



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

## Issued by the Chief Inspector

Name of designated centre:	Fernhill Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	13 and 14 February 2020
Centre ID:	OSV-0003338
Fieldwork ID:	MON-0023562

## About the designated centre

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

The provider describes the service offered as a four day and three night planned holiday respite break for adults, both ladies and gentlemen, aged 18-65 years with a physical and/or sensory disability in a community setting. Fernhill Respite House is a bungalow situated in a residential housing development, in close proximity to the local town centre. Each resident has their own bedroom, and share the kitchen, main bathroom and sitting room facilities. Respite breaks are offered to over 40 service users, and up to three people can avail of a break at any one time. There are usually two staff on duty, on a sleepover basis, this number being adjusted according to the needs of residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Thursday 13 February 2020	14:30hrs to 18:30hrs	Julie Pryce	Lead
Friday 14 February 2020	09:30hrs to 14:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

There were three residents availing of a respite break at the time of the inspection, and the inspector met them individually, and as a group over breakfast. As there were more than 40 people who had respite breaks in the centre throughout the year, the inspector also reviewed feedback forms which were completed by residents after each break.

Residents said that they saw their respite breaks as a holiday, and an opportunity for activities that they might otherwise not have the opportunity to engage in. Some residents had made friends with each other and stayed in contact between respite breaks. People said that the break contributed to their overall well being, and that they looked forward to them.

Various staff members were mentioned by residents as being particularly supportive to them, and were described as going above the call of duty. Activities were important to many residents, and a common theme was that residents felt lucky to have this facility available to them.

## Capacity and capability

The centre was effectively managed, with a clearly defined management structure in place and explicit lines of accountability and various governance processes to ensure the safety and quality of care and support to residents.

The provider had made arrangements to ensure that key management roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified, and there were appropriate arrangements in place to ensure that the absence of the person in charge would be managed without any impact on the residents.

The provider had put systems in place to identify and address areas for improvement. Six monthly unannounced visits had been conducted on behalf of the provider. There were regular audits of various aspects of care delivery, and actions from these processes were collated into a quality improvement plan. This plan was closely monitored and updated, and required actions remained active until completed. Regular meetings were held, both with the staff team and between local and senior management. Therefore there was effective oversight of the centre.

The provider had put systems in place to ensure the staff team could effectively meet the needs of residents. There was an adequate number and skill mix of staff to meet the needs of residents. Consistency of staff was managed by providing a a

core team of staff and by allowing flexible staffing hours in some cases to meet the needs of residents. Each resident had a key worker who managed their respite breaks, and liaised with families and day services. Staff were in receipt of regular training including all mandatory training. Supervision took place in an informal way on a daily basis, and there were regular, formal supervision meetings which staff reported as finding supportive and meaningful. A sample of staff files was reviewed, and all the required documentation was available.

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was clearly available, and any complaints were followed up and signed off when resolved, and the outcome outlined to the complainant by letter. Residents were also offered the opportunity to provide feedback following each respite break, and this feedback was monitored by the person in charge.

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and were appropriately supervised.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the

quality of care delivered to residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There was a clear admissions process, and a detailed assessment and review of each resident prior to each admission to the respite house.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure which was readily available, and residents knew who to approach if they had a complaint.

Judgment: Compliant

## Quality and safety

The provider had put arrangements in place to ensure that residents had enjoyable respite breaks, and that their health and social care needs were met whilst they were staying in the centre.

The respite centre was a spacious four bedroomed house, which was furnished and equipped to meet the needs of residents, including those with mobility issues. There were adequate private and communal areas, and sufficient storage space. There was a functional outside area, and two vehicles to provide transport to residents. However, one of the bedrooms to the front of the house was positioned so that any visitor had a clear view directly into the room, so that the privacy of residents staying in that room could not be ensured.

Fire safety practices and equipment were in place to ensure risks relating to fire were mitigated for the most part. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained and there were fire doors throughout. There was a personal evacuation plan in place for each resident. While regular fire drills had been undertaken, there had been no fire drill under night time circumstances so that the provider had not demonstrated that residents could be evacuated in the event of an emergency at

night.

While there were structures and processes in place in relation to risk management they were not always adequate. An overall risk screening checklist had been completed for each resident, and where risks were identified a detailed risk assessment and management plan was completed. However a risk to a resident due to a healthcare issue at night had not been adequately mitigated, and the management plan in place did not ensure the safety of the resident throughout the night. This was discussed with the person in charge who undertook to ensure that this risk was mitigated prior to the resident's next respite break.

