



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

## Issued by the Chief Inspector

Name of designated centre:	Robin Hill Respite House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	08 August 2023
Centre ID:	OSV-0003285
Fieldwork ID:	MON-0031830

## About the designated centre

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

Robin Hill Respite House is a designated centre which caters for adults and children with an intellectual disability, who have high support care needs, including support with activities of daily living, medical/nursing needs, personal care needs and accessing the community. Residents avail of respite breaks in groups of five. Robin Hill also provides an emergency bed should the need arise. Residents are supported to attend work or school and recreational activities and to engage actively in their community. The facility is purpose-built, single storey and wheelchair accessible. It is a community-based house on the outskirts of a large city. It is comprised of seven bedrooms, of which two bedrooms have private en-suite facilities. The other four bedrooms used by residents have shared en-suite areas. There is also a staff bedroom with an en-suite. In addition, there are communal spaces which includes a sitting room, sun room, playroom, multi-sensory room, utility room and kitchen/dining area. There is also a staff office, clinical room and staff changing room. There are also fully enclosed landscaped gardens. The centre also has a playground with accessible outdoor play equipment for children. Each resident is provided with a single bedroom during their respite stay. Transport is provided to assist residents to attend their normal daily activities. Robin Hill Respite House is open 51 weeks of the year. The staffing team consists of nurses, social care workers and healthcare assistants who provide 24 hour support to residents availing of short breaks in the designated centre.

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

Number of residents on the date of inspection:	4
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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 August 2023	09:30hrs to 16:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with three of the four residents during the inspection. They were introduced at times during the day that fitted in with their individual daily routines. The fourth resident was observed being supported by staff during the day and declined to meet with the inspector.

This was an announced inspection to monitor the provider's compliance with the regulations and to inform a decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspector reviewed three completed pre-inspection questionnaires. These had been completed by one resident and the relatives of two other residents. Overall, positive comments were contained within the documents. There was satisfaction with the services and supports provided by a dedicated staff team. There were activities provided both within the designated centre and in the community. These included the on-site playground and swimming facilities, shopping and visiting amenity areas such as parks and mini farms. Responses also outlined specific supports regarding eating and sleeping routines. Additional comments referred to the possible benefit of more sensory equipment. The inspector acknowledges that the provider had made recent equipment additions to the multi-sensory room which may address this issue. A resident who liked to relax in their bedroom in the evenings noted that access to a television where they could choose to watch their preferred programmes during this time would be beneficial during their short breaks. All welcomed and enjoyed their short breaks and would like to avail of more opportunities to attend during the year.

On arrival the inspector was greeted by the clinical nurse manager (CNM) who checked the inspector's temperature. Staff explained the provider had made the decision to continue with temperature checks for staff and visitors to this designated centre. The rationale provided was to continue to monitor the well-being of all persons entering and availing of short breaks in the designated centre.

The inspector had been informed in advance of the inspection by the person in charge that four young residents would be availing of short breaks on the day of the inspection. As the schools were closed for the summer holidays, the residents were being supported to engage in activities with the staff team in the designated centre. Two residents were introduced to the inspector in the dining room. One resident was being supported by a staff member to eat their breakfast. They indicated that they wished to use their tablet device to communicate with the inspector. The resident was able to use this device to inform the inspector of their favourite song. They also gestured to staff that they wished to have their hair attended to. On one occasion, this resident was observed to enjoy spending time on their own in the conservatory, sitting in the ball pool and enjoying watching birds in the garden outside.

Another resident was observed to be very active throughout the day. Staff explained

the resident usually woke up early in the morning and retired to bed early in the evening. The resident enjoyed a morning swim with a peer and staff in the adjoining hydrotherapy pool. On return they were supported to have a snack and engage in some baking activities. The resident spent some time in the conservatory with the inspector while throwing balls into the ball pool. The resident also brought the inspector on a tour of some of the communal rooms which included the multi-sensory room. They told the inspector "they really liked the lights" and were observed to enjoy using the tactile board which was mounted on the wall in the room.

