



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 2
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	01 April 2021
Centre ID:	OSV-0002388
Fieldwork ID:	MON-0028287

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Thursday 1 April 2021	10:00hrs to 17:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

Throughout the course of the inspection, the inspector adhered to Public health guidelines and infection control procedures. The inspector used personal protective equipment (PPE), and carried out the inspection from mostly one space in the centre, ensuring physical distancing measures were adhered to at all times during conversations and interactions.

On the day of inspection no residents were present in the centre. Due to the ongoing COVID-19 pandemic, and to ensure adherence to Public health guidelines, the provider had taken the decision to provide this respite service on a reduced capacity basis. In light of this the inspector sought feedback from residents through the completion of feedback questionnaires.

A sample of feedback forms were provided to the inspector for residents that had recently availed of a respite break. Questionnaires received had been signed by residents and mentioned they had enjoyed their stay and had got on well with their peers. Some mentioned they would have liked to attend activities in the community such as bowling. However, due to ongoing restrictions such activities were not available to the general public. Residents mentioned they had enjoyed going on bus trips, eaten takeaway meals and had appreciated the choice they were given in how they spent their day.

As there were no residents present on the day of inspection, the inspector took the opportunity to carry out a visual inspection of the premises. Overall, it was observed the provider had ensured residents were afforded a pleasant environment during their respite stay. The premises was a large, single story bungalow style building with large communal spaces which could support residents with mobility aids.

Residents were provided with a private bedroom during their stay, equipped with a wardrobe and hand-washing sink. Residents were also provided with two living room space options, equipped with flat screen TVs in both. Throughout, it was observed the centre was well ventilated, warm and comfortable with lots of natural light throughout. Comfortable seating options were available in the foyer and living room spaces in the centre also. Bathrooms in the centre were spacious and provided adaptations to support residents requiring additional supports during personal care.

A well maintained, secure garden area was located to the rear of the centre with potted plants and a large trampoline. Suitable parking spaces were available to the front of the centre. It was also noted the centre had recently successfully fund-raised to secure a transport vehicle for the centre which would support residents to engage in community based activities and go for trips during their stay.

In summary, based on the feedback from residents and what the inspector observed, residents using this respite service were experiencing a good quality of service provision. This was due to the large, purpose built premises provided to

them during their stay, enhanced transport options and a stable, motivated staff team that supported residents. Some improvements were required however, in a number of areas to improve compliance with the regulations and bring about a higher standard of quality service provision in the centre.

Some areas throughout the premises required refurbishment to ensure residents were afforded the most optimum experience during their stay. The inspector observed some areas of the premises required repainting and flooring in areas required replacement.

While there were a low number of documented restrictive practices for the centre, the inspector did note that a number of restrictions were in place that had not been identified as such and therefore had not been reviewed through the providers' restrictive practice oversight committee. For example, the inspector observed bedrooms in the centre were supplied with hand-washing sinks, however, the water to these sinks was turned off due to a risk of residents forgetting to turn off taps after using them. This restrictive practice had not been identified as such and therefore it was not demonstrated it was the least restrictive option.

In addition, further improvements with regards to the management of behaviours that challenge were required to ensure staff working in the centre were provided with appropriate guidance and support planning to meet the needs of residents requiring such supports.

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 residents living in the centre.

Capacity and capability

Overall, there were management systems in place to monitor the quality and safety of the care and support provided to the residents. Some further improvements were required to ensure local auditing measures, carried out by the person in charge were enhanced. While there had been a considerable drive to improve staff refresher training in the centre prior to the inspection, there remained gaps in a number of areas.

There was a clearly defined management structure in place. The centre was managed by a full-time person in charge who reported to a Service Manager, who in turn reported to a Director of Adult Services. The person in charge was responsible for the management of this designated centre only.

The person in charge was appointed in their role on a full-time basis and were a clinical nurse manager (CNM2). They were found to have the required management experience and qualification to meet the matters of Regulation 14 and the role of

person in charge.

There was evidence of regular provider quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. These audits included the annual report 2020 and the provider unannounced six-monthly visits as required by the regulations.

Provider-led quality assurance audits identified areas for improvement and action plans were developed in response to these audits. In addition, the person in charge also engaged in operational management auditing of the service provided in key areas, for example medication management and restrictive practice oversight. While, local audits were in place some improvement was required to ensure they were comprehensive in scope and would provide the person in charge with a process to ensure personal planning for residents was up-to-date in particular. Approximately 110 adult residents availed of respite services in this centre. This meant the person in charge had a considerable remit to manage in terms of personal planning for residents.

