

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Robin Hill Respite House - Adults & Children
<b>Centre ID:</b>	OSV-0003285
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Waterford Intellectual Disability Association Company Limited By Guarantee
<b>Provider Nominee:</b>	Fiona O'Neill
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 03 May 2017 08:00 To: 03 May 2017 16:20

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This monitoring inspection was carried out to monitor compliance with specific regulations and to assess if the provider had addressed the action required from the previous inspection.

**How we gathered our evidence**

At the commencement of the inspection the inspector met with the person in charge. The centre provided respite services for a maximum of six people. The centre accommodated five people at any one time and one bed was available to support an emergency placement where required. Adults and children were accommodated on alternate dates. The service was accommodating adults on the day of inspection.

The inspector met with the five people staying in the centre at the beginning of the inspection. One person spoke with the inspector and the other respite users declined to speak with the inspector. The inspector observed respectful interaction between respite users and staff.

The inspector reviewed documentation and met with the person in charge and staff. The inspector reviewed the care and support provided to adults and children. Documents reviewed included respite users' health, personal and social care plans,

medicine prescription and administration sheets, records of incidents, records of complaints, staff training records and risk assessments.

Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, the inspector found that the service was provided as described in that document.

The aim of the service was to provide a service wherein adult respite users were supported to access their local community, to develop their independence and enjoy a holiday with their peers. The aim of the service for children was to provide a nurse led service where children had access to high quality, evidence-based care which provided a break for parents or guardians while giving the children opportunity to enjoy a break with their peers.

The house contained adequate private and communal space to meet the needs of respite users. The centre comprised of one house which had seven bedrooms, a kitchen, sitting room, play room for children, sensory room and conservatory. Each respite user had an individual bedroom when staying in the centre.

There was an external garden with a playground for children. The playground had not been maintained to an adequate standard as there were weeds throughout the playground. This was brought to the attention of the person in charge who arranged for the playground and garden to be attended to by gardening staff on the day of the inspection.

The house was located within close proximity of services and amenities. A vehicle was provided by the service provider to ensure respite users could access amenities.

Overall judgment of our findings:

Overall, the inspector found that respite users were supported to have a good quality life when staying in the centre and the provider had arrangements to promote the rights and safety of respite users.

Good practice was identified in all areas particularly in regard to the systems to ensure all aspects of respite users' care and support needs were identified prior to respite users' stay.

Improvement was required to some fire safety systems and some medicine management systems. These findings are included in outcomes 7 and 12 and the regulations that are not being met are included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were procedures in place to ensure respite users' rights were respected, respite users were supported to be involved in the operation of the centre and respite users and their families were supported to make complaints.

The inspector observed respectful interaction between respite users and staff. Staff provided support in a respectful way and support was provided to maximise respite users' independence and choice.

Respite users were consulted about their routine and the way the centre was operated. A consultation meeting was held at the start of each respite visit. Areas discussed included meals, activities, finances, fire safety, road safety, community safety and how to make a complaint.

The inspector reviewed the system for ensuring all respite users' needs were identified prior to their stay. A phone call with each respite family took place in the week prior to the admission to assess any changes in respite users' needs. A document outlining this was maintained and respite users' support plans were updated.

The person in charge had commenced face to face meetings with each family to review all respite users' needs and plan for their respite stay. This had commenced in January 2017 and the inspector was told it would continue as it was identified as an effective way of communicating with families and ensuring respite users' needs were identified and met. The meetings were attended by the family, the person in charge, a staff member and the social worker.

An individual evaluation of each respite user's stay was carried out by the discharging staff member. The evaluation included issues relating to risk, behaviour management, changes in assessed needs, mobility, updates to support plans, activities the person enjoyed and any other additional relevant information. The person in charge reviewed the evaluations and used the information to plan the peer mix for respite stays and arrange any required health reviews or assessments.

There was a procedure for responding to complaints. A complaints log was maintained in the centre. All complaints received were documented and there was a clear procedure for referring the complaint on to the complaints officer if it could not be resolved by frontline staff or the person in charge. A respite user told the inspector they would make a complaint to a staff member or the person in charge if they were unhappy with any aspect of the care or support in the centre.

There were procedures for supporting respite users to manage their finances while staying in the centre. All transactions were detailed and receipts were maintained. Respite users were given the option to store their money in their rooms or in the staff office. The centre maintained a copy of receipts and the original receipts were returned to the respite user and their family on discharge from the centre.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place to assess and meet respite users' health, personal and social care needs.

The inspector spoke with a respite user, staff and the person in charge. All information outlined was consistent and accurately reflective of respite users' needs.

