



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

Issued by the Chief Inspector

Name of designated centre:	Bayview Respite Service
Name of provider:	RehabCare
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	03 November 2021
Centre ID:	OSV-0005886
Fieldwork ID:	MON-0027076

About the designated centre

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

Bayview Respite Service provides respite services to adults and children with Autism, intellectual disability and/or physical and sensory disabilities. The centre is located in a rural area close to a nearby town. Children and adults will be supported on alternating weeks. The adults range in age from 18-65 years old and children range in age from 9-18 years old. The centre is a two-storey building. The ground floor consists of four bedrooms and two bathrooms, two living rooms and a kitchen diner with a utility, store room and toilet adjacent. The rooms on the first floor consist of two bedrooms, one bathroom and office area. The service operates from Monday - Friday from 16.00 to 09.30 for adults and 14.00 to 09.30 for children. This is a nurse-led service. Residents have access to a range of amenities in the local community including a playground, GAA facility, horse riding, swimming and shops.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 - 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 3 November 2021	09:30hrs to 16:45hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

Residents in this centre received a good quality service and were supported to engage in activities that they enjoyed. Staff were knowledgeable on the residents' needs and preferences.

The centre provided respite care to a number of individuals within a geographic location. The respite needs of residents and their families were assessed by a respite co-ordinator. A specified number of respite nights per year were allocated based on this assessment. The centre provided a service to adults and children, however adults and children were not onsite at the same time. On the day of inspection, four adult residents were finishing their respite and moved out of the centre that morning. The centre was cleaned and set-up to welcome children who were availing of the service that evening. Three children moved into the centre on the afternoon of inspection to commence their respite stay. Throughout the inspection, the inspector adhered to public health guidance on the prevention of infection of COVID-19.

The centre consisted of a two-storey house a few kilometres outside of a large town. There were four bedrooms downstairs, one bedroom upstairs for residents' use, and a bedroom for sleeping night staff. Two bedrooms downstairs shared an en-suite with a wet room shower and had tracking hoists in the ceiling. Another bedroom had a standard step-in shower in its en-suite. The main bathroom downstairs had a wet room shower. There was another bathroom upstairs that had a standard step-in shower. In addition, the centre had a sitting room with a large, new, comfortable couch. The kitchen-dining room was bright and spacious. There was a sensory room, staff office, utility room with laundry facilities, a WC and store room for household chemicals. Another store room was located upstairs. This room was kept locked and this will be discussed later in the report. The house was clean and welcoming. It was in good decorative and structural repair. Photographs of residents engaging in social activities were displayed in the hall. Posters were also on display to celebrate a resident's recent birthday. The inspector noted that, after the adult residents moved-out, the house was set-up with toys, soft furnishings, play-mats and artwork that was more appropriate for the children who were moving-in later that day. Outside, the grounds were very well maintained. There was a children's play area with a swing set, slide and rubber mats. There was a large fence that enclosed the back garden with a gate on either side of the house. There was a padlock on the gates that were locked or remained open depending on the needs of residents. This will be discussed further in another section of the report. The front and back doors were accessed via steps and ramps. There were plans to refurbish the ramps and access to the house.

The inspector met with four adult residents on the morning of the inspection and with three of the children who were staying in the centre that evening. When asked about their time in the centre and how they felt about the service provided, all residents reported that they were happy in the centre and enjoyed their time there.

They said that the food was good. Some residents talked about the food that was prepared in the centre and the takeaways that they enjoyed while on respite. They reported that they liked their bedrooms. All residents reported that the staff were nice and one resident said that they were 'excellent'. Residents chatted about their interests and the activities that they engaged in while at the centre and at home. Residents appeared very relaxed and comfortable in the house. Staff engaged with residents in a warm and friendly manner. Staff were knowledgeable on residents' daily lives and families and chatted about familiar topics with residents. Staff were observed supporting residents to engage in activities that they enjoyed in the house; for example, watching their favourite videos on a tablet computer or engaging in artwork.

The inspector also spoke to two family members of two different residents. One family member visited the centre on the day of inspection and one family member spoke to the inspector on the phone. Both reported that they were very happy with the service provided in the centre and were very complimentary of the staff. They reported that they were happy that their family members were safe while at the centre. They said that their family members enjoyed going to the centre and were very excited when a visit to the centre was coming up. They found staff were approachable, that they would be comfortable raising any issues with the staff, and that there was open communication between staff and families. As this was an announced inspection, satisfaction questionnaires were issued to residents and their families in advance of the inspection. Three of these were returned to the Health Information and Quality Authority (HIQA). The information in the questionnaires were in line with the feedback given to the inspector by residents and families; they were very satisfied with the service provided at the centre.

