



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

## Issued by the Chief Inspector

Name of designated centre:	Laois Respite/Family Support Service (Adults & Children) - Area K
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	08 March 2022
Centre ID:	OSV-0002725
Fieldwork ID:	MON-0031774

## About the designated centre

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

This centre is a large bungalow on the outskirts of a rural town. Its stated objective is to provide residential respite services to both children and adults. Ordinarily, respite is facilitated by children and adults alternating the weeks they attend the service. This is in line with the centre's conditions of registration. The centre endeavours to provide a home from home experience to all individuals who avail of the service. Due to COVID-19 pandemic and other factors, at the time of this inspection, the respite service was not available to children. Adult respite service was available albeit, at a much reduced capacity. This is further discussed under capacity and capability further on in this report. The centre sits on a large site with ample parking to the front and is surrounded by a number of garden areas, such as a sensory garden, a children's play area and an area of lawn. In addition, an external building is used as a sensory room. There is capacity for five individuals at any one time. There are five single bedrooms, all at ground floor level, plus an additional bedroom for staff to sleep over. There is a large open plan kitchen, dining area and a small sitting room. An additional large living area is available and can be used as a playroom or as an alternative sitting room. The staff in the centre are committed to ensuring that as far as possible, an individual experiences continuity of their daily routine such as going to school or going to work or day services. The core function of the service is to provide respite as a means of providing individuals with the opportunity to develop new relationships and experiences, while maintaining existing ones.

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

Number of residents on the date of inspection:	2
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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
Tuesday 8 March 2022	09:30hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection. On arrival at the centre, a senior staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

Overall, the inspector found from conversations and documentation that the children and adults in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector noted that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

This centre provides family support services which are planned, based on individual and family needs on a monthly basis and provides support to both children and adults. The service provides support to children for one week and to adults on the alternate week. Each resident has their own room for the duration of their stay. An inventory for each individual is organized on arrival to ensure that their belongings all return home with them at the end of their stay. The centre is a large bungalow which is wheelchair accessible with two wheelchair accessible bedrooms containing 'hi lo' beds and a wheelchair-accessible shower room. There is an indoor activity area and 'snoozelan' room external to the residence. There is computer/Internet access available to all the residents. Residents are encouraged to bring items from home which may support them to feel more at home and relaxed during their stay, such photographs or their tablets or fire sticks with movies preloaded on them. The centre was warm bright and spacious and had a lovely homely atmosphere. There was a large play area at the back of the centre which was visible from the kitchen.

On the day of inspection, the inspector had the opportunity to meet with two children who were on respite stay in the centre. Interactions with the children took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. The children were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. The children were smiling and taking staff members hand affectionately. There was an atmosphere of friendliness in the house. Staff were observed to interact with the children in a caring and respectful manner. They were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

The residents were observed to be familiar with and comfortable in their surroundings. There was continuity of care in terms of stable staffing arrangements and staff were well known to the residents, many staff had worked in the centre for several years. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents and were observed to meet those needs during the afternoon, offering a drink/snack on return from school.

Communication supports were in use in the centre including a visual board for activities. The children were at school on the morning of inspection so the inspector did not meet them until the afternoon. The children were very pleasant and welcoming and they interacted happily with the inspector and one child enjoyed showing the inspector their bedroom.

The children had a lot of meaningful activities in the community, they went to the cinema and they attended school daily and also went for meals out and for walks to the park and drives in the house vehicle. They enjoyed TV and brought in their own fire stick when they came in with their favourite shows and movies on them. There were visual supports on display to help the children to operate the TV and navigate the channels. The adults were also active in their community and engaged in meaningful activity such as paid work, day service and community based interactions.