The inspector was informed that another resident liked to spend time in their bedroom using their electronic tablet device during the morning. Prior to lunch time the resident came into the office and was introduced to the inspector. Staff were observed to effectively explain the purpose of the inspector being in the designated centre. The resident did have some verbal communication but also used objects of reference and pictures to communicate their wishes. For example, in the afternoon, they brought staff into the office and handed them the keys for the transport vehicle. They also used picture references to indicate where they would like to go and staff understood the request being made. This was facilitated and two staff members went out on the transport vehicle with the resident.

The fourth resident spent the day in their bedroom. Staff had explained to the inspector, that the resident's day-time routine was impacted by their sleep pattern. This was also an ongoing issue at home. The resident had not slept well the night before the inspection. The resident was checked regularly during the morning by staff but slept for the most part. When they awoke in the early afternoon they did not wish to meet with the inspector. Staff were observed to engage regularly with the resident but also respected their wish to remain alone in their room. The resident used vocalisations and guided staff to the bedroom door to indicate they wished to remain alone. As the inspector was leaving the designated centre at the end of the inspection, the resident had opened their bedroom door and was observed engaging with a staff member.

The design and layout of the designated centre along with the reduced number of residents at the time of the inspection facilitated the individual needs of each resident to be supported without adversely impacting on their peers. For example, the location of the bedrooms was remote from the communal areas. The day time activities did not appear to disturb the resident who was sleeping during the morning. This resident's own vocalisations while in their bedroom were not audible in the communal areas. In addition, the resident located in the bedroom closest to this resident was reported to not have been disturbed during the previous night and had a good night's sleep.

The designated centre was found to be warm and decorated in a manner to reflect minimal impact for the assessed needs of the residents with autism who were supported to attend for short breaks. However, while the person in charge had identified some maintenance works to be completed additional general maintenance issues were also identified during the walk around of the designated centre by the inspector. These included damage surfaces on furniture and fixtures. This will be

further discussed elsewhere in this report.

The inspector met with all of the staff on duty at different times during the inspection. Staff were observed to be very familiar with the assessed needs of the residents availing of short breaks at the time of this inspection. Their interactions were professional and respectful of the expressed wishes of the residents. For example, one resident was assisted to cut up their own food with minimal hand over hand support by a staff member. Another resident was observed smiling and responding to staff members when they understood what activity they wanted to do. The inspector was informed all staff had attended training in Human rights. This was also evidenced in the discussions with staff supporting the will and preferences of residents attending for short breaks. Staff also provided the inspector with a copy of an easy-to-read story that had been created by the staff team. "Charlie comes to Robin Hill " was developed to assist children and their family representatives to prepare for their short break in the designated centre. It contained pictures of a toy named Charlie in different parts of the designated centre, such as sitting on the swing in the garden, in one of the bedrooms and in the kitchen. The staff found this was a useful resource to help prepare the children in advance of their stay, in particular when the children were new to the service.

During 2022 the staff team and the provider had identified a need to prioritise children to attend during the summer months when the schools were closed. The adult groups were supported to attend regularly throughout the year, with the last adult group availing of a short break in June 2023. Adults and children attended in groups separately, with emergency admissions only being facilitated if the age profile matched the group scheduled to attend at that time. The inspector was informed that the scheduling of short breaks was co-ordinated by the person in charge and social worker. The compatibility of residents was a vital part of this process. Planned breaks were usually scheduled for the calendar year ahead in November of the previous year. Residents and/or their family representatives were informed of the planned short breaks dates available to them and there was also scope for ongoing review. There was also the possibility of additional short breaks being offered if there were cancellations by residents. The person in charge outlined how the service had remained opened, albeit in a reduced capacity at times, during the COVID-19 pandemic, prioritising those whose assessed needs required ongoing supports.

In summary, the findings of this inspection found residents were provided with care and support from a dedicated staff team. There were adequate resources available to support the assessed needs of those availing of the service. There was evidence of ongoing monitoring and oversight. However, while audits were being completed some findings were repeated such as residents' finances not having a second staff signature as required by the provider's policy and procedures. The general wear and tear of some fixtures and furnishings required further review. In addition, the documentation reviewed relating to fire drills did not provide assurance that staff were using the closest exits to them to support residents to safely leave the building in the event of an evacuation being required. Not all documentation relating to fire safety maintenance was available for review during the inspection in the designated centre. The inspector acknowledges that the provider did submit these documents

for review after the inspection.

