



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

Name of designated centre:	Newbridge Respite Centre
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	09 May 2018
Centre ID:	OSV-0003448
Fieldwork ID:	MON-0022530

## About the designated centre

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

This designated centre is a respite centre for adults with primarily physical disabilities and can accommodate respite breaks for up to five adults at a time. The accommodation comprises of five wheelchair accessible apartments with an en-suite, bathroom, kitchen and patio area. The apartments are accessed internally from an enclosed corridor and externally from an open courtyard. There is a communal kitchen and sitting room, utility room, a laundry room, a reception area on entrance to main building, a staff bedroom and staff office, a quiet room (for staff), a general office, and three toilets, one of which is wheelchair accessible.

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

Current registration end date:	18/12/2019
Number of residents on the date of inspection:	3

## How we inspect

To prepare for this inspection the inspector or 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
09 May 2018	10:00hrs to 19:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

On the day of inspection there were three adults residing in the centre for a short respite break. The inspector met with the three adults throughout different times of the day. The inspector spoke with the residents in the privacy of their individual apartments and listened to their views.

The residents informed the inspector that they enjoyed their respite breaks in the centre and that they were very happy with the service provided to them.

Residents told the inspector that they knew who to go to should they have a concern or a complaint. One resident informed the inspector that they had recently put forward a complaint and that they felt assured it was being dealt with appropriately.

The residents stated that they received help and support, when required, from the staff and that they liked the staff very much and were very happy with the way they cared for them. One of the residents informed the inspector that he was happy that he was supported to attend mass every day during his stay.

The residents seemed content and comfortable in their environment and the inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

The inspector found that views from feedback and documentation from other residents who had availed of the respite services was very similar to the above. There was many positive comments about staff, about their stay and about the pleasant atmosphere in the centre. However, a number of residents had commented that they would of liked to been offered more activities while on their respite break and how the lack of transport inhibited their choices and in particular, when the weather was poor.

## Capacity and capability

The inspector found that the registered provider was effective in assuring that a good quality and safe service was provided to residents. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who they were accountable to. The inspector saw that most of the actions from the last inspection had been implemented. However, further improvements were required for a number of the actions relating to staff training and development, and written policies and procedures.

Overall, there were enough staff with the right skills, qualifications and experience

to meet the assessed needs of the residents. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships was promoted. The inspector was advised that a number of the core staff team had been employed in the centre since 2015 or longer.

The inspector saw that by and large, staff mandatory training was up to date and any outstanding training had been scheduled for the current month. Staff were supported to develop professionally in an atmosphere of respect and encouragement. In April 2018 staff were provided with an intensive programme of training on values, personal planning, adverse events and complaints procedures resulting in the development of an action plan to improve quality of service and provide better outcomes for residents.

The inspector found that while written policies and procedures were adopted and implemented for the safe delivery of care and to guide staff in delivering safe and appropriate care, some gaps were evident in the maintenance of the documentation.

One to one staff supervision meetings were in place to support staff perform their duties to the best of their ability however, the inspector found that an improvement was required to the frequency of these meeting. Staff spoken to, advised the inspector that overall they found these meetings to be useful to their practice.

There had been an improvement in the area of admissions and contract for the provision of services. An audit of all residents' service agreements was completed ensuring that a more effective approach was provided and was consistent with the resident's assessed needs, their associated personal plan and the statement of purpose.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. Overall, there was an satisfactory complaints procedure that was in an accessible format and which included access to a complaints person who was external to the designated centre.

The inspector saw that there had been a comprehensive review of complaints in January 2018 in order to identify areas of learning and development for future complaints. However, the inspector found that the current procedure did not include measures for residents to rate their satisfaction of the outcome. Post inspection an updated complaints template was provided to the Health Information and Quality Authority which included appropriate measures for residents to rate and sign off on their satisfaction of the outcome of their complaint.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Further to the six monthly unannounced reviews being carried out, senior management carried out various clinical, quality and safety reviews to ensure safe and effective service delivery and better outcomes for residents.

An acting person in charge was in place since the recent departure of the previous

person in charge. During this time a quarterly site visit and quality service support meeting had taken place which reviewed service delivery and updated actions required to ensure a quality and safe service. The inspector was informed that a new person in charge had been recruited and would commence in June 2018.

