



Office of the Chief Inspector

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

Name of designated centre:	Donabate Respite
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	28 May 2019
Centre ID:	OSV-0002388
Fieldwork ID:	MON-0022679

About the designated centre

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

The centre comprised of two six bedroomed units which were located in close proximity to each other. One of the units provided a respite service for children whilst the other unit provided a respite service for adults. The centre was located in a suburban town and was in close proximity to a range of local amenities and public transport. In total 110 adults and 56 children were accessing a respite service in the centre. No more than six adults and or six children accessed respite in the centre at any one time. Children and adults were accommodated separately in each of the units at all times. The composition of adult and children's groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. There is a small garden to the rear of each of the units for residents use. There was adequate communal space within the centre and each resident availing of respite had their own room for the duration of their stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 May 2019	09:30hrs to 17:30hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with three children and four adult residents who were availing of respite on the day of inspection. The inspector observed warm interactions between the residents and staff caring for them. None of the resident were able to tell the inspector their view of the service but they were observed to be in good spirits. Each of the residents had their own bedroom which was a comfortable space with adequate storage for their stay.

The children's unit had its own vehicle which was used by the children availing of respite to access the community and social outings. The adult unit had access to a vehicle which was shared with another centre but also had access to the children's unit vehicle when not required by the children availing of respite. The centre was located within walking distance of a range of local amenities and public transport which a number of the residents appeared to enjoy to use during their respite stay.

The 56 children availing of respite in the centre had a school placement which they attended and the 110 adults availing of a respite service were engaged in a day service. A prioritisation system was in place which determined the amount of respite allocated to each resident. Given the large numbers of residents availing of respite and based on the prioritisation scale, there were some residents who accessed respite on a relatively infrequent basis. The composition of adult and children's groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. This was reviewed at regular intervals at a monthly bookings meeting.

The inspector did not have an opportunity to meet with the relatives of any of the residents availing of respite in the centre but it was reported that families were happy with the service provided for their loved ones. An office of the Chief Inspector questionnaire had been completed by or on behalf of five of the residents living in the centre. These indicated that overall residents were happy with the quality and safety of the care which they received whilst availing of respite in the centre.

Capacity and capability

There were management systems and processes in place which ensured the service provided to residents availing of respite was safe, consistent and appropriate to their needs. There were some areas for improvement in terms of staff supervision arrangements.

The centre comprised of two six-bedded units located in close proximity to each

other. At the time of inspection, the provider had proposed plans to reconfigure the service so as to make each of the units standalone designated centres. Following consultation, it was agreed that the provider would submit to the office of the Chief Inspector, applications for the registration of each of the units as standalone designated centres.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been working with the provider, within the respite service for 22 years, with 20 of those years being in a management position. She was a registered nurse in intellectual disabilities and held a degree in nursing and a certificate in management. The person in charge held a full-time position and was not responsible for any other centre. She was supported by a clinical nurse manager two. In addition, she was supported by a whole-time-equivalent clinical nurse manager (CNM1) and two part-time clinical nurse managers (CNM1). Staff members spoken with, told the inspector the person in charge supported them in their role and promoted a person-centred approach to the delivery of care. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to a service manager who in turn reported to the director of children and support services. There was evidence that the service manager visited the centre at regular intervals. The person in charge and service manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of services and unannounced visits to assess the quality and safety of the service in both units as required by the regulations. There was evidence that actions were taken to address issues identified in these audits. However, the inspector found that reviews undertaken were not fully effective as they had failed to identify deficits in relation to personal plans detected on this inspection.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents availing of respite in the centre. The full complement of staff was found to be in place. A small number of regular relief staff were used to cover staff leave. The inspector reviewed a sample of staff files and found that they contained the information required by Schedule 2 of the regulations.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the provider's training department. Training records showed that staff were up to date with mandatory training requirements. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. The inspector reviewed a sample of supervision files and found they were of good quality. However, some

staff were not receiving supervision in line with the frequency stated in the provider's supervision policy. This meant that staff might not be adequately supported to perform their duties to the best of their abilities.

Regulation 14: Persons in charge

The person in charge had appropriate qualifications and management experience to meet the requirements of the regulations and to manage the centre to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, some staff were not receiving supervision in line with the frequency stated in the provider's supervision policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the governance and management systems in place promoted the delivery of a safe service. However, the inspector found that some reviews undertaken were not fully effective as they had failed to identify deficits in relation to personal plans detected on this inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts of care were reviewed and found to contain the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre were maintained and where required, appeared to have been notified to the Chief Inspector within the time-lines required in the regulations.

Judgment: Compliant

Quality and safety

Overall, the large numbers of residents availing of respite in the centre received care and support which was of person-centred and promoted their rights. However, areas for improvements were identified in relation to personal plans in place.

Residents' availing of respite in the centre received a good standard of care and support. It is a nurse led service with a staff nurse rostered on shift in each unit on a 24/7 basis. It was noted that a number of residents availing of respite had significant health needs and life-limiting conditions. Personal support plans had been put in place which outlined the support required for their personal development in accordance with their individual health, personal, communication and social needs and choices.

However, the centre was dependent on receiving up-to-date information from resident's day services or schools and residents' families. In some instances this information was not always forthcoming. It was noted that some specific plans and or guidance on file to meet individual residents identified health and or dietary needs had not been reviewed for an extended period. No formal review of personal plans, with the involvement of the resident and where appropriate their family representative, had been undertaken within the centre in the last 12 months. The effectiveness of plans in place were not formally reviewed as required by the regulations.