The next two sections of this report will 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 provided.

## Capacity and capability

This was a purpose built, single storey building that provided short break respite services to both adults and children. At the time of this inspection a total of 93 residents were in receipt of short breaks. Of these 64 were children and 29 were adults. The provider had ensured that actions from the previous inspection by the Chief Inspector of Social Services in March 2022 had been adequately addressed.

The provider had ensured that an annual review and provider-led internal six monthly audits had been completed. However, the format being used by the provider for these reports was not reflective of being specific to the designated centre. In addition, the annual review completed in December 2022, referenced that the provider had satisfaction surveys in place with feedback provided, there were no further details included in the report. There was no documented consultation with residents or their representatives in the report. While the auditor documented that overall a good quality service was being provided areas for improvement had also been identified. These were found to have been addressed at the time of this inspection.

The internal provider-led audits had been completed on 28th-29th November 2022 and 22nd June 2023. This time-line was not six monthly as required by the regulations. These audits had identified some repeat actions that had not been adequately resolved. These included the documentation of residents meetings, which was an action from both of these audits. The auditor noted in June 2023 that the same information had been recorded in the previous three meetings and there was no feedback from the attendees. There was also an action which included the designated centre's fire book to be tidied up. This was found to have not been adequately addressed at the time of this inspection. In addition, on two consecutive financial audits completed in February and May 2023 a second staff signature was not always documented for residents finances as required by the provider's policy. On review of resident's finance records on the day of the inspection, the inspector observed some transactions did not have two staff signatures as required by the provider. The inspector acknowledges that the person in charge had documented and discussed the importance of the second staff signature at staff meetings which occurred approximately every six weeks. The most recent staff meeting had taken place on 7 July 2023.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over a total of two designated centres. They were supported in their role in this designated centre by a CNM. This CNM demonstrated during the inspection their awareness of their role and responsibilities and were familiar with the assessed needs of the residents. Duties were delegated and shared including audits, supervision of staff, review of personal plans and fire safety measures.

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had ensured there was a core staff team available to support the residents. Regular relief staff were available to cover gaps in the roster which included planned leave. The skill mix was reflective of the assessed needs of the residents attending and the statement of purpose. There were no staff vacancies at the time of this inspection. Staffing levels were reflective of the assessed needs of individuals and groups of residents in receipt of respite breaks. For example, all of the residents attending for a short break at the time of this inspection were supported by one-to-one staffing resources during the day.

The person in charge attended regular staff meetings in the designated centre. Additional input was also provided on occasions to support further learning to the staff team from members of the multi-disciplinary team at these meetings. The person in charge discussed findings and actions required from audits that had taken place in the designated centre. The person responsible to ensure the actions were completed and time lines were documented.

There was an actual and planned roster but it was not reflective of all staff working

in the designated centre. A staff member employed by the provider who attended to additional cleaning duties on one day a week was not reflected on the duty roster. This was discussed with the person in charge during the inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. The provider had a training co-ordinator who linked with the person in charge in advance of refresher training being required by the staff team. Training was scheduled for staff members by the person in charge. All staff had attended training in fire safety with a new staff scheduled to attend in the weeks after this inspection. All staff had completed training which included, safeguarding and managing behaviours that challenge. All staff had also completed training in Human rights. Further detail of these examples have been included in the "What residents told us and what inspectors observed" section of the report.

Additional training had also been identified as been necessary to support the assessed needs of the residents attending which included medication management. The provider had also commenced training all staff grades in the management of percutaneous endoscopic gastrostomy (PEG).

The person in charge had also ensured that all staff had been supported in line with the provider's policy on supervision and future supervisions were scheduled for the remainder of 2023. However, further review was required to ensure all staff consistently adhered to the provider's policies and procedures regarding the management of finances. While the issue of staff not ensuring that two signatures were documented had been identified by the provider and brought to the attention of staff at the most recent staff meeting, it was not evidenced on the day of the inspection as being consistently completed.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was maintained and contained all the information specified in Schedule 3: Information for residents.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had a clearly defined management structure in place. The provider had ensured the designated centre was resourced to provide effective delivery of care and support in accordance with the statement of purpose.