### Regulation 16: Training and staff development

Staff supervision meetings were infrequent and not occurring every quarter as stated in the organisation's policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Judgment: Compliant

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

Care plans and assessments sampled demonstrated that a written service agreement was provided for, and was consistent with the residents assessed needs and statement of purpose. The inspector was provided with evidence which demonstrated that the action relating to audit of service user agreements from last inspection had been completed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The service delivery was in line with the current statement of purpose .

Judgment: Compliant

### Regulation 34: Complaints procedure

Although there were improvements required to the complaints procedure, a comprehensive review of the complaints procedure by the provider in January 2018 and post inspection evidence provided to the inspector found that overall, the complaints procedure was satisfactory.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

A number of schedule 5 policies sampled had discrepancies between the version and review dates, making it unclear to ascertain if they had been satisfactorily reviewed.

Judgment: Substantially compliant

#### Quality and safety

The inspector found that the resident's health and well-being was promoted and supported in a variety of ways. Residents availing of respite breaks in the centre received care and support which was of good quality and safe. The centre was well run and provided a warm and pleasant environment for residents during their respite stay. However, some improvements were required around residents' personal plans and in particular the effectiveness of the plan relating to activity choice and options.

The inspector sampled a number of residents care and personal plans and saw that they were up to date and had been developed and reviewed in consultation with the residents and where appropriate, their family members. The plans included a daily log which outline the events of the resident's day. On arrival for a respite break an assessment and check-in tool was used to gather and update information about the resident to ensure they had a safe and enjoyable stay. This tool also supported and guided staff in providing safe care and ensured the assessed needs of the residents were met.

However, the inspector found that personal plans, daily logs and check-in tools sampled did not capture residents activity choices or wishes in advance or during their stay. The plans demonstrated that the variety and choice of activities were limited; many of the activities were regularly based on-site and community based activities were infrequent.

The absence of transport was highlighted by residents, staff and senior management as requiring improvement. Feedback relayed that choice of activities was often limited due to lack of transport and in particular when the weather was

poor. This was noted on the previous inspection and subsequent to that, finance for a vehicle had been requested but refused. A free wheelchair accessible taxi service had been provided to residents for a period however, this service was no longer available.

Nonetheless, the inspector found that the registered provider was proactive in continuous quality improvement. During the inspection the quality manager showed the inspector plans for the roll out of an enhanced personal plan which endeavours to promote and capture choice of activities offered to residents. The proposed enhanced will provide support for staff to be creative and flexible in assisting residents to live life as they choose and look beyond the options that can be offered within the boundaries of their own service. The inspector was advised that staff had been trained in the delivery of the new format and by the end of the year all residents visiting the respite service will be offered the option of the enhanced personal plan.

In addition to the above, post inspection, the inspector was provided with an updated check-in tool template which included a section for residents to express their choice of activities on arrival of their respite break.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected.

The design and layout of the of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair and where maintenance work was required it had been acknowledged by senior management and logged to be completed.

### Regulation 13: General welfare and development

The inspector found that opportunities to access and participate in activities in accordance with residents' interests, capacities and development needs was found to be lacking and that this was primarily due to the absence of a vehicle available to residents.

Judgment: Substantially compliant

### Regulation 17: Premises

Premises met the needs of the residents and the design and layout promoted

residents' safety, dignity, independence and well-being.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal plans sampled were not effective in capturing activities offered to residents throughout their stay. The personal plans portrayed limited choice of in-house and community based activities offered to residents during their respite stay.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Substantially 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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Newbridge Respite Centre OSV-0003448

Inspection ID: MON-0022530

Date of inspection: 09/05/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	
An annual schedule of 3 monthly staff supervision meetings has been developed and will commence in week of July 1st 2018.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	
The policy template is amended and will now reflect review date and next review date. Schedule 5 policies will be reviewed and reflect this new layout by September 30th, 2018.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	
A National Lottery Grant Application for the purchase of a vehicle for the service was completed and submitted on June 7th, 2018.	
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 check in tool has been amended and now in use to capture discussion with guests on arrival regarding activities they would like to engage in during their stay.

A schedule of daily in-house activities will be developed by July 31st so that guests can be offered choices as to what they wish to partake in while in the service.

A list of community based options available in the area will be developed by July 31st so that guests can be offered choices as to activities outside of the service that they would like to engage in. |

## 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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31 July 2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01 July 2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	30 September 2018

	in accordance with best practice.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31 July 2018