Residents were supported to engage in meaningful activities in the centre and within the community. Each of the 110 adult residents availing of respite in the centre were

engaged in a day service and each of the 56 children were engaged in a school placement. Activities that residents enjoyed over their respite stay included walks in local parks and beach, cinema, eating out and visits to a local ice-cream parlour. In addition, children availing of respite also enjoyed trips to a trampoline park, playgrounds and entertainment parks.

The centre comprised of two units. One of the units was used for children whilst the other unit was used by adults availing of respite. It was found to be homely, accessible and laid out to meet the aims and objectives of the service. It was in a good state of repair. Each of the residents had their own bedroom whilst availing of respite. This promoted the residents' independence, dignity and respect. There was adequate communal spaces available for residents within each of the units. A sensory room had recently been established in the children's unit which a child availing of respite was observed to enjoy using. There was a suitably sized back garden to the rear of each of the residential units which included seating areas. In addition, the garden to the rear of the children's respite unit contained a trampoline, swing, slide and play house for children's use.

The adults and children availing of respite were provided with an appetising and varied diet with a number of residents prescribed an enteral feeding regime. The timing of meals and snacks throughout the day were planned to fit the needs of the residents and their activity programmes. There was evidence that dietary guidance from allied health professionals for specific residents were being adhered to. However, as referred to above it was noted that some of the guidance adhered to did not appear to have been reviewed for an extended period.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. A local risk register was maintained as a contemporaneous document in the centre. Risk assessments outlined appropriate measures in place to control and manage the risks identified. An analysis of incidents occurring in the centre was undertaken on a regular basis to identify trends and learning for the staff team in order to prevent re-occurrences.

Overall, there were suitable fire safety arrangements in place. However, arrangements in place so as to ensure all of the residents who availed of respite were engaged in a fire drill at appropriate intervals required improvements. There was a fire safety policy, dated October 2016. A fire risk assessment had also been completed. There was documentary evidence that the fire alarm and fire fighting equipment were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Each resident had a personal emergency evacuation plan in place which adequately set out the mobility and cognitive understanding of the resident. The staff team had received appropriate training. It was noted that one staff member was overdue to attend refresher training but this training was scheduled. Records were maintained which showed that fire drills were undertaken at regular intervals. However, there

were limited processes in place to ensure that each of the residents availing of respite attended a fire drill at suitable intervals were appropriate. It was noted that a number of residents had not attended a fire drill for an extended period.

There were measures in place to protect residents from abuse and residents were provided with appropriate emotional and behavioural support. Intimate care plans were in place which provided sufficient detail for staff to meet residents intimate care needs. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual resident. The composition of adult and children's groups attending together for respite was influenced by peer suitability, age, dependency levels and gender mix. There was evidence that peer suitability was reviewed at monthly bookings and that peer groupings were changed if considered behaviours of specific residents could be better supported within a different group. Staff had received training to assist them in meeting residents behavioural support needs. A restrictive practice register was maintained in the centre with all restrictive practices being subject to regular review.

There were systems in place to ensure the safe management and administration of medications. However, it was noted on the day of inspection that photos of residents were not included on the prescription sheets of children availing of respite in one of the units. This was contrary to best practice in this area. Other processes for the handling of medicines were safe and in accordance with current guidelines and legislation. A medication management policy, dated October 2018, was in place. There was a secure cupboard for the storage of all medicines in each of the units. This is a nurse led service with a registered staff nurse on duty in each of the units 24/7 who is responsible for the administration of all medications. Each resident's medications were transported to and from the centre with the respective resident attending for respite. There were some systems in place to review and monitor safe medication management practices.

Regulation 17: Premises

The design and layout of the centre was homely and fit for purpose and reflected the layout as described in the centre's statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents availing of respite were provided with a nutritious, appetising and varied diet with a number of residents prescribed an enteral feeding regime. There was evidence that dietary guidance from allied health professionals for specific

residents were being adhered to.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were suitable fire safety arrangements in place. However, there were limited processes in place to ensure that each of the residents availing of respite attended a fire drill at suitable intervals were appropriate. It was noted that a number of residents had not attended a fire drill for an extended period.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications. However, it was noted on the day of inspection that photos of residents were not included on the prescription sheets of children availing of respite in one of the units.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, the centre was dependent on receiving up to date information from resident's day services or schools and residents families. In some instances this information was not always forthcoming. It was noted that some specific plans and or guidance on file to meet individual residents identified health and or dietary needs had not been reviewed for an extended period. No formal review of personal plans with the involvement of the resident and were appropriate their family representative had been undertaken within the centre in the

last 12 months. The effectiveness of plans in place were not formally reviewed as required by the regulations.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from abuse.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Donabate Respite OSV-0002388

Inspection ID: MON-0022679

Date of inspection: 28/05/2019

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>The PIC has completed a schedule for each staff supervision and will ensure that each staff receives supervision in line with the providers supervision policy.</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 PIC and service manager have agreed a new system to ensure an annual review will be completed for all service users. This will ensure all assessments, support and personal plans are in place to provide effective, safe, quality care during their stay in respite.</p>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

Fire safety and evacuation routes are discussed with each service user when they arrive in respite. In addition fire walks will now be completed with all service users during their break. The PIC has completed a data base to record which service users have attended a fire drill. The PIC has highlighted those residents that may require additional supports during an evacuation.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Photographs of residents are now included on the MAS of children availing of respite.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The PIC and service manager have agreed a new system to ensure an annual review will be completed for all service users. This will ensure all assessments, support and personal plans are in place to provide effective, safe, quality care during their stay in respite.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2019
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2019
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	Substantially Compliant	Yellow	31/08/2019

	aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	11/07/2019
Regulation 05(6)(a)	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 multidisciplinary.	Not Compliant	Orange	31/12/2019
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	Not Compliant	Orange	31/12/2019

	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.			
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 frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/12/2019
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.	Not Compliant	Orange	31/12/2019

