



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

Issued by the Chief Inspector

Name of designated centre:	Offaly Respite/Family Support Service Area N
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	01 March 2021
Centre ID:	OSV-0002743
Fieldwork ID:	MON-0030929

About the designated centre

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

This centre comprises of a spacious four bedroom bungalow on the outskirts of a large town. It provides residential respite services to children and adults on alternating 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 an enclosed garden to the rear. There is capacity for five individuals at any one time but only if two choose to share one bedroom, otherwise four residents stay. There is a large open plan kitchen, diner and sitting room with four bedrooms, two of which are en-suite with a separate staff sleepover room. 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
Monday 1 March 2021	11:00hrs to 17:00hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with two residents on the day of inspection, albeit this time was limited. The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to avail of respite in this house and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

Residents with whom the inspector spoke, had limited vocabulary but good understanding of the spoken word. Both residents had just arrived in the centre for their two night stay. They were familiar with their surroundings and had a routine they followed on arrival in the centre. Both residents looked comfortable in the company of staff.

A significant amount of work had been undertaken to ensure the respite service met the needs of residents and their families. For example, one resident chose to be in the same room on each admission. Prior to COVID-19 this resident availed of respite with their friend. Their friend was not availing of respite during the pandemic but it was expected that both would enjoy the same respite break again once restrictions were lifted.

The centre was closed for respite for part of the previous 12 months. It was used instead as an isolation unit, when a suspected or confirmed person with COVID needed care. Whilst closed for respite, staff and the person in charge continued to be in contact with residents and their families. This support was valued by families and residents. It also maintained some level of continuity of service in challenging times. The person in charge was acutely aware that providing support for families was extremely important in ultimately supporting the resident. The provider and management at this respite house listened to families and residents and advocated on their behalf. For example, it was evident in the annual review that families were seeking more respite services. To this end the provider had worked and continued to work, with the Health Services Executive (HSE) to secure another house for children's respite services. Once this happens, the expectation is that Offaly Respite/Family Support Services Area N, would be a service just for adult respite.

Staff had identified the need for input from a specialist in communication. A staff member availed of specialised training in this area. Together with their knowledge and understanding of the needs of those with a disability and the staff member's skills in technology, residents were able to benefit from receiving expert support around their communication needs. This gave support to residents and staff, in understanding each residents needs.

The residents' care plans included words and gestures that residents used and their

meaning. This was helpful in staff understanding the resident's communications. Plans of care were set out with this knowledge and insight. The resident's morning and evening routines were well documented, thus facilitating as easy a transition as possible from the family home to respite services. Where appropriate, residents were assisted in the use of technology to aid their communications.

As an adjunct to the respite service, the provider and staff had identified the need for an outreach service. This was a bespoke service that supported people with a disability living in the community. It was led by the person in charge of the respite service as it catered for a similar cohort of residents to those who availed of respite. Some using the outreach service also availed of respite. This service provided family support and activities for persons using the service. It included overnight stays in a hotel (dependent of national public health guidance) for persons who needed support but not necessarily respite support. Again, this was characteristic of the close relationship the provider and staff had with families and how they understood their needs and advocated on their behalf.

Initiatives such as residents joining local community groups were curtailed due to the pandemic but the expectation was that these initiatives would resume once it was safe to do so.

All communication between resident and staff was seen to be friendly, respectful and convivial. It was clear both staff and residents knew each other well.

Staff spoke about the sense of family and community which characterised the centre and this was also evident in the manner in which the written documentation was recorded. Documentation was clear to read, was non judgemental in its tone and focused on placing the residents at the centre of all matters. Residents were central to all decisions.

In non COVID-19 times, residents enjoyed going to the cinema, dining out, going to local places of interest. Some of these activities had to be limited due to the ongoing public health situation. Much more time was spent on one to one interactions between residents and staff and the person in charge reported that residents particularly enjoyed this one to one time. The cohort of staff in the house had remained the same for many years thus they had a great understanding of residents and their families. This was a key factor in making the house a welcoming and it being a supportive place for residents to be.

Capacity and capability

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that

such care and support was in accordance with standards. Actions from this audit were addressed or in the process of being addressed. Completion dates and who was responsible for the action was recorded.

There were clear lines of accountability with the person in charge reporting to the Area Director who in turn reported to the Regional Director of Services. The Regional Director in turn reported to a management board. An on call system was in place 24/7 for staff who needed senior staff advice or assistance.

While the centre catered for no more than five persons at any one time, 30 adults and seven children used this service. There was significant work in organizing, managing and ensuring a high level of care was provided to all 37 users. The person in charge was also person in charge for another centre, and led an outreach project. The significant numbers of users of the respite facility made the role of person in charge particularly busy. The person in charge had many years of management experience and her enthusiasm for her job was evident. This facilitated her to be able to fulfil her busy schedule of duties and responsibilities.

Ordinarily the planning for respite admissions began several months prior to actual admission dates. However, due to the COVID-19 pandemic, some users of the service choose not to avail of respite. In addition, the service was closed for respite admissions for a period of time in 2020. Knowing the available dates allowed residents and their families to plan in advance and allow for the smooth running of the service. From time to time respite dates were cancelled and these were offered to other residents happy to avail of extra dates at short notice. In the planning process, cognisance was taken of grouping respite residents with their friends and people who they were comfortable sharing a house with. The experience of the staff and the management team was very important to the good planning of the service. The person in charge was very familiar with the needs and preferences of each resident and familiar with the type of respite arrangements that best suited each person. In so far as possible, every effort was made to accommodate these needs.