While it was demonstrated that the person in charge and staff had made arrangements to update residents' personal plans, which would address an action from the previous inspection; the inspector noted there continued to be gaps in the information within those plans. For example, in some instances the plans referred to supports provided to residents while they attended their day services. This is further discussed in the Quality and Safety section of this report.

At the time of inspection, the person in charge had created a personal planning checklist to ensure each personal plan had the required information. While this was a positive initiative by the person in charge, it did not constitute a quality assurance audit which ensured the plans that were in place were relevant to the respite specific needs of residents, up-to-date and reviewed as required. This required improvement.

There were systems for the training and development of staff. The inspector reviewed staff training records and noted there had been a considerable drive to ensure staff had received refresher training in mandatory areas prior to the inspection. While this was evidence of improved staff training arrangements for staff, further improvements were required to ensure all staff had received training to maintain their skills.

An action from the previous inspection in relation to supervision arrangements for staff, had been satisfactorily addressed. All staff had received a supervision meeting with the person in charge in line with the provider's supervision policy and procedure time-lines.

Regulation 14: Persons in charge

The person in charge was full-time in their role and had the required experience and

qualifications to fulfill and meet the matters of Regulation 14.

Judgment: Compliant

Regulation 16: Training and staff development

It was noted there remained some gaps in refresher training for staff in first aid, positive behaviour support, manual handling, medication management and fire safety.

The person in charge had addressed an action from the previous inspection. All staff had received up-to-date supervision meetings with the person in charge.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was evidence of regular provider quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs.

These audits included the annual report 2020 and the provider unannounced six-monthly visits as required by the regulations.

The person in charge engaged in some quality assurance audit checks in the centre, for example medication management and restrictive practice audits. However, improvement was required to ensure these audits were comprehensive in scope.

For example, further improvements were required to ensure the person in charge had a quality assurance auditing framework for residents' personal planning. This was required given the large number of residents availing of the respite service.

Judgment: Substantially compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to residents. Improvement was required in relation to the management of residents' behaviour support needs and the oversight and monitoring of restrictive practices in the centre. Some further

improvements were also required in relation to personal planning and aspects of the premises.

The inspector reviewed a sample of residents' personal plans. As discussed, approximately 110 adult residents availed of respite services in this designated centre. An action from the previous inspection of this centre in 2019 had identified improvements were required to ensure residents' personal plans incorporated the required information to guide staff in the support of residents during their stay in respite.

The person in charge had undertaken to update and populate all required information into residents' personal plans following on from that inspection. On this inspection it was noted enhanced information was now available in residents' personal plans. However, further improvement was required. While residents' plans contained relevant information to reflect their assessed needs, they frequently referred to the day service setting residents availed of and did not consistently demonstrate support guidance that reflected their presenting needs while in respite. This required improvement.

Where required, residents had positive behaviour supports in place. However, as referred to, these plans in some instances discussed the support requirements of residents while in their day service setting. Improvements were required to ensure residents' behaviour support needs during their respite stay had been appropriately assessed by a suitably qualified person with positive behaviour support planning in place to guide staff in how to support residents.

The person in charge maintained a restrictive practice register. Each documented restrictive practice had been reviewed by the provider's positive approaches management group. However, improvements were required. While the person in charge had created a register of restrictive practices it did not reflect all restrictions in place in the centre. For example, not all environmental restrictions in the centre had been captured.

There were systems in place to safeguard residents. At the time of inspection there were no active safeguarding plans at the time of inspection. Staff had received mandatory training in safeguarding vulnerable adults with refresher training also provided. Staff spoken with demonstrated a good understanding of safeguarding procedures and policies.

Intimate care planning detailed supports required by residents to ensure their independence as much as possible while maintaining their privacy, dignity.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills addressing an action from the previous inspection.

Overall, it was demonstrated there were good fire and smoke containment measures in the centre. Some improvement was required to ensure residents' personal evacuation plans were updated following fire evacuation drills to ensure they were

reflective of the evacuation supports required for residents during their respite stay.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There were infection control guidance and protocols for staff to implement while working in the centre.

The inspector reviewed COVID-19 contingency plans for the centre. While it was demonstrated these were in place some further improvement was required to ensure they were comprehensive in scope. During the course of the inspection, the person in charge made some further revisions to the centre contingency plan to ensure it outlined the response that would be implemented for all possible scenarios. As this was addressed during the course of the inspection compliance was found for Regulation 27: Infection Control.

Overall, the provider had ensured residents availing of this respite service were provided with a suitable environment with accessibility aids and large communal spaces to accommodate all mobility aids and requirements for residents. There was a good standard of cleanliness throughout and comfortable communal and private space options for residents to use during their respite stay.

Some premises improvements were required to ensure the centre was maintained in it's most optimum condition. The inspector noted there were some areas of the centre that required repainting and addressing cracked plaster work. Flooring in some bedrooms required replacing where the lino had ripped.