In summary, the inspector found that the residents' well-being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the regulations. Overall, the registered provider had ensured that the children/adults availing of the support in this centre received a high level of care delivered in a respectful and caring manner. The centre was warm, clean and homely and the staff were observed to be both very knowledgeable regarding the children's needs and kind to them. As this is a mixed respite centre, there will be reference to both children, adults and residents as a group throughout the report.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. There was a full-time person in charge and the care the children and adults received, indicated that they were effective in the role. The person in charge was both qualified and experienced in the role. They were positive in attitude and demonstrated a willingness to comply with the regulations. They were supported in their role by the management team and by nurses and social care workers.

On the day of inspection, there were two senior staff on duty, one nurse and one social care worker and also a nursing student. The skill mix and numbers were in line with the assessed needs of the residents, statement of purpose and the actual and planned rota. The staff rota indicated continuity of care from a regular and

experienced staff team. The children were at school when the inspector arrived and the staff members were using this time for administrative and cleaning duties.

The provider had a training matrix and this was made available to the inspector for review and it indicated that all staff had received mandatory training and refresher training as necessary. The staff had completed training in hand hygiene and breaking the chain of infection and also in Children First and safeguarding of vulnerable adults.

The provider had undertaken unannounced inspections of the service and a review of the quality and safety of service was also completed. The unannounced inspection reviewed staffing, quality and safety, safeguarding and also completed a review of accidents and incidents. However the template used was not fully effective in that it did not pick up that the statement of purpose required review and updating. The template had a tick box system which was effective in some areas but did not allow for narrative. For example, one question was in relation to communication needs being met and there was not enough space for narrative around this or to explain the visual support the children and adults received. The audit tool was not indicative of the positive work the provider had completed in relation to communication needs and also did not identify areas for improvement.

There was a statement of purpose available for the inspector to view however it was a dated document and required review, it had the previous registration details on it and did not give sufficient information in line with schedule one. The document did not outline clearly the services provided such as therapeutic techniques and opportunities for education or employment. The person in charge informed the inspector that it was under review currently and would be submitted to the authority once complete.

On the day of inspection the inspector reviewed notifications and found that all notifications had been notified to the Chief Inspector of Social Services as required within the appropriate time frame.

The provider had an effective complaints procedure in place for children and families which were in an accessible and age-appropriate format and which included an appeals procedure. There were no open complaints at the time of inspection and previous complaints had been resolved locally to the complainant's satisfaction.

### Regulation 14: Persons in charge

The person in charge worked full-time in the role, was qualified and experienced and was effective in the role.

Judgment: Compliant

### Regulation 15: Staffing

There was an actual and planned rota in place which indicated continuity of care from a core staff team. On the day of inspection there were adequate staff and skill mix on duty.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that all staff had mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding and also had access to refresher training as necessary.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. Annual and six-monthly audits had been completed; however, the unannounced audit template required review in order to be more effective.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place however it was out of date and required review and to be updated. The statement of purpose needed to be in line with schedule 1 of the Regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the

designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of care received by the children and adults in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of the residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

Residents' health, personal and social care needs were assessed. Care and support plans were developed where required and were found to be informative, person centred and regularly reviewed. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences. Staff spoken with were familiar with and knowledgeable regarding resident's up to date health and social care needs. Personal plans in place were detailed and person centred. Residents were supported to identify and achieve personal goals.

There were several teenage children of both genders availing of the respite service at the same time. It is developmentally appropriate that issues relating to sexuality would arise. The provider needed to ensure that appropriate support and advice is available to both the teenagers and staff and that consultation takes place with parents, representative and teenagers as appropriate. This should be captured within the teenagers' care plans.

The inspector viewed support plans in areas of behaviours that challenge and diagnosis such as autism for the children. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how they may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plans for behaviours that challenge was detailed and outlined the supports the children required, this was created by the staff and a

consultant psychologist. The team leader acknowledged that the support plans were effective and staff demonstrated knowledge of how to support the children to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

In relation to Regulation: 6 Health care, the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by the residents.

