



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

## Issued by the Chief Inspector

Name of designated centre:	Summerville Respite House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	13 February 2020
Centre ID:	OSV-0005627
Fieldwork ID:	MON-0023056

## About the designated centre

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

In this centre a respite service is provided by Waterford Intellectual Disability Association (WIDA) to a maximum of six adults at any one time. Ordinarily five persons avail of respite at any one time. The sixth bed is held for an emergency respite admission. Forty eight persons in total avail of the service. Each resident receives approximately 14 nights respite per year, with some flexibility for longer or shorter stays as individual needs dictate. The centre is funded to open alternate weeks. The staff assigned to this centre work in another WIDA designated centre on the days the respite centre is closed. In its stated objectives the provider strives to support residents to access their local community, to develop their independence and enjoy a holiday with their peers. Residents using the respite service also avail of day services operated by WIDA. A car is available to residents so they can travel to and from day services, go to evening activities or any other travel required during their stay in respite. While each resident's needs are different and may have a requirements for physical, mobility or sensory supports, the overall level of need for those availing of respite in this house is low. The premises itself is a bungalow type residence with most facilities for residents provided at ground floor level. Two bedrooms are on a first floor level. Residents share communal, dining and kitchen facilities. The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Ordinarily there is one staff on duty with additional staff support hours provided if needed.

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

Number of residents on the date of inspection:	4
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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	09:30hrs to 18:00hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

The inspector met with the four people who were using the respite service on the day of inspection. All four individuals also availed of Waterford Intellectual Disability Association (WIDA) day services.

The inspector met the residents as they returned from their day services and noted they each engaged in their preferred routine. For example, one went their room for a while, another sat at the kitchen table talking with staff, another listened to music and another watched their favorite video.

All residents communicated with the inspector and shared their views, both verbally and in the questionnaires they completed, about the respite facility.

There was a common theme in resident responses that was about, enjoying being in the company of their friends. In many instances the same cohort of residents availed of respite on the same dates. Residents spoke well of staff saying, "they are always kind and helpful". Options for activities were varied and residents decided what they wished to engage in. Going to the cinema was a popular choice. Residents spoke of liking to help in the kitchen at meal times. Residents stated they felt their independence was promoted in the respite service and liked being part of the decision making arrangements around what they would do each evening.

The inspector observed the interactions that took place between staff and service users; interactions which were respectful, convivial, and conversational. It was noted how confident and comfortable service users were in their surroundings. The inspector observed residents being given privacy to change their clothes independently, time to take a rest, time to talk, have a cup of tea or time to just sit in quietness.

## 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. For example, the action around having a receipt book for transactions with day services was seen to be implemented. While annual reviews took place, there was no date recoded on the most recent review. The most recent six monthly unannounced provider inspection was carried out in November 2019.

Again the actions generated from this visit such as keeping the minutes of the staff meetings on file, was seen to have been put in place.

There were clear lines of accountability with the person in charge reporting to the Director of Services. The Director of Services in turn reported to a management board. The Board of Management were active participants in the operation of this centre and were structured in such a manner to maintain good oversight of finances, employment and future planning. The organisation had in place a compliance officer who was instrumental in ensuring WIDA complied with its statutory obligations, including health and safety matters. WIDA had achieved national accredited certification for adherence to good standards of compliance and quality control.

While the centre catered for no more than five persons at any one time, 48 individuals used this service. There was significant work in organizing, managing and ensuring a high level of care was provided to all 48 users. The person in charge was also person in charge for another respite centre, a centre that catered for both children and adults. The significant numbers of users of the respite facilities 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. Systems were in place to cover for the person in charge when she was on leave and some discussion had begun around ensuring that, into the future, staff would have the skills to run the respite service either instead or in tandem with the current person in charge.

The planning for respite admissions began several months prior to actual admission dates. Users of the service were provided with offers of respite dates in October, for the following year. Users of the service could then accept or decline the respite offer. 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 addition an emergency bed was available if the need for same arose. 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 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 staff and reviewing records that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. An up to date staff training matrix was available and a

system was in place for staff to get refresher training on a regular basis. The training, development and quality department of the organisation was instrumental in ensuring such updates were planned, carried out and recorded. Staff spoken with by the inspector, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff 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 the cinema.