The inspector reviewed if an action from the previous inspection relating to medication management had been addressed. It was noted residents' medication administration charts now had up-to-date photographs.

Regulation 17: Premises

Some premises improvements were required to ensure the centre was maintained in it's most optimum condition.

- The inspector noted there were some areas of the centre that required repainting and addressing cracked plaster work.
- Flooring in some bedrooms required replacing where the lino had ripped.
- A radiator in a bathroom was noted to have visible rust in parts.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19.

There were infection control guidance and protocols for staff to implement while working in the centre.

Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection.

The centre was supported by the provider's internal COVID19 management team and had access to support from Public Health.

A COVID-19 centre specific contingency plan was in place and reviewed by the person in charge during the course of the inspection to ensure it was more comprehensive in scope.

Judgment: Compliant

Regulation 28: Fire precautions

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

There was evidence of regular fire evacuation drills addressing an action from the previous inspection.

Some improvement was required to ensure residents' personal evacuation plans were updated following fire evacuation drills to ensure they were reflective of the evacuation supports required for residents during their respite stay.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed if an action from the previous inspection relating to medication management had been addressed.

It was noted residents' medication administration charts now had up-to-date photographs in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had undertaken to improve residents' personal plans to ensure they contained information relevant to their assessed support needs.

While residents' plans contained relevant information to reflect their assessed needs, they frequently referred to the day service setting residents availed of and did not consistently demonstrate support guidance that reflected their presenting needs while in respite. This required improvement.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

While residents' requiring behaviour supports had plans in place these required review to ensure they reflected residents' behaviour support needs while staying in respite.

A number of behaviour support plans reviewed referred to residents' behaviour presentation in their day service setting and the support guidance for staff to follow in that setting. This did not ensure staff working in this respite centre had adequate information and guidance in how to support residents in this setting. This required improvement.

While the person in charge had documented a number of restrictive practices, not all restrictive practices implemented in the centre had been captured and documented in this register. For example, in some instances residents required specific garments under their clothes, head wear or all-in-one clothing to manage personal risks. These restrictions had not been identified in the restrictive register for the centre and it was not clear if these restrictions had been reviewed by the provider's restrictive practice oversight committee.

Some environmental restrictions in place were not the least restrictive option. Sinks in residents bedrooms were not fully operational as the water supply to them had been shut off in order to manage the risk of flooding or slips/trips and falls. This restrictive practice had also not been referred to the provider's restrictive practice oversight committee for review.

Judgment: Not compliant

Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults with refresher training provided and in date.

Staff spoken with demonstrated a good understanding of safeguarding vulnerable adults policies and procedures and had also completed children first safeguarding training.

Staff were knowledgeable of the designated officer for the centre.

No active safeguarding plans were in place at the time of inspection.

Resident admissions to the centre were based on a compatibility framework to ensure they were appropriately safeguarded during their stay.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Respite 2 OSV-0002388

Inspection ID: MON-0028287

Date of inspection: 01/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All outstanding online training has now been completed by all staff. The remainder will be completed once in- person training recommences. All training records are reviewed on a monthly basis to identify any needs and MRT will be discussed at staff meetings.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The IT Dept. in St Michael's House, in conjunction with the respite team, are developing a quality assurance auditing framework to ensure an efficient, review and renew system will be in place to monitor the regular updating of service user files and personal plans.</p> <p>A meeting with the Quality and Standards Manager has been requested to support this.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The radiator covers in the bathroom have been replaced. Requests for funding have been made for plastering and repainting. Quotes have been obtained to replace all floors in bedrooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal evacuation plans will be updated to ensure they are reflective of evacuation supports for service users in respite.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Based on feedback and experience it has been agreed to develop a respite specific AON which will be completed by respite in consultation with the SU and all relevant stakeholders. • The organization identified that Respite services need to generate their own documentation and not rely on that forwarded from other parts of the service i.e day services. • Individual assessment and personal support plans will be updated to reflect the service user needs whilst in respite. • PIC has reviewed and assigned specific units/service users to each staff member to ensure that service user's files are reviewed and updated. 	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A review of positive behavior support plans is being carried out and all future PBS plans</p>	

will be respite specific.

A review of all restrictive practices has been carried out and support plans and risk assessments will be completed for same. A meeting to review all restrictive practices is arranged for 13.05.21 with SMH Positive Approach Monitoring Group.

Sinks in bedrooms will be removed – maintenance have assessed this work and it is progress.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/06/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/05/2021
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	31/12/2021

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/09/2021
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	Not Compliant	Orange	30/09/2021

	accordance with national policy and evidence based practice.			
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