While the provider had completed an annual review and internal audits, the format used was not reflective of being specific to the designated centre. The annual review did not reflect consultation with residents or their representatives. The internal audits had been completed but not every six months and not all actions highlighted in the internal audits had been adequately addressed by the time of this inspection.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector had been informed in writing as required by the regulations of adverse events and quarterly notifications.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Staff were aware of the provider's complaints policy. Information in an appropriate format was available for residents within the designated centre.

The inspector reviewed the electronic format of complaints made in the designated centre since the previous inspection in March 2022. There was one complaint in September 2022 made by a family representative regarding the experience of their child while staying over-night in the designated centre. The person in charge spoke with the complainant and the issue was resolved to the satisfaction of the complainant with alternative services provided during the day time which better suited the assessed needs of the child.

Judgment: Compliant

## Quality and safety

The services being provided in this designated centre were to support a large number of residents both adult and children in small group settings. The provider and staff team supported five residents at a time, with the capacity to support one emergency admission, if required in-line with the statement of purpose. However, smaller groups were supported where required in-line with the assessed needs of individuals and the resources required to ensure their ongoing safety

The provider had measures in place to ensure the safety of all residents availing of short breaks in the designated centre. Each resident had a pre-visit correspondence form completed prior to admission. This provided up-to-date information relating to items such as preferred routines, current medications, food intolerance's and any changes to medical history since the last respite break. A member of the staff team linked with the resident and/or family representative in advance of the short break commencing to ensure the most up-to-date information was available to enable an enjoyable respite break for the resident. All residents' personal plans were reviewed at the beginning of the calendar year. This review process involved the resident themselves, family representatives and the staff team. Updated information was documented which included for example, likes and dislikes, current mobility status, medical issues and if assistance was required with medication management or food preferences. The inspector reviewed five personal plans (a mix of adults and children) which had been subject to review at the start of 2023 and more recent reviews were also documented reflective of the assessed needs of the resident.

The provider had introduced an electronic format of retaining this information. All staff had received training and had access to the system. Information relating to each resident was readily available. Staff were required to electronically admit each

resident to the bedroom where they were staying on each short break. This ensured their personal file was available and the file was removed once the resident was discharged at the end of their respite break. This was demonstrated by the person in charge to the inspector during the inspection. The provider still retained hard copies of personal care plans and contracts of care at the time of the inspection but the inspector was informed future plans would see a move towards electronic formats of all documentation.

As previously mentioned in this report the provider's internal auditors had identified that the designated centre's fire file required to be tidied up on the previous two internal audits in November 2022 and June 2023. While checklists were found to be typed as per part of the action, not all up-to-date documentation relating to fire safety maintenance was available for review. There were documents relating to fire safety maintenance dating back to 2018. However, not all of the fire equipment safety checks completed by an external person competent in fire safety for 2022 and to date in 2023 were available for review on the day of the inspection. The inspector acknowledges that the person in charge ensured these documents were submitted for the inspector to review in the days following this inspection. In addition, not all repair works completed to fire doors were documented as being resolved. Documents reviewed indicated that issues relating to the porch door were awaiting review by maintenance department. However, the issue had been resolved. The issue was initially reported on 17 February 2023 and was repaired on 20 February 2023. Subsequent repairs had also been completed but were not accurately reflected in the weekly fire door records reviewed by the inspector.

Due to the assessed needs of the residents availing of respite breaks, staff outlined the rationale for the use of silent drills to support residents to evacuate during planned fire drills. A minimal staffing fire drill had been completed by staff with five residents on 3 June 2023. This drill provided details of the exits used by staff to assist residents to leave the building. However, on review of all drills completed during 2023 the main exit used was the front door. The details of the location of some residents provided in these drills indicated some were in communal areas or bedrooms which had closer exits available. There was also no details of a scenario of where the potential fire may have begun for staff to consider the nearest safe exit available to them. This was discussed with the person in charge during the inspection. All residents had a personal emergency evacuation plan (PEEP) which was subject to review prior to the commencement of a short break. The document was available in an electronic format for staff and reflected information to assist the effective evacuation of each individual such as information for staff if a resident would not evacuate the building. The inspector also observed the casing unit of an emergency light was loose and not fitting correctly in one of the bedrooms during the inspection.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate

in accordance with their needs and wishes. Staff were aware of the individual communication supports required by residents. This included the use of mobile phones, electronic tablet devices, objects of reference and pictures. Over 75% of staff had completed training in sign language and the remaining staff were scheduled to complete this training at the time of this inspection.