Assessments of respite users' health and personal care needs had been carried out. Corresponding support plans and assessments by allied health professionals had taken place where required. Follow up appointments and referrals had been made where a need was identified. Respite users were supported by their families to attend these appointments and the centre had all required information to support the respite user while they were staying in the centre.

Respite users who required support to communicate had plans outlining how they communicated and aids which were used by respite users were also used by staff when the respite user was staying in the centre.

Social care needs were assessed using a personal planning process. Respite users were supported by staff in their day services who had responsibility for ensuring an assessment, plan, goals and reviews took place. The person in charge ensured that staff had all required information to support respite users to achieve their goals when they were staying in the centre.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to promote and protect the health and safety of respite users, visitors and staff. Improvement was required to the system to ensure all respite users and staff had taken part in a fire drill in the centre and to the measures to ensure that all fire risks were assessed and control measures implemented.

Risk assessments had been carried out and control measures had been identified and implemented. The inspector was told the provider was in the process of reviewing the procedures for assessing and responding to risks.

Respite users had individual risk assessments which identified the specific risks and associated control measures. The inspector viewed a sample of these and found that risks had been identified, control measures were in place and staff were knowledgeable of these.

There were fire doors, fire fighting equipment and emergency lighting in the centre. The emergency lighting, fire extinguishers, fire blanket and fire alarm had been serviced.

Staff had received training and fire drills had taken place in the centre during the day and at night. However, it was not evident that all respite users and staff had taken part in a fire drill in the centre. The names of respite users and staff were not detailed on the records. The person in charge said a system to ensure all staff and all respite users had taken part in a fire drill would be implemented.

Respite users had personal evacuation plans which outlined their specific support needs. Each bedroom had a door to the outside which could be used if an evacuation of the centre was required at night.

Fire risk assessments had taken place and arrangements were in place to ensure control measures were in place. However, the storage of oxygen in the centre had not been risk assessed and there was no guidance for staff in relation to the safe management of oxygen in the event of a fire in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had implemented measures to protect respite users being harmed or suffering abuse.

There was a policy and procedure in place for responding to allegations of abuse. Staff spoken with were knowledgeable of what to do if they witnessed abuse or received an allegation of abuse.

Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.



There was a policy in place for the provision of behavioural support. Staff had received training in managing behaviour that is challenging including de-escalation and intervention techniques. The organisation had changed the approach to supporting respite users requiring support with behaviour and had employed the services of an external consultant with expertise in the low arousal approach. The person in charge showed the inspector minutes from meetings and reviews of respite users' plans. She had identified the respite users who required most support and was prioritising based on respite users' needs. In the interim all respite users who required support had support plans which provided guidance for staff when supporting respite users.

There were policies and procedures in place on the use of restrictive procedures and physical, chemical and environmental restraint.

All bedrails, lap belts and other aids had been assessed and less restrictive measures, for example low low beds, were used where possible. There was a lock on the front door which could be opened by respite users or by staff if respite users required support.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Respite users were supported to achieve and enjoy the best possible health. The inspector viewed a sample of respite users' personal plans which showed that respite users' health needs were identified and responded to.

Respite users lived with family members and attended the centre for respite breaks and therefore their healthcare needs were supported by their families. The centre had relevant information such as the results of appointments and any supports the respite users required.

Respite users were supported to access their general practitioner (GP) and allied health professionals as required.

**Judgment:**

Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Health and Development

### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

### **Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to respite users.

The centre had a clinical room and medicines and associated healthcare items were stored in this room. There was a locked press in the room for storing medicines. Only medicines which were prescribed for respite users using the centre were held in the centre. All medicines were returned to families when a respite user was discharged from the centre.

There was a refrigerator for storing medicines which required refrigeration. There were no medicines in the refrigerator on the day of inspection. The temperature of the refrigerator and the clinical room were documented.

The person in charge had carried out audits and implemented corrective action where required. For example, an audit identified that the temperature of the refrigerator and the clinical room were not documented on a daily basis. There was a plan to address this.

Medicines were provided by the respite users' families who liaised with their general practitioners and other prescribers. The staff nurse outlined the system for ensuring up-to-date prescription sheets were in place for each respite user. Staff nurses addressed any areas of concern by contacting the out-of-hours general practitioner to amend or clarify prescription sheets if necessary.

The inspector viewed a sample of prescription sheets and found they contained all required information. Medicine administration sheets showed that medicines were administered at the prescribed times.

Improvement was required to ensure that a response consistent with the centre's policy was taken in response to medicine errors. The inspector reviewed a number of errors which related to a query as to whether or not medicine was administered as prescribed to respite users and found the response taken was not consistent with the policy. The policy stated that a respite user's medical practitioner would be contacted if there was a medicine error and staff would follow the advice of the medical practitioner. However, a medical practitioner had not been contacted where errors were identified. This included

an occasion whereby the respite user was discharged from the centre and there was no evidence the respite user's family or the day service had been informed of the error.