Residents' rights were upheld in the centre. The inspector observed staff offering choices to residents and respecting these choices. Residents were supported to make choices in relation to their food and activities. Residents reported that their rights were respected, including their privacy and dignity.

Overall, the inspector found that residents in this centre enjoyed their time and the activities that they engaged in. Staff used their knowledge of the residents to help support them to engage in activities of their choosing and in activities that they enjoyed.

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

Capacity and capability

The governance and management of this centre ensured that residents received a safe and person-centred service. There were clear lines of accountability and

measures to provide oversight of the service. However, not all incidents that should have been reported to the Chief Inspector had been completed in line with the regulations.

The inspection was facilitated by the person in charge who was very knowledgeable on the needs of residents and the requirements of the service. The person in charge had good oversight of the day-to-day running of the centre. There were clear reporting relationships in the centre and within the service as a whole. Audits were completed on a regular basis. The audits were completed by the person in charge and also delegated to a number of team leaders. The audits examined a range of areas. Some audits were focused on the administrative duties associated with the delivery of the service; for example, documentation reviews in relation to safeguarding, incident reporting, complaints. Other audits were more person-specific, for example, an audit of residents' personal plans, medication management. The provider had completed annual reviews and six-monthly unannounced reviews in line with the regulations. Issues identified on these reviews were uploaded to a central system and specific actions plans and target dates were set to address the issues.

A review of the incident management system in the centre showed that not all notifiable adverse incidents had been reported to the Chief Inspector in line with the regulations. For example, a mandatory notification had not been submitted in relation to a member of staff who presented with symptoms of COVID-19 while on duty.

The staffing arrangements in the centre were adequate to meet the needs of residents. The person in charge reported that respite stays were planned six-weeks in advance. The number of residents who could be accommodated in the centre at any one time depended on the residents' needs and the number of staff required to support them and ensure their safety. Nursing support was available at all times in the centre. Staff received supervision and team meetings occurred monthly. There was a planned and actual roster in the centre. The person in charge had access to the human resource files for all staff that contained their documentation as outlined in Schedule 2 of the regulations. Staff training was largely up to date. Where refresher training was required, this had been identified and plans were in place to access training courses.

A review of residents' written admission agreements clearly outlined the terms and conditions of residency in the centre. These agreements had been signed by residents or a family member and a representative on behalf of the provider. There was also an emergency admission policy in the centre that outlined when a resident could avail of emergency respite care.

Overall, the centre was well managed and the provider had good oversight of the service. Measures were in place to ensure the quality of the service but further improvement is required in relation to the submission of mandatory notifications to HIQA.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. The person in charge had very good knowledge of the residents' needs and the requirements of the service to meet those needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were adequate to meet the assessed needs of the residents. Nursing support was available at all times in the centre. There was a core team in the centre who were familiar to residents. There was a planned and actual roster in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was largely up to date in mandatory areas that were identified by the provider. Where refresher training was needed, this had been identified by the person in charge and there were plans in place to provide this training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good oversight of the service through routine audits, annual reviews and six-monthly unannounced audits. Issues identified were added to a central system with actions plans and specific time frames. There were clear lines of accountability and reporting relationships in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written agreements that outlined the terms and conditions of their residency. They were signed by residents, or a member of their family, and a representative from the provider.

Judgment: Compliant

Regulation 31: Notification of incidents

While relevant notifications had been submitted to the regulator in relation to certain adverse incidents, it was noted that not all adverse incidents had been reported to the Chief Inspector in line with the regulations.

Judgment: Not compliant

Quality and safety

The residents attending this centre were in receipt of a good quality, person-centred service. Residents' safety was protected in this centre. When required, residents were supported to manage their behaviour. However, not all restrictive practices had been identified, assessed and reported by the provider.

Residents in the centre had an individual assessment that outlined their needs as it related to the service. These assessments were updated by the residents' named key workers in advance of each respite stay. Key workers contacted family members of residents to see if there had been any changes in the residents' needs since their last stay in the centre. The person in charge maintained links with other services that supported residents in their daily lives; for example, day services and schools. This provided further information that supported the residents' needs assessments and personal plans. The health, social and personal needs of residents were outlined in the personal plans. Staff were knowledgeable on the residents' needs and preferences.