Judgment: Compliant

### Regulation 11: Visits

As residents attended for short breaks, visits to the designated centre by visitors did not usually take place. This was also reflected in the responses reviewed in the completed resident questionnaires. Residents stated they did not wish to have any visits during their short breaks and enjoyed engaging in activities with the staff team. However, the design of the building did facilitate private space if a resident did wish to have a visitor.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge had ensured residents were supported to retain control of their personal property and possessions. In addition, residents were supported to manage their financial affairs in-line with their expressed wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in-line with their assessed and changing needs. For example, sufficient staff resources were available which enabled residents to partake in activities in-line with their expressed wishes without adversely impacting on other residents engaging in other social activities.

Judgment: Compliant

## Regulation 17: Premises

The premises provided was seen to be clean, homely and well furnished. It was designed and laid out to meet the assessed needs of those availing of short breaks which included ample sized communal rooms such as a conservatory and sitting room.

However, in addition to general maintenance issues identified on internal audits by the provider in advance of this inspection, there were a number of areas that required further review following the walk around of the designated centre during the inspection. These included damaged surfaces to some fixtures such as a bathroom door which had evidence of water egress and a number of door stoppers were observed to be broken and ineffective for the purpose for which they were intended. Some of the kitchen units and worktops had evidence of wear and tear. A review of storage facilities in the utility and staff changing rooms required further review as a number of items were being stored on these floors.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents. Food preferences were known and documented by the staff team. Residents were observed to be offered choice and meals were freshly prepared at times that suited each individual during the day.

The person in charge had ensured that each resident was provided with adequate quantities of food and drink. The CNM was monitoring safe food practices which included ensuring food temperatures were consistently being recorded by staff prior to serving food to residents. In addition, the CNM was also overseeing the menu options for residents. All staff had attended training in food safety in January 2023 which had been identified in the provider's internal audit in November 2022 as an action.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. This included a picture book developed by the staff team for children to

explain all about the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk. Centre specific risks had been subject to regular review by the person in charge. The most recent review taking place in July 2023. There were no centre specific escalated risks at the time of this inspection. Controls were in place to reduce the likelihood of an adverse outcome for residents. These included centre-specific infection prevention and control training for staff and keypads on exit doors to ensure the safety of residents and reduce the risk of a person leaving without the knowledge of staff.

Individual risk assessments were also subject to regular review and at the commencement of a short break. These included the requirement for safety equipment such as bed rails.

The inspector was informed that the provider had also identified specific risks relating to the organisation and was working towards addressing a number of escalated risks at the time of this inspection. These included services being provided by the organisation, recruitment and retention of staff.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. This included ongoing oversight by the person in charge, regular audits and an updated contingency plan reflective of actions required to support the residents to remain safe in this designated centre. Each shift had duties clearly assigned daily with an additional staff dedicated to weekly cleaning duties once a week for approximately four hours.

However, further review of cleaning schedules was required to ensure all areas of the designated centre were subject to regular and effective cleaning. For example, dust build-up was evident on the extractor vent in the staff en-suite facilities. There was also evidence of excessive debris on the head of the kitchen sweeping brush at the time of the inspection.

The inspector observed during the walk around that staff were unable to effectively clean a number of floor spaces in the designated centre. For example, due to the

storage of items on the floor in the utility room. The inspector also observed damage to the floor surface in the play room where a unit had been removed. Damaged surfaces including tiles behind the cooker adversely impacted on the effective cleaning of the surface. The inspector acknowledges this had been identified as an action prior to this inspection and was awaiting resolution by maintenance department.

The person in charge had ensured a damaged bin was removed from the laundry room during the inspection. The storage of cleaning equipment in the laundry room was also discussed during the inspection. A clean and used mop head were observed to be stored together in one of the colour coded buckets. While there was adherence evident by staff to the provider's colour coding of equipment further review was required to ensure the safe storage of unused cleaning equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were completed which included daily, weekly and monthly checks. However, not all the required documentation relating to the most recent checks on the emergency lighting and fire alarm by a person competent in fire safety were available for review at the time of the inspection in the designated centre. These were provided for review after the inspection.

While regular fire drills were taking place in the designated centre, staff did not always demonstrate adherence to the fire evacuation plan to use the nearest exit during an evacuation. In addition, the absence of staff being given a scenario of where the fire may be located did not provide assurance that the safest route was taken during each drill. It was unclear if staff were crossing the site of a potential fire when regularly using the main front door as the point of exit.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. The provider ensured there was input from the multi-disciplinary team, (MDT) as required. A planning meeting at the start of each short break with each of the residents ensured activities were organised which reflected individual preferences and interests. Residents were supported with independence in life skills in conjunction with input from family

representatives to ensure consistency in supports being provided to assist residents to attain personal goals. Each resident had a key worker who supported them to access their personal plan in an accessible format.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident, in conjunction with their family representatives. The staff skill mix ensured the medical and healthcare needs for each resident were effectively supported both by day and night during their respite breaks.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured all staff had up-to-date knowledge and skills to respond to behaviours that challenge and support residents to manage their behaviours. There had been a recent review of the restrictive practices within the designated centre by the person in charge and MDT which resulted in a reduction in some restrictions. This included the replacement of beds to low profile resulting in some residents no longer requiring bed rails.

The person in charge had also completed the Health Information and Quality Authority self-assessment questionnaire on restrictive practices in June 2023. The provider was aware that there was not an oversight committee in place. This had been identified as a risk by the provider. While awaiting the development of such a committee the provider had ensured restrictive practices were subject to review at the provider's manager's monthly meetings in addition, to ongoing review at the staff meetings in the designated centre.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. At the time of this inspection no risks were identified by the provider relating to the safeguarding of residents. Information was available in easy-to-read format and discussed as resident meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured residents were supported to engage in meaningful activities either within the designated centre or out in the community. Residents were supported with adequate staff resources to exercise choice and control in their daily lives.

The provider had measures in place to ensure the ongoing privacy and dignity for all residents during their time in the designated centre. This included support plans for personal and intimate care. Blinds were in place on bedroom doors were viewing panels were not required to be used to ensure the safety of the resident in the bedroom at that time.

All residents had adequate storage space available to store their personal belongings. Residents were also provided with information in an appropriate format relating to advocacy and their rights.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Robin Hill Respite House OSV-0003285

Inspection ID: MON-0031830

Date of inspection: 08/08/2023

## 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: PIC has addressed this by including staff assigned to complete cleaning duties to be included on the roster.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has addressed this with staff that they adhere to WIDA policy regarding management of Finances, CMN will monitor weekly that same is being completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The format currently being used is being reviewed by senior management and it will be updated to be specific to WIDA and centre specific. The review will include consultation with residents and their representatives, This Audit will be completed every six months.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: PIC has discussed with maintenance area that require addressing. Maintenance is following up. Bathroom door that had evidence of water egress, door will be fitted with appropriate fittings to rectify damage, all door stoppers will be replaced. Kitchen worktop and where wear and tear evident will be replaced by appropriate fitting. Additional storage will be installed in staff changing area.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  PIC has addressed this with staff who provides additional duties, this will be monitored by PIC/CNM that dust is removed from fan in keeping with cleaning schedules. Purchase of new sweeping brush and dust pan as required to be replaced, Additional shelving being provided by maintenance to prevent items being on the floor so staff can effectively clean floor space. Additional storage for staff changing room and utility will be installed.  Play room floor, damaged area will be repaired by maintenance. Tiles will be replaced by maintenance.  Storage of clean mops will be separated and a designated area for storage of clean mops will be provided.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has introduced a form which will reflect different fire evacuation scenarios and the safest route to be taken during each fire drill to be documented.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/08/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	07/09/2023
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	16/10/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/10/2023
Regulation	The registered	Substantially	Yellow	30/12/2023

23(1)(e)	provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Compliant		
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/12/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	16/10/2023

	healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	07/09/2023