A system to ensure medicines which were received were administered or returned to the respite user on discharge was in place. The inspector viewed a number of records and spoke with staff and the person in charge. The medicines were counted at 6am on the morning of discharge. This count took place prior to the administration of respite users' morning medicines on the day of discharge. As a result any error in the administration of morning medicines on the day of discharge would not be identified.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were clear lines of authority and accountability. All persons met by the inspector on the day of inspection were aware of their roles and respite users' needs.

The person in charge met the inspector at the beginning of the inspection and was present throughout the inspection. She attended the feedback at the end of the inspection in addition to the social worker, the residential manager and the human resources manager. The provider nominee, who held the role of Director of Services, attended the centre on the day of inspection and was available throughout if required.

The person in charge had the required experience, qualifications and knowledge to hold the role. She was responsible for the provision of respite services throughout the organisation. She had extensive experience of working with people with disabilities, relevant qualifications and had experience of managing services.

There were systems to ensure the centre was governed on a regular and consistent basis. The person in charge worked in the centre on a daily basis Monday to Friday. She was knowledgeable of her role, the respite users needs and areas of governance for which she held responsibility.

The inspector found that all information provided by the person in charge and staff were consistent with documentation viewed.

Two unannounced visits had taken place in 2015 and in 2016. One visit had take place in 2017. The visits in 2015 had not taken place in line with the frequency required by the regulations as there were nine months between visits in 2015. The provider had resolved this and visits were taking place at least once every six months as required by the regulations.

Actions were identified at the end of each visit report. Progress on achievement of the required actions was included in the subsequent visit report. Actions which the inspector found had been addressed included audits of medicines, nutrition and hand washing, reviews of respite users' documents, updates to the risk register and training for staff.

An annual review of the quality and safety of care had taken place in 2015 and 2016.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The staff numbers and skill mix were arranged around the assessed needs of respite users. Formal supervision and support meetings had taken place and there was a process for ensuring staff received an appropriate induction to the centre.

Staff had experience of working with people with disabilities and had appropriate relevant qualifications. The centre was staffed by registered nurses, social care workers and care assistants.

Staff were clear of their role and responsibilities. It was evident from their interactions with respite users that they respected respite users, had developed good relationships with respite users and were knowledgeable of respite users' needs.

Staff meetings were held on a regular basis. In addition, staff were supported on an ongoing basis by the person in charge who worked in the centre.

Staff had received training in a number of areas including fire prevention, the prevention, detection and response to suspected or confirmed allegations of abuse, child protection, manual handling, first aid, epilepsy and the safe administration of medicines. In addition, training needs were identified and responded to on a continual basis and the provider had in house trainers in a number of areas. Staff spoken with said that any training they requested was provided.

**Judgment:**

Compliant

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Waterford Intellectual Disability Association Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0003285
<b>Date of Inspection:</b>	03 May 2017
<b>Date of response:</b>	30 May 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A fire safety risk had not been assessed.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

Advice regarding the safe storage of oxygen cylinders, and the evacuation procedures concerning same, is being sought from fire engineer. A plan is to be formulated, advising staff what to do with the oxygen cylinder in the event of a fire. The risk register will reflect the above.

**Proposed Timescale:** 30/05/2017

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

It was not evident that all staff and respite users had taken part in a fire drill in the centre.

**2. Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

The names of respite staff and service users participating in fire drills will be recorded in order to evidence that all service users/staff have participated in same.

This will be recorded in the fire book, which will contain an updated fire drill record identifying each staff and service user who participate in an evacuation during a fire drill.

In addition to the fire book, the PIC will maintain a separate log for the sole purpose of recording each service user's participation in evacuation of the building. The reason for the proposed time scale is that there is 160 service users who attend respite and it will require a year to for all service users to take part in in fire evacuation during their visit. During each service users visit service users will participate in fire evacuation plan and same will be recorded.

**Proposed Timescale:** 30/05/2018

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some practices relating to the administration of medicines did not ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed.

**3. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**

The PIC has instructed staff that all medications on discharge will now be counted out by the staff member after morning medications are administered on day of discharge. In the event of a medical error occurring, policy will be adhered to at all times, and GP or care doc will be contacted.

PIC has briefed staff again on this element of the policy- reminding staff to contact GP/Care Doc, if error occurs.

Staff to record in daily records form that contact was made with families and informed of drug error, day service/ school to be informed and same documented.

**Proposed Timescale:** 04/05/2017