Residents had access to general practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. A review of residents files indicated that residents had been regularly reviewed by the occupational therapist (OT), speech and language therapist (SALT), dietitian, psychologist, psychiatry, dentist, optician and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Annual care planning review meetings were conducted and this was also a forum for discussion with families and residents about the quality of the service. Minutes of care planning meetings were recorded and kept on file. This provided a forum for all people involved in the residents care to have input. Family and professionals involved in the residents care are invited to these meetings to provide input and receive updates.

The person in charge had ensured that the residents were assisted and supported to communicate and visuals (visual menu) were noted to be in use on the day of inspection as recommended by clinical professionals. On the day of inspection a staff member informed the inspector that one child is currently undergoing a communication review with the speech and language therapist and they were awaiting guidance as to further communication supports they could provide to the child. The residents had access to television and Internet and an electronic device was available to facilitate them to video call their family members.

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The children were active in their community and utilised local shops, local amenities such as parks, went for walks and drives, utilised the Internet and video chats. The children went to school daily and there were individual education plans in place for the children which were sought annually from the school by the person in charge. The adults had a holistic service that was specific to their needs and they were also involved in their local community.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an

infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Personal protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and infection prevention and control were completed. Supplies of alcohol-based hand sanitisers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy-to read versions were developed to aid understanding. Standard operating procedures were created in line with national infection prevention and control guidance to support staff manage if a resident or staff member is suspected or confirmed as having COVID-19.

The provider ensured that there was an effective fire management system in place. The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and a fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 30 seconds. There was one fire drill that took up to three minutes however the provider had reviewed this and it was as a result of one resident being reluctant to leave. The person in charge had input an amendment to the residents personal egress plan to try to reduce the evacuation time. A protocol was required for the use of the battery pack hoist in the event of a fire and also the use of ski pads. The fire equipment was well maintained and there were appropriate servicing records available to view.

The provider had ensured that the premises were laid out to meet the needs of the children and adults and overall the centre was clean and warm. There was adequate communal and private space for both groups. The centre was bright and homely and the children that were currently on respite had brought in some personal items such as photos and preloaded USB sticks with their favourite shows and movies on it.

The inspector observed that there were systems and measures in operation in the centre to protect both children and adults from possible abuse. Staff spoken with indicated that they were fully aware of the measures in place to protect the residents. Staff were facilitated with training in Children's First and safeguarding of vulnerable adults. The inspector spoke with the person in charge and staff regarding safeguarding of the residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The person in charge had ensured that residents rights were respected and they participated in and consented to decisions about their care and support. There was evidence from meetings that they were consulted in a number of different areas such as meal and activity planning.

## Regulation 10: Communication

The person in charge had ensured that both the children and adults were supported to communicate.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that the children and adults had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The provider needed to ensure that plans included all areas such as sexual development and supports and advice that may be needed by the teenagers and staff.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents and overall the centre was clean and warm. There was adequate communal and private space for the children and adults.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy available and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection, such as COVID-19, were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

<b>Regulation 28: Fire precautions</b>
The provider had an effective fire management system in place in the designated centre.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The provider had ensured that residents received appropriate health care for each resident, having regard to that resident's personal plan.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Effective behaviour support plans were noted to be in place by the inspector.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable and Children First.
Judgment: Compliant

## Regulation 9: Residents' rights

The person in charge had ensured that residents rights were respected and they participated in and consented to decisions about their care and support.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Laois Respite/Family Support Service (Adults & Children) - Area K OSV-0002725

Inspection ID: MON-0031774

Date of inspection: 08/03/2022

## 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
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge will ensure that the Statement of Purpose and Function is update in Compliance with Regulation 3.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Service Provider will support the PIC to ensure individual children and adults are supported in relation to their General Health, and Welfare including their individual needs relating to Sexuality. The PIC will link in with families and schools as appropriate to ensure support is as seamless as possible i.e. the respite service will engage to ensure supports in place are followed through while the individual avails of respite.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/05/2022
Regulation 13(3)(c)	The registered provider shall ensure that, where children are accommodated in the designated centre, each child has opportunities to develop life skills and help preparing for adulthood.	Substantially Compliant	Yellow	31/05/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/05/2022