The provider agreed in writing with residents and their representative the terms on which residents resided in the centre. It included the support, care and welfare of the resident in the centre and details of the services to be provided for that resident. It also included the fees to be charged.

There was evidence from speaking with the person in charge and reviewing records that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. Up to date staff training records were available and a system was in place for staff to get refresher training on a regular basis. Staff with whom the inspector met, were skilled at understanding what brought joy to residents. This sense of contentment was palpable in the centre and in the enthusiasm shown by staff for the work they were involved in. It was also evident in the documented feedback from residents.

On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in

community activities, attend day services and take part in group activities such as going to local places of interest.

Incident and accidents were recorded. Analysis of this information was incorporated into the annual reviews of the service. This along with other information gathered, informed the ongoing focus on the quality of and safety of care and support.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. While this person was in charge of more than one centre, the inspector was satisfied that she could ensure the effective governance, operational management and administration of the designated centres. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. In particular the provider, in so far as possible, aimed to have to same cohort of staff working in the house as staff then became experienced at understanding the individual needs of residents, which helped to promote good quality care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. In addition staff were facilitated to complete specialised training in areas that were pertinent to providing a high standard of care to residents; for example in understanding behaviours that challenge, autism and epilepsy. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. Actions from this review were assigned a completion date and the person responsible for the action was named.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided. It also reflected the changes implemented due to COVID-19.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through the respite service and through the day service. A varied social evening programme was in place and it allowed for flexibility, depending on the residents preferences on any given day. Activities included going to the cinema (when public health guidance allowed for this), listening to music, visiting friends, shopping, going for walks. Residents also had access to a car and staff working in the centre had an appropriate license to drive the car.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished. Some respite users used technology to support their communications. There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans was updated at least annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident, be that music, medical care, shopping or dining out. The physical facilities of the centre were assessed for the purposes of meeting the needs of residents using the respite service. For example, all accommodation was at ground floor level and there was space to easily maneuver around the house. The premises was homely, well maintained and attractively decorated. Each resident had a choice to have their own room. In non COVID-19 times, some residents choose to share a room. Adequate bathroom facilities were available. When children were admitted for respite, the environment was made more child friendly with toy boxes and children's posters put in place. In the long term it was envisaged a separate children's only respite would eb made available and this house would become an adult only service. At the time of this inspection adults and children alternated their use of the service.

In general, residents did not attend the respite facility if they were unwell. Nonetheless, staff were aware of any underlying health care issues residents had. Medical attention was sought promptly as required.

Overall, risks were assessed and well managed. There was a culture of learning from incidents that occurred and a process for reviewing how each group of residents benefited and enjoyed their respite service. For example, if a cohort of residents didn't get on very well, accommodation was made to facilitate a different group mix at future respite admissions. In light of the ongoing pandemic and to ensure social distancing, no more than three (usually two) residents were accommodated at any one time.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment. Fire drills took place but the time of the actual drills was not always recorded. Effective systems were in place to evacuate residents who were reluctant to partake in fire drills.

Residents and family members were actively involved in the services they received. Residents were empowered to exercise their rights and their independence was promoted. Their choices were respected and accomplishments acknowledged. This approach to service provision resulted in a high standard of social care for residents. This was confirmed to the inspector by what the inspector observed, from what staff reported and via the documentation examined, including resident and family feedback.

Regulation 13: General welfare and development

Respite residents had access to facilities for occupation and recreation and in general viewed this centre as a holiday facility. Residents enjoyed the opportunities to participate in activities in accordance with their interests, capacities and

developmental needs. For example, residents used amenities, visited local coffee shops, shopped locally, went to the cinema and enjoyed the company of friends. These activities were adjusted due to COVID-19 and residents enjoyed more one to one time with staff.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair. The provider had made alterations to the premises to ensure it had accessible bathroom and toilet facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner. For example, the number of residents being accommodated at any one time reduced to ensure social distancing was possible.

Judgment: Compliant

Regulation 27: Protection against infection

Practices in relation to infection prevention and control were good. Staff were trained in proper hand-washing techniques.

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a regular basis. The facilities available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained. Daily, weekly, monthly and annual cleaning schedules were in place. The guidelines and record templates available to staff, provided clear guidance to ensure that cleaning and disinfection were at an appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place on a regular basis. The local fire emergency services were familiar with the layout of the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident from speaking with the person in charge that an individualised approach had been taken to assessing each resident's needs. Support was provided as needed to residents, in the context of the risk to them from COVID-19 or indeed the risk that they may inadvertently pose to others. The inspector viewed the individualised plans in place should a resident be suspected or contract COVID-19. These were succinct, specific to the resident and staff were familiar with the plans. Staff had been advised of the symptoms of COVID-19 and including the possibility of atypical presentation and the importance of detecting and reporting any variation from the residents normal baseline. Overall, care plans were written in a respectful way demonstrating much sensitivity and awareness of residents' needs.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these while the health of residents was regularly monitored by the nurse working in the service.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were trained in supporting residents with behaviours that may be challenging. A low arousal approach was implemented. Restraints were limited and were used primarily for safety purposes. For example, where lap belts were used it was to prevent a resident from falling forward.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from abuse. This included having written policies and the provision of training for staff. During the inspection residents were seen to be comfortable in the presence of staff. Systems were in place to ensure all resident finances were accounted for.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each resident and their families. This was confirmed via family feedback captured in the annual review. Residents were offered meal choices and room choices as well as choices in what (if any) activities they wished to engage in.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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	Compliant