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.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the documents required for the renewal of the centre's registration. These documents were submitted in a timely manner.

Judgment: Compliant

#### 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.

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. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of resident was completed in line with requirements of the regulations. Such details were outlined in the front of each resident's file for ease of access.

Judgment: Compliant

### Regulation 21: Records

The provider had a system in place to audit records. Such audits, together with the finding of this inspection, showed compliance with this regulation was maintained.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of up to date insurance cover was submitted as required as part of the renewal of registration documentation

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. However, no date was recorded on the most recent annual review.

Judgment: Substantially compliant

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

Admission criteria was transparent and was triple checked to ensure accuracy. Arrangements were in place for users of the respite service to visit the house prior to their respite admission.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had an up-to-date statement of purpose which reflected the service provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirements around informing the chief inspector in writing of adverse incidents occurring in the designated centre. The person in charge ensured that a written report was provided to the chief inspector at the end of each quarter (if needed) of each calendar year in relation to the use of restrictive practices, any incidents of theft or any injury to a resident.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure and it included an appeals process. Complaints were audited annually by the person in charge.

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. Staff spoke of the importance of having these two services well integrated to ensure the best outcome for residents. 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, listening to music, swimming, bowling, 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 after day services and engage with each other as much or as little as they wished. One resident used sign language. This resident assisted on teaching programmes for staff, on the use of this mode of communication.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area and spoke positively of it benefits. To augment the benefits of this approach, WIDA was in the process of facilitating families to also avail of the same guidance. Supporting families in this way and working in tandem with them around such key areas as the understanding of behaviours, displayed a commitment by the organisation to the overall well being of residents.

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 swimming, cinema, 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, upstairs accommodation was available only to residents who could safely navigate the stairs. The premises was

spacious, homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available.

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.

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.

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 feedback.

A common theme that ran through comments from staff was that of respect. Respect for all those using the service and their families and also respect for staff from managers and vice versa. Staff appreciated being informed about the needs of residents prior to admission and being able to call for assistance at any time if an issue arose.

## Regulation 10: Communication

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Residents had access to a telephone and appropriate media, such as television, radio, computer tablets and Internet. The person in charge ensured that staff were aware of the particular and individual communication supports that each resident required. Visual aids and communication passports were used to aid communication. Staff had completed sign language training. Good pre admission planning and communications took place between the person in charge, staff, the persons availing of the respite service, and the respite residents families.

Judgment: Compliant

## Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. Residents were free to receive visitors without restriction and suitable communal and private facilities were available. From discussions with the person in charge and with staff, it was clear that families and friends were involved in each resident's life and that staff actively engaged with families to ensure the best outcome for residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Each respite resident had access to and retained control of personal property and possessions. Residents were supported to manage their own laundry. Where necessary, residents were provided with support to manage their financial affairs.

Judgment: Compliant

## 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.

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 18: Food and nutrition

Residents were actively engaged in choosing their own menu. Most meals were prepared in house and visits to restaurants were also facilitated. A food and nutrition audit was carried out by the person in charge on a quarterly basis.

Judgment: Compliant

## Regulation 20: Information for residents

Residents were communicated in formal and informal ways. There were regular house meetings and a resident's guide was available.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner.

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. Facilities for hand-washing were good.

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 each time a new cohort of respite residents were admitted to the centre, however, the evacuation times of these drills was not always

recorded.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents brought their own medication when they availed of respite services. Their medication was checked prior to admission, on admission and on departure. A quarterly audit of medication management took place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident was carried out. The person in charge continuously reviewed the suitability of the premises for the purposes of meeting the needs of each resident.

Judgment: Compliant

### Regulation 6: Health care

Appropriate health care arrangements were in place. In general, residents did not use the respite facility if they were unwell.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour.

Judgment: Compliant

## Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each resident and their families.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Summerville Respite House OSV-0005627

Inspection ID: MON-0023056

Date of inspection: 13/02/2020

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Date to be recorded on annual review. Template requires to include date.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff informed date not recorded, staff awareness to record time when completing fire evacuation drill.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	06/04/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	06/04/2020