There was a personal planning system in place, based on individual assessment and regular review. Assessments were conducted prior to a residents first respite stay, and were reviewed again prior to any subsequent stay so that any changing needs were met. These assessments and reviews were conducted by the house managers by way of a home visit to the residents. Information gathered during the assessment was included in the personal plans in relation to any interventions required by residents, together with any preferences or requirements, so that there was consistency between the respite service and the main care provider.

Whilst there was detailed guidance for staff in most areas of daily living, the information relating to intimate care needs lacked sufficient detail. There was some information available, but it was insufficient to ensure consistency of care, or that choices were respected.

Where residents required positive behaviour support there was detailed guidance in place which outlined any required interventions and included strategies to reduce the likelihood or severity of any incidents, together with required reactive strategies. Staff were aware of any required interventions, and could describe the steps they would take to ensure the wellbeing of residents.

There was an emphasis in the centre on ensuring that residents had an enjoyable respite break, and there were many and various activities available. Residents were supported to maintain any normal activities of their choice, but also to have other experiences if they so chose. Where possible residents were supported to have their respite breaks together with others that they were compatible with.

There was an emphasis in the centre of upholding the rights of residents. Residents were supported in choice making, and their respite breaks were organised in accordance with their preferences. There was evidence that staff advocated on behalf of residents, and examples of their support resulting in improved outcomes for residents.

Overall, each resident was supported to have an enjoyable and meaningful respite break which contributed to their overall wellbeing.

## Regulation 17: Premises



The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces, although the privacy of some residents personal space was at times, not ensured.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Systems and processes were in place to assess and mitigate identified risks, however one identified risk had not been adequately managed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated quickly in the event of an emergency during the day, however there was insufficient evidence that residents could be evacuated in a timely manner in the event of an emergency at night.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, based on a regularly updated assessment. However further detail was required in the sections on personal care.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support there was clear guidance in place, and staff were knowledgeable in about their roles in supporting positive behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld, and no rights restrictions were identified.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fernhill Respite House OSV-0003338

Inspection ID: MON-0023562

Date of inspection: 13/02/2020 and 14/02/2020

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The Respite Management has approached manufacturers for samples of material that could be used to add privacy to the formentioned bedroom. Costing will be procured &amp; a new blind/curtain will be purchased &amp; fitted to address the privacy issue.            Time frame for completion: 21.07.2020</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The Respite Manager has reviewed its risk assessment for the Individual. A new assessment and management plan has been developed. This plan details how the individual will be monitored throughout his stay within the centre, including listening for an Aura &amp; 30 minute night-time checks by the night staff. It also details what to do in the event of an emergency.</p> <p>The Respite staff updated their skills, by completing an Epilepsy Awareness training day on the 04.03.2020.</p> <p>The Individuals Community Disability Keyworker has also been informed and an MDT will be arranged with family to assess if the individual would benefit from the use of assistive technology to manage his medical condition.</p> <p>Risk Assessment and management plans will continue to be reviewed and monitored on</p>	

an ongoing basis.

Time frame for completion : 21.10.2020

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The Respite Management will facilitate a simulated nighttime fire drill evacuation when the social distancing restrictions due to Covid-19 infection have been lifted.

During this drill, the Night-time staff, will demonstrate the following:

- Staff members will assist a client who would be fully dependent using a ski-sheet to get to the assembly point.
- Staff will assist a client who presents as semi-independent with reduced mobility with either a return stander or wheelchair transfer to the assembly point.
- A staff member will guide a client just woken from sleep to get to the assembly point.

Time frame: 21.10.2020

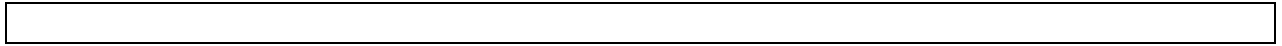
Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Respite Management has reviewed and updated the Center's Personal Care Policy. Going forward, each Individual client will be assessed to determine their requirements for assistance with personal hygiene and care. In each client file they will have their own individual "My Personal Intimate Care plan" which will outline their specific requirements. Respite Staff & Management will familiarize themselves with the policy & aim to have all plans completed with clients, in 1 year. The implementation of this policy will be monitored by the Respite Management with an audit of personal plans.

Time frame for completion: 21.04.2021



## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	21/07/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	21/10/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	21/10/2020



	event of fire, all persons in the designated centre and bringing them to safe locations.			
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	21/04/2021