The centre itself met the assessed needs of residents. The house had equipment that supported residents with varying mobility needs. There was adequate space for residents to spend time alone or together. The person in charge reported that an assessment had recently been completed by an occupational therapist in relation to the accessibility of the house. This assessment had identified that the ramps leading to the house needed refurbishment to ensure that they could be more easily used by residents who mobilise with a wheelchair. This had been escalated to higher management in the service and there were plans to address this.

As outlined above, residents' rights were upheld in the centre. Residents could engage in activities of their choosing and this was supported by staff. Access to a

vehicle also meant that residents could access the wider community and engage in social activities outside of the centre, for example, going to the cinema, pub, beach.

Residents' safety was protected. Residents were protected from the risk of fire. Fire drills were routinely carried out under different conditions and there was evidence of learning from these drills. Equipment for the detection, containment and fighting of fire was routinely serviced by an external fire company. Staff training in fire safety was up to date for most staff and there was a date for fire training for other staff in the near future. There were individual evacuation plans for residents that fully assessed the risks associated with an evacuation of the centre in case of emergency. An evacuation plan for the centre included measures to ensure the residents safety outside of the centre. Residents were protected from the risk of infection. The centre was clean and a review of documentation showed that cleaning schedules and enhanced cleaning schedules were carried out routinely. The provider had a plan for the management of a case of suspected or confirmed COVID-19.

The provider had taken measures to ensure that residents were protected from abuse. Staff were up to date on their safeguarding training. Safeguarding incidents were reported and escalated. Preliminary screening was completed when any incidents of concern arose and reports submitted to the relevant agencies as required. The person in charge planned respite services based on the needs of residents and the staffing required to protect their safety. Compatibility between residents was assessed before offering respite placements and some residents were offered individual respite care if needed. Where residents needed support to manage their behaviour, this had been identified by the provider and a behaviour support plan was drawn-up with the input of a behaviour support therapist. Staff were knowledgeable on the strategies to be used when supporting individuals with their behaviour. For some residents, this required the use of certain restrictive practices, for example, locking doors on cupboards, into rooms, gates. It was noted that not all of these restrictive practices had been identified and assessed by the provider. For example, the store cupboard upstairs and cupboards in the sitting rooms were always locked. This had not been identified as a restrictive practice by the provider. In addition, the locking of side gates where residents were at risk of absconding had not been identified or reported to the Chief Inspector. It was also not clear that practices had been assessed to ensure that they were the least restrictive and used for the shortest duration of time. For example, the door into the entire utility room was locked in order to stop some residents accessing one cupboard.

The service in this centre was safe and tailored to the needs of the residents. The service was person-centred and supported residents to engage in activities that they enjoyed. However, further improvement is required in relation to the identification, assessment and reporting of restrictive practices.

Regulation 17: Premises

The premises was adequate to meet the assessed needs of residents. There was adequate private and communal space. The provider had identified areas that required improvement and there were plans in place to address these issues.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The provider had a plan in place to support residents and staff to self-isolate in cases of suspected or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good systems in place for the detection, containment and fighting of fires. An external fire company routinely checked these systems. The drills were simulated under different conditions and learning from the drills was recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual assessments that were reviewed regularly. The assessments included information in relation to residents' health, personal and social needs. The information was available in an easy-to-read format with picture supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans that were devised with the input of a behaviour support therapist. Staff were knowledgeable on the strategies employed to support residents to manage their behaviour. However, the provider had not identified and assessed all restrictive practices in the centre. As a result, these had not been notified to the Chief Inspector. In addition, restrictive practices in use in

the centre were not always the least restrictive practice used for the least amount of time.

Judgment: Not compliant

Regulation 8: Protection

The provider promoted the safety of residents in this centre. Staff were up to date on safeguarding training. Safeguarding was a standing item on team meeting agendas. Adverse incidents had been escalated and reported to the relevant agencies.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. Residents were offered choices and these choices were respected by staff.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bayview Respite Service OSV-0005886

Inspection ID: MON-0027076

Date of inspection: 03/11/2021

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none">• PIC has reviewed the HIQA Notification Handbook and staff team have been advised to review same, this will be completed by 07/12/2021.• There has one been notifiable event since the Inspection - PIC has submitted a NF02 Form on 23/11/2021 and will continue to submit as per HIQA Regulations.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none">• PIC has liaised with the Behaviour Therapist with regards to unapproved Restrictive Practices identified in this Inspection, approval for these will be assessed on 17/12/2021. As part of this process consideration will be given to the needs of all Residents not just those who require the restriction.	

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 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.	Not Compliant	Orange	07/12/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	07/12/2021

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.	Not Compliant	Orange	17/12/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	17/12/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	17/12/2021