



Office of the Chief Inspector

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

Name of designated centre:	Thurles Respite Service
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	13 March 2019
Centre ID:	OSV-0002658
Fieldwork ID:	MON-0022486

About the designated centre

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

Thurles respite service is a designated centre located in Co. Tipperary which affords a respite service to four adults at a given time. The service is provided to adults over the age of eighteen, both male and female, whom present with an intellectual disability. The centre is funded to provide 182 nights a year, with additional funding required should nights exceeding this be required. The centre's staffing levels are received and altered depending on the needs of the individuals availing of respite. Whilst on respite service users are encouraged to participate in a range of social and community activities. Supports required for each individual are set out in an individualised personal plan with an emphasis on maintaining the person's independence.

The following information outlines some additional data on this centre.

Current registration end date:	17/08/2019
Number of residents on the date of inspection:	0

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
13 March 2019	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

Views of people who use the service

Service users were not present on the day of inspection as the centre was not operational on the day. A number of service users completed questionnaires' prior to and post the inspection to ensure the inspector was aware of their views of the service provided during their respite break. Service users were also afforded the opportunity to contact the inspector if they chose to do so.

All responses to the questionnaires were positive in nature. Individuals expressed that they enjoy their respite break including the activities which they could participate in such as bowling, going for a cup of coffee and the cinema. All responses stated that they felt safe in the centre and knew who they could speak to if they had a concern or a complaint.

Staff members spoken with on the day of inspection articulated a clear understanding to the needs of the service users and spoke of them in a very respectful manner.

Capacity and capability

Thurles respite service presented as a service where the registered provider demonstrated high levels of compliance. Through a clear governance structure and effective monitoring systems both at organisational and centre, service users were afforded with a safe, effective and person-centred respite break. The capacity and capability of the provider ensured that when availing of the service users were afforded a holiday like experience. Some improvements were required in the area of staff supervision to ensure that this level of compliance was maintained.

The registered provider had ensured the allocation of a clear governance structure within the centre. A suitably experienced and qualified person in charge reported directly to the person participating in management. A number of governance duties were also delegated to a team leader. Members of the governance team articulated a clear knowledge and understanding to the needs of the service users. They also articulated areas which required improvements and were actively engaging in measures to address these.

This awareness was facilitated through effective organisational and centre level monitoring systems. Effective systems were in place for the implementation of an annual review of service provision and unannounced visits to the centre by a delegated person. Reports were generated following both reviews, which incorporated the developed of a time bound action to ensure any identified issues

were addressed in a timely manner. Service users and their representatives were also consulted to ensure that their needs and values were incorporated in the reports. The person in charge and team leader also had effective systems in place to maintain the oversight of service provision including medication and health and safety audits

The registered provider had ensured that the allocated number of staff to the centre possessed the necessary skill mix and qualifications to meet the assessed needs of the service users. It was the appointed duty of the person in charge and team leader to complete formal supervisory meetings for these staff members. This system required improvements to ensure supervisions were implemented consistently and in accordance with the organisational policy. In the event of one of the appointed personnel being absent a system was not in place to follow through on supervisions. A number of relief staff were allocated to the centre and completed a number of shifts also in other designated centres. No system was in place to ensure that these individuals received effective supervisions and that any identified concerns or issues were communicated between centres.

The person in charge had ensured that staff had access to appropriate training, including refresher training. Where training was required this had been identified by the person in charge and training had been scheduled. Whilst awaiting completion of training a risk assessment had been completed with any additional control measures required in place to ensure the safety and well being of all was promoted.

The registered provider had ensured that all admissions to the centre were implemented in line with the procedures set out in the statement of purpose. Prior to admission to the centre, service users were afforded the opportunity to visit the centre. A written agreement was in place which was signed by the service user and/or their representative. This agreement set out the service to be provided during their stay and any fees which were to be incurred.

Whilst the registered provider was actively ensuring that policies and procedures on the matters set out in Schedule 5 of the health act were reviewed and reflected current best practice, improvements were required to ensure that this information was relayed to staff. A number of policies which had been reviewed had not been presented to staff and remained to be disseminated.

Registration Regulation 5: Application for registration or renewal of registration

Whilst the registered provider had applied for renewal of registration of the centre this was not implemented in a timely manner.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced individual to the role of person in charge. The person in charge was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff within the centre was appropriate to the assessed needs of the service users.

A planned and actual rota was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required to ensure that all staff allocated to the centre were appropriately supervised in line with organisational policy.

The person in charge had ensured that staff had access to appropriate training, including refresher training.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Through the appointment of a clear governance structure and implementation of effective organisational and centre level monitoring systems, the registered provider had ensured measures were in place to provide a safe effective service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All admissions to the centre were implemented in line with the statement of purpose. Prior to admission each service user agreed in writing the service to be provided including the fees to be incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in schedule 1 of the health act.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured the notification to the chief inspector of all notifiable events within the specified time frame.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured suitable arrangements were in place in the event of the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints procedure was in place within the centre. This procedure was communicated to service users, staff and representatives through an organisational policy. Policy was also displayed in a prominent position in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Whilst the registered provider was actively ensuring that the policies and procedures set out in schedule 5 of the health act were in place and reviewed accordingly, improvements were required to ensure that staff were in receipt of the most up to date version.

Judgment: Substantially compliant

Quality and safety

Thurles respite service presented as a designated centre which afforded service users with an enjoyable respite break. Through participation in meaningful activities individuals expressed their enjoyment is coming to the centre and looking forward to their next break. Participation in service user meeting on admission to the centre ensured that all were consulted in the operation of the centre. Individuals were afforded the opportunity to discuss that they felt safe and heard, and staff ensured they know whom they could speak to regarding any issues or concerns they had. They were supported to make choices about their break and staff ensured all supports were afforded in a dignified manner whilst maintaining the individual's level of independence.

Each service had a comprehensive and individualised personal plan which was developed 28 days post admission to the centre. This plan ensured that staff were afforded with clear guidance on the supports which were to be afforded to each resident in a dignified manner whilst maintaining their independence. Staff members ensured to contact family representatives prior to each admission to ensure that all information was up and accurate to the service users current needs. Individualised personal plans were multi-disciplinary in nature and included guidance from a range of disciplines including speech and language and occupational health. Some improvements were required to ensure that meaningful goals reflective of the

individual's needs and wishes were developed as part of the plan review process.

Whilst availing of a respite break service users were supported and facilitated to participate in a range of meaningful activities. On arrival to the centre, a service user meeting ensured that all service users were consulted with respect to the operation of the centre during their break. This included discussing which activities would be enjoyable for all. Service users were also supported to participate in chores and skills which they enjoyed including food preparation and laundry.

As part of this service user meeting a fire evacuation drill was also completed to ensure that individuals had an awareness of the evacuation process from the centre in the case of an emergency. This evacuation was utilised in conjunction with daily and weekly fire checks to ensure that the fire safety management systems within the centre were effective. All fire safety systems for example emergency lighting, fire doors and the fire panel were serviced in line with best practice by a competent person.

Risk was managed well within the centre. The registered provider had ensured effective systems were in place for the on-going assessment, management and review of risk. Through the development and review of a risk register the person in charge and team leader ensured that control measures were in place to minimise the impact and occurrence of the risk. Where applicable individualised risk assessments were implemented to ensure staff were aware of these risk and the measures in place to maintain the safety and well-being of all.

The registered provider had ensured that effective systems were in place for the receipt, storage, administration and prescribing of medicinal products. Supports afforded to service users were reflective of their individual assessed needs with assessment completed to determine the level of independence in the area of medication storage and administration. Supports required were clearly set out in personal plans. This guidance also incorporated healthcare concerns. Service users were encouraged to understand and manage their healthcare concerns in a safe manner.

The centre presented as a warm homely environment. Service users were afforded the opportunity to personalise their room arrival. A welcome note was present in each room, expressing for the service user to enjoy their stay, with spare toiletries also present in the room. The centre was clean and well maintained throughout. However, due to an unpleasant odour, a toilet downstairs required review to ensure sufficient ventilation and sewage disposal measures were in place.

Regulation 13: General welfare and development

Service users were supported and facilitated to participate in meaningful activities of their choice whilst availing of respite within the centre,

Judgment: Compliant

Regulation 17: Premises

The premises presented as warm, clean and tastefully decorated. Overall, it was well maintained both internally and externally. However, due to an unpleasant odour, a toilet downstairs required review to ensure sufficient ventilation and sewage disposal measures were in place.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide with respect of the designated centre and ensured a copy was available to all service users

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured effective measures were in place for the identification, management and ongoing review of risk within the centre. An organisational policy was in place which provided guidance for staff in the area of risk management including the four specific risks identified under regulation 26.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. This included effective measures for the detection and containment of fire. Staff members implemented regular monitoring of fire safety systems to ensure that this were effective and in working order.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that effective systems were in place for the receipt, storage, administration and prescribing of medicinal products. Supports afforded to service users were reflective of their individual assessed needs.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each service user had a person centred individualised personal plan which provided staff with clear guidance on supports required. This plan was multi-disciplinary in nature.

Some improvements were required to ensure that meaningful goals reflective of the individual's needs and wishes were developed as part of the plan review process.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that as required service users were supported to received appropriate health care supports. Guidance for staff was clear and concise.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that service users were protected from abuse. An organisational policy in place ensured that staff and service users were provided with clear guidance on procedures to adhere to should a concern arise.

Clear guidance was available where required to ensure that personal and intimate care was provided in a dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured the centre was operated in a manner that was respectful to the rights of the service users. Service users were consulted in the operation of the centre 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Thurles Respite Service OSV-0002658

Inspection ID: MON-0022486

Date of inspection: 13/03/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • All future registration applications will be submitted in a timely manner. The service will aim for a submission date of two weeks in advance of the actual date requested by HIQA. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Going forward all staff will supervised on a quarterly basis in line with the Rehab Group's Policy on Staff Supervision. In the event that a Team Leader is on extended sick leave in future, a plan will be put in place so that the PIC will conduct the supervisions with care workers. The supervision schedule will be monitored by the PIC to ensure supervision happens quarterly. Every staff member including relief will have had a supervision session by 30/06/2019. • Staff from other services doing occasional relief work in Thurles Respite Service will be supervised in their regular services on a quarterly basis, PIC will monitor same. 	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>On the day of inspection there was a problem with an updated policy not being available on Sharepoint. This policy had been printed off with errors. This was completed by 13/03/2019. The PIC will ensure the service has in place the most up to date polices and all policy updates are notified to staff team and printed off, read and acknowledged accordingly.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • It was discovered the issue related to the toilet seat rather than ventilation. Toilet seat has been replaced and this problem is now been resolved. Completed by 30/04/2019. 	
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"> • A revision to the admission/discharge form has been completed to include an area for service users to list their goals for the upcoming respite break, and an area to state whether the goals have been addressed satisfactorily. This will ensure goals are meaningful and reflect the individual needs and wishes. This was completed by 30/04/2019. • Keyworking and house meetings will continue to provide a foundation for goals to be identified and progressed on a longer-term basis. 	

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/03/2019
Regulation 04(2)	The registered	Substantially	Yellow	13/03/2019

	provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Compliant		
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/04/2019