



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

Issued by the Chief Inspector

Name of designated centre:	Robin Hill Respite House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	02 October 2020
Centre ID:	OSV-0003285
Fieldwork ID:	MON-0030232

About the designated centre

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

Robin Hill Respite House is a designated centre to cater for adults and children with an intellectual disability, who have high support care needs including support with activities of daily living, medical/nursing needs, personal care needs and accessing the community. Residents avail of respite breaks in groups of five. Robin Hill also provides an emergency bed should the need arise. Residents are supported to attend work/school and recreational activities and to engage actively in their community. The facility is purpose built, single story and wheelchair accessible. It is a seven bedroom, community based house on the outskirts of Waterford City to include a sitting room, sun room, playroom, multi-sensory room and kitchen/dining area. This leads to a south facing fully enclosed landscape gardens. The centre also has a playground with accessible outdoor play equipment for children. Each resident is provided with a single bedroom during their respite stay. Transport is provided to assist residents to attend their normal daily activities. Robin Hill Respite House is open 51 weeks of the year. The staffing team consists of nurses, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Friday 2 October 2020	11:10hrs to 16:20hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

Due to impact of COVID-19 the centre catered for no more than three residents at any one time. Aside from limitations imposed by COVID-19, each residents' respite admission was assessed as to how best meet their needs. At times only one resident stayed overnight in the centre if that was what best met the need. On the day of this inspection some respite residents had been discharged in the morning and one person was admitted in the afternoon for a one night stay. The inspector met briefly with this resident. The resident was being facilitated to go for a bus trip, an activity they enjoyed. Two staff accompanied the resident and a visit to a shop was part of the routine that the resident liked.

This resident communicated in a non verbal way. From what the inspector observed and heard, it was evident staff knew the resident well and knew how to interpret their behaviours.

From conversations with staff, it was evident respite was focused on residents enjoying being in the company of their friends and partaking in pleasurable activities. Notwithstanding that activities were curtailed due to the emergency protocols in place, cognisance was taken to find alternative activities that respected the curtailments that were in place. These included in house games, utilising the spacious gardens and the outdoor play equipment, watching a film, going for drives, enjoying walks and baking. In particular, emphasis was placed on ensuring a regular cohort of staff were employed who were familiar with the residents and familiar with their needs.

In many instances the same cohort of residents availed of respite on the same dates. The environment allowed each resident to have adequate space to partake in communal and individual activities. All areas were attractively and comfortably decorated.

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 review were addressed.

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.

While the centre catered for no more than six persons at any one time, this had been reduced to three to manage the COVID-19 situation safely. The person in charge was also person in charge for another respite centre, a centre that had reopened but only on alternate weeks. 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.

Ordinarily, the planning for respite admissions began several months prior to actual admission dates. Users of the service were provided with offers of respite dates. However, since the centre reopened following the outbreak of the global pandemic, admissions to respite were prioritised according to need. This was done in conjunction with the Health Service Executive.

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. 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.

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.

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 including in relation to infection control and management. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

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

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.

Staff were aware of each resident's communication needs. Residents had access to television, radio, 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. A therapeutic room was also available for residents who wished to engage in specific calming techniques.

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 its benefits.

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 were 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. The physical facilities included the use of a hydrotherapy pool on the site. 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.

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.

Much focus was given to ensuring the premises maintained high levels of cleanliness, practiced stringent infection control measures and thoroughly assessed the risks prior to each admission. In this regard the provider had updated their admissions policy. They had enhanced their cleaning schedules and the records maintained of such cleaning. In addition, the number of residents catered for at any one time was capped at three when here to fore a maximum of six residents could be accommodated. The reduction in number was to augment social distancing and minimise risk. Clear plans and guidance was in place if someone presented as a suspect case of COVID-19 while in the respite service. Staff were familiar with the process and a copy of the process was seen displayed in the centre.

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: 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
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant