. For example, there were areas of scratched paint in areas such as walls, skirting boards and

radiator covers in one unit. In addition, some window blinds were observed to be in poor repair. These had been self identified by the provider. There was a large well maintained enclosed garden to the rear of the centre which contained suitable play equipment including accessible swings and activity areas.

In summary, based on what service users in respite communicated with the inspector and what was observed, the inspector found that the respite service users received a good quality of care while availing of the service. However, there are some areas for improvement including training, fire safety, oversight of restrictive practices and premises. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there were management systems in place to ensure good quality care and support was being delivered to service users while they availed of respite. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the service users' assessed needs. However, some improvement was required in relation to staff training.

There was a clearly defined and effective management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the service users and their support needs. The provider demonstrated that respite stays were planned and considered the preferences, compatibility and safety of the service users. At the time of the inspection, the total capacity of the respite service had been temporarily reduced in response to the risk of COVID-19. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, effectively monitored and appropriate to service users' needs. These audits included an annual report for 2020 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed and implemented in response.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill mix to meet the service users' needs. In addition, there was evidence that staffing levels changed in order to meet the needs of the particular group availing of respite. The inspector was informed that at present there was 0.5 whole time equivalent vacancy (WTE) and that the person in charge had identified the need for an additional 1 WTE between both respite units. The provider was in the process of actively recruiting for this roles. The provider ensured continuity of care by covering shifts with members of the current staff team.

There were systems in place for training and development of the staff team. The inspector reviewed a sample of staff training records and found that, for the most part, the staff team had up-to-date mandatory training. However, improvements were required to ensure that all of the staff team had the skills and knowledge to support the assessed needs of the service users in areas including fire safety, manual handling and safeguarding. The inspector was informed that COVID-19 had impacted on the scheduling of refresher training. This had been self-identified by the provider and plans were in place to address this.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for their role. The person in charge worked in a full time role and demonstrated a good understanding of the service users and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staffing levels and skill mix to meet the assessed needs of the service users'. There was evidence of adapting rosters to ensure staffing levels were appropriate to the assessed needs of the respite group.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were systems in place for training and development. However, improvement was required to ensure that all staff had refresher training in areas including fire safety, manual handling and safeguarding.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place which identified areas that required

improvement and actions plans were developed in response.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to the service users. However, some improvements were required in the premises, fire safety management and the oversight of restrictive practices.

The inspector reviewed a sample of the service users' personal plans and found that they were person-centred. Each service user had an up-to-date assessment of need and care plans were developed in line with their assessed needs. The personal plans in place guided staff in relation to the supports the service user required while availing of the service. Before each respite stay an admission checklist was completed to ensure that any changes in the service users support needs were suitably identified and responded to. The service users were given appropriate support to enjoy best possible health while availing of the respite service. Their healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the service users with their health needs.

There were positive behaviour supports in place to support service users to manage their behaviour. The inspector reviewed a sample of behaviour management guidelines and found that they were up-to-date and guided the staff team. There



were a number of restrictive practices in use in the designated centre which for the most part were appropriately identified by the provider. However, some improvement was required in the systems in place to identify and review restrictive practices. For example, a door alarm on the front and side door of the unit had not been identified as a restrictive practice. In addition, while there was evidence of restrictive practices being reviewed locally, they had not been reviewed by the provider's human rights committee in a timely manner.

There were systems in place for safeguarding service users. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Service users were observed to appear comfortable and content while availing of respite. Staff spoken with were clear on what to do in the event of a concern or allegation.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each service user had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the service user to evacuate. There was evidence of regular fire evacuation drills to test the effectiveness of the evacuation plans. A recent fire drill identified an area for improvement and at the time of the inspection the provider was installing a fire exit to one bedroom due to the issues identified. There were appropriate measures in place for the containment of fire. However, one fire door self closing device was observed as in need of repair on the day of inspection.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19. As noted above the capacity of the respite service was temporarily reduced in response to the risk of COVID-19. Contingency plans were in place for staffing and isolation of service users, if required. There was infection control guidance and protocols for staff to implement while working in the centre including daily infection control checks, regular cleaning schedules and cleaning products readily available if required. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

## Regulation 17: Premises

The designated centre was well maintained. However, there were areas of the premises which required maintenance and upkeep including:

- paint on internal walls, skirting boards and radiator covers
- some blinds in need of repair

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self isolation of service users. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills. However, some improvement was required in the arrangements in place for the safe evacuation of service users and the containment of fire. For example, the provider had identified the need to install a fire exit to one bedroom for the safe evacuation of service users and one fire door self closing device was observed in need of repair on the day of inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each service user had an up-to-date assessment of need in place which identified their health and social care needs. The assessment informed the personal support plans and suitably guided staff to support service users during their respite stay.

Judgment: Compliant

### Regulation 6: Health care

Service users health needs were appropriately identified. The plans in place suitably guided staff to support service users to enjoy the best possible health while availing of respite.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Service users were supported to manage their behaviours and there were positive behaviour support plans in place, as required.

Restrictive practices in use in the centre were, for the most part, appropriately identified and reviewed by the provider. However, one restrictive practice in use had not been appropriately identified and reviewed by the provider. In addition, while restrictive practices were reviewed locally, they had not been reviewed by the provider's human rights committee in a timely manner.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to safeguard service users. There was evidence that incidents were appropriately managed and responded to. Staff spoken to were clear on what to do in the event of a concern. Service users were observed to appear relaxed and content in the presence of staff during their respite stay.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for South Tipperary Respite Services OSV-0005547

Inspection ID: MON-0024643

Date of inspection: 21/04/2021

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All identified staff will be booked in for planned refresher training in fire safety and manual handling. Staff requiring safeguarding training have been provided with access to this.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Replacement blinds for the house will be sourced once the current Covid-related restrictions are lifted. Quotations are now being sought for the painting works and it is planned to complete this work by end of October 2021.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The new fire door is now installed. The fire door closer that was identified as requiring repair has since been repaired.	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The identified restrictive practice has now been referred to the Human Rights Committee and relevant systems put in place to monitor its use. Arrangements are being put in place for the review of restrictions by the Committee in 2021.</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 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	31/08/2021
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	31/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/05/2021
Regulation 28(3)(d)	The registered provider shall	Substantially Compliant	Yellow	07/05/2021



	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2021