



Office of the Chief Inspector

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

Name of designated centre:	Laois Respite/Family Support Service (Adults & Children) - Area K
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	29 April 2019
Centre ID:	OSV-0002725
Fieldwork ID:	MON-0020885

About the designated centre

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

This centre is a large bungalow on the outskirts of a small rural town. It provides residential respite services to both children and adults on alternate weeks and endeavours to provide a home from home experience to all individuals who use respite. The centre sits on a large site with ample parking to the front and is surrounded by a number of garden areas, such as a sensory garden, a children's play area and an area of lawn. In addition, an external building is used as a well appointed sensory room. There is capacity for five individuals at any one time with five spacious bedrooms. There is a large open plan kitchen, diner and a small sitting room with an additional large living area which can be used as a playroom according to the needs of individuals at a given time availing of respite services.

The staff in the respite centre are committed to ensuring that as far as possible an individual experiences continuity of their daily routine such as going to school or going to work or day services. Respite services are viewed in the centre as a means of providing individuals the opportunity to develop new relationships and experiences while maintaining existing ones.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
29 April 2019	08:30hrs to 16:30hrs	Tanya Brady	Lead

Views of people who use the service

There were children availing of respite on the day of inspection and the inspector met with two children over the course of the day. One of the children was present in the evening, after a day in school and was seen to relaxing in the living room watching some television and a member of staff was keeping them company. The atmosphere was relaxed and the young person was at ease in their surroundings and familiar with the member of staff turning to them for reassurance when the inspector entered the room.

The other young person met the inspector prior to going to school and on their return in the afternoon. This resident was seen to enquire which staff would be working that day and to be supported in locating relevant photographs to place on the fridge and clear information was given regarding who would be present in the centre on the return from school. Staff were observed to use Lámh (a manual signing system) signs to support residents understanding and to use consistent gestures and routine to further support engagement in everyday tasks.

Where a resident was hesitant to have their hair done the staff ensured to use a favourite doll as a model and to clearly outline what was happening. The inspector was included in play with the doll and in observing the television and the children in respite on the day of inspection were seen to be familiar with the centre and to be comfortable with all staff on duty.

Capacity and capability

Overall the inspector found that the registered provider and the person in charge were monitoring the quality of care and support for residents in this centre for both adults and children. There were clear lines of accountability and authority and clearly defined management structures in place.

There was an annual review in place the most recent one having just been completed and available for the inspector to review. There were unannounced visits to the centre by the provider or their representative and these were happening on a six monthly basis. The reports were reviewed by the inspector and were found to be detailed with clear actions outlined that were assigned to an identified person with a clear time line for completion. The registered provider ensured these documents were continuously reviewed until such time as all actions were marked as completed. It was noted that goals arising from these reviews showed progression over time from report to report which had a positive impact on the residents staying

in this centre.

There was a range of audits being completed including but not restricted to, resident finances, information and resident care plan reviews, medication, care plan, and equipment audits. There was evidence of follow up and completion of actions following these audits. Staff meetings occurred every six weeks and the person in charge was seen to arrange these on days when there were no residents in respite so all staff were available to attend. Resident care and support needs were seen to be central to the purpose of meetings and were central agenda items for both staff and management meetings. Meetings with residents were seen to take place at the start of each respite stay in a format that was appropriate to the group and individuals scheduled to stay.

The inspector found that the residents who were staying in respite on the day of inspection were relaxed and at ease with the staff who were present. The person in charge and the staff team remained current in their knowledge of areas of interest and issues of concern for residents despite some residents only staying in respite a couple of times a year. The inspector viewed an actual and planned rota for the centre which accurately reflected the staffing arrangements. As expected in a respite service there was variation week to week in who was in the centre. As a result the registered provider had ensured that the core staff team was experienced and each staff shift had at least one nurse present. The residents planner was also viewed by the inspector and this identified who would be in the centre at least a month in advance and the person in charge demonstrated flexibility in planning for staffing arrangements with the residents needs at the core of the rota. No volunteers were working in this centre however there may be student nurses assigned to the staff team on occasion.

On reviewing the training records all staff had completed training and refreshers in line with the residents assessed needs. All staff were involved in identifying additional training in line with residents specific needs. Staff were in receipt of regular formal staff supervision from the person in charge who in turn was supervised by the area manager.

All individuals who avail of respite have a contract in place that outlines the service that will be provided and also all charges that may be incurred. These were reviewed by the inspector and were current, they are reviewed routinely by the person in charge every three years and are signed by the resident where possible, their next of kin and a representative of the registered provider. The registered provider also utilised an admission pack for residents and their next of kin for each stay in respite. This comprised of a series of checklists including lists of possessions and clothes, food/dietary requirements among others, and guidelines on supporting a resident in the transition into their stay.

In addition the inspector reviewed the directory of residents who use the respite centre and found it to be up to date and to contain all required information. The registered provider had a clear system in place using information from the directory of residents and admissions to track how the respite service was used and to guide

it in ensuring it was meeting the needs of those who stayed in this centre.

The inspector reviewed the accident and accident log in the centre and noted that not all notifications to the office of the chief inspector were made within the appropriate time frame however the record of all incidents in the centre was current and detailed.

Regulation 15: Staffing

The registered provider ensured that there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. The actual and planned rota in place was accurate and maintained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were supervised appropriate to their role and their education and training needs were up to date and continuously reviewed.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents is up to date and contained all information as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability. An annual review of the quality and safety of care takes place and is used to develop the service; in addition to the six monthly unannounced visits that were in place as required.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each individual staying in this centre had a written contract in place for the provision of services and were supported by a clear suite of documentation contained in an admissions pack.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all notifications were submitted to the Office of the Chief Inspector as required.

Judgment: Not compliant

Quality and safety

The inspector found that overall the quality of the service provided to the individuals who stayed in this centre was good. The individuals met by the inspector were being supported in a person centred manner in keeping with their assessed needs and preferences. A review of some individual plans showed this to be the case for other individuals who stayed in the centre both adults and children. The registered provider ensured that the residents continued to access their familiar ongoing activities such as school or day services while also providing new experiences with a range of people who may be different on each stay in respite.

At the beginning of a stay in respite an informal meeting or conversation was held at which residents could set goals for their time in respite; agree meal times and routines such as requesting a lie in on weekend mornings. It was apparent and reinforced by the residents that they were consulted regarding their own choices for their stay. There was however a working area in a corner of the kitchen, which meant that resident information was potentially visible to all and this was not adjudged to be in keeping with ensuring resident privacy.

The centre presented as a warm and homely environment which suited the needs of residents. The decor had been selected to be neutral as this centre was utilised by adults, adolescents or children, however residents were encouraged to bring in personal items if they wished and there were photo montages of residents engaged in outings or events displayed on the walls. There were a number of small areas of damp that had occurred during a recent storm however the providers maintenance department was present to repair these on the day of inspection. Outdoor areas were subdivided to ensure provision of both age appropriate recreational facilities for children to use for play and relaxing sensory spaces for both adults and children

when staying in the centre.

The inspector found that the residents had a comprehensive assessment of their needs and their individual plans were focused on participation and engagement while in respite. Individual care plans were in line with assessed needs and clearly guided staff to support individual residents. Daily routines from home were, where possible continued in respite to support familiarisation in the centre and additional activities were supported if requested. On the day of inspection a staff member who had been engaged in 'messy play' with the children had made 'slime' and used thickeners to ensure it was a safe consistency for a particular individual without drawing attention to them while ensuring full participation in the game.

The individuals who stayed in this centre for respite had access to medical and health care services if required. Staff ensured that any health care recommendations made for the individuals staying were put into practice and carried out where appropriate.

The inspector found that the registered provider and the person in charge were aware of how to promote a positive approach to behaviours that challenge. There was one resident currently accessing respite services requiring support in this area and plans were seen to be comprehensive and to clearly guide staff. Detailed protocols were in place to support residents in daily activities and in anticipating situations that may be challenging. There were no restrictive practices in use in this centre on the day of inspection.

The provider and the person in charge had systems in place to keep residents safe in the centre. Staff had received training in both safeguarding and Children First. Staff meetings were seen to have resident safeguarding as one of the standing items for discussion. Intimate care plans were present in an accessible format in each residents individual plans. The registered provider had ensured that a range of information was available to residents in a simplified or symbolised format and appropriate to the adults and children who stayed in this centre.

The communication skills of individuals in respite services were supported and respected by all members of the staff team. Communication support plans in addition to communication passports were in place as required. An audit of communication profiles was in progress on the day of inspection. Staff were observed to confidently use Lámh (a manual signing system) and to use photographs as a visual support alongside spoken communication in response to individual queries. In bedrooms the person in charge had a wall mounted visual timetable to support residents in understanding the concept of time and how long a stay in respite would be.

There was a risk register in place in the centre which was reviewed regularly by the person in charge. General and individual risks were identified, assessed and developed. However a number of individual risks, for example falls or manual handling that were no longer relevant for that individual had not been reviewed and closed. In addition the risk of lone working when out in the sensory room had not been formally reviewed with protocols in place, although core staff were aware of

risk and had self developed processes. There were clear systems in place to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and serviced regularly. Each resident had a personal emergency evacuation plan that was detailed and guided staff. Staff had completed appropriate training and fire drills were occurring although there was inconsistency in the detail of information recorded and insufficient detail on actions arising from drills and how they were responded to. It was not clear that all those who avail of respite were present for a least one drill annually. Drills were additionally occurring via one exit route only which was nearest the meeting point and not via the other exit doors in the centre.

There were policies and procedures in relation to medicines management and suitable practices in relation receipt, storage, and disposal of medicines. There had been a number of medication errors since the previous inspection which had been recognised. The inspector reviewed the management of these errors during the inspection and found that they had been appropriately managed including discussions relating to learning following incidents at staff meetings. Audits were completed regularly and there was evidence of review of incidents and changes made to practice .

Regulation 10: Communication

Residents were supported to communicate in line with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal space for children and adults and the physical environment was clean.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning

from adverse incidents. However not all individual risks had been closed as required and not all centre risks were identified and recorded.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. However there was incomplete information regarding the completion of actions that arose during drills. In addition there was no evidence that all residents had been involved in a fire drill and that all fire exits and possible exit routes were being trialled. Residents' personal evacuation plans were reviewed regularly.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate policies, procedures and practices relating to the receipt, prescribing, storage and disposal of medicines. Audits were completed regularly in the centre. There was evidence of learning in relation to medication errors and changes in practice as a result.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred with an assessment of need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

The individuals who stayed in this centre for respite had access to medical and health care services if required. Staff ensured that any health care recommendations made for the individuals staying were put into practice and carried out where appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where required residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour.

There were no restrictive practices in use in this centre.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents both for adults and for children and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right to make decisions, make their preferences known and be supported to achieve their own goals and wishes was actively promoted for each stay in the respite centre. However personal information and documentation was accessible in an area of the kitchen not ensuring privacy for residents.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Laois Respite/Family Support Service (Adults & Children) - Area K OSV-0002725

Inspection ID: MON-0020885

Date of inspection: 29/04/2019

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The service provider and the Person in charge will ensure that all incidents are notified appropriately to the authority.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A protocol has been developed regarding the use of the relaxation area which includes the management of potential risk relating to staff working alone in this location.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Current practice in place regarding fire safety has been updated to include 1. recording of the names of individuals involved in fire drill and 2. Exit door used for each drill. The PIC will ensure that drills are subject to audit to ensure as many individuals as possible have participated in a drill.</p>	

The Service Provider will ensure that all exit doors are accessible for wheelchair users.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To support understanding the PIC organised a GDPR information session as part of the local team meeting.

The PIC will ensure that all documentation relating to individuals is stored appropriately.

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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	12/06/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	12/06/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	19/07/2019

	management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	12/06/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	12/06/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is	Substantially Compliant	Yellow	12/06/2019

	respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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