



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:	Unannounced
Date of inspection:	16 March 2022
Centre ID:	OSV-0003285
Fieldwork ID:	MON-0035718

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 or school and recreational activities and to engage actively in their community. The facility is purpose-built, single storey and wheelchair accessible. It is a seven bedroom, community-based house on the outskirts of Waterford City and includes a sitting room, sun room, playroom, multi-sensory room and kitchen/dining area. This leads to 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:	2
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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 (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
Wednesday 16 March 2022	09:50hrs to 15:45hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27: Protection against infection and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE), regular hand hygiene and social distancing.

The designated centre provided respite services to both children and adults on alternative weeks. Children and adults did not attend the designated centre at the same time.

At the time of the inspection, one child was receiving long-term respite care as they were due to transition to a permanent home in the organisation in the weeks following this inspection. Therefore, only children had been provided with respite in the designated centre for some time. The designated centre had capacity for a total of six children or adults at any one time. The number of residents accessing respite varied due to the level of assessed needs of residents attending respite. It was also noted that the number of residents accessing respite at any one time had been reduced as a preventative measure during the COVID-19 pandemic. As a result, staff members who ordinarily worked in respite services provided support in other areas of the organisation when required.

Two residents were being supported in the designated centre at the time of the inspection. The inspector met both of these residents on their return from school. Residents could not verbally communicate their views on the service they received in respite. The inspector sat with residents and observed physical prompts, vocalisations and facial expressions. Both residents appeared content and relaxed. The inspector observed residents' interactions with the physical environment and staff members and noted that both residents appeared comfortable in their surroundings. Plans were made for one of the residents to go swimming during their respite stay.

Annual satisfaction surveys were sent to residents and their representatives each year as part of the designated centre's annual review. It was noted that overall residents and their representatives were happy with the quality of service provided in Robin Hill Respite House. Feedback received stated that 'staff are nice', it was an 'excellent service' and that residents 'love it'.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented

under two headings: Capacity and Capability and Quality and Safety, before a final overall judgment on compliance against Regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and *HIQA's National Standards for infection prevention and control in community services*. The inspector found that the registered provider was providing a good standard of individualised care and support to residents. There was evidence of a good standard of management and oversight systems in place.

The staff team comprised of staff nurses, care assistants and social care workers. All staff in the centre reported directly to the person in charge, who was complimentary of the staff team. There were clear lines of authority and accountability in the centre. This included an on-call management system, so that staff could contact management outside of regular working hours. There were arrangements in place in the event the person in charge was absent from the centre.

All staff working in the centre had received training to support them in their role. This included areas such as the use of personal protective equipment (PPE), hand hygiene and infection prevention and control. All staff members working in the designated centre had also completed training to support them to recognise the signs and symptoms of COVID-19 in individuals with an intellectual disability. It was noted that this training was beneficial due to the high volume of residents that staff members encountered due to the nature of providing a respite service. Staff members who supported residents with enteral feeding, and the administration of medicines via an enteral feeding tube, had completed specific training to ensure they had the required knowledge and skills to complete this.

Staff supervision was completed every six months by the person in charge. Where new staff members were employed, an induction checklist which was specific to the designated centre was completed. Probationary review meetings were held with newly recruited staff members at three months, six months and nine months of employment. It was noted that infection prevention and control was discussed at supervision meetings and probationary reviews. Regular team meetings were held with the person in charge and staff members where infection prevention and control matters were discussed. Topics discussed at the most recent staff meeting included areas such as vaccination, enteral feeding and the care of a resident with a feeding tube and COVID-19.

Regular auditing was completed to ensure the designated centre had appropriate measures in place with respect to infection prevention and control. This included hand-washing audits, cleaning audits and an audit on the centre's preparedness to

deal with an outbreak of COVID-19. Health and safety audits which included a review of hazardous products and a walkaround of the premises were completed every quarter.

Overall, it was evident that there was evidence of a good level of oversight of infection prevention and control measures in the designated centre.

Quality and safety

It was evident that the management and staff team provided a good quality service to residents. With regards to infection prevention and control, some minor improvements were required to ensure the service provided increased compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

The premises of the designated centre was a purpose-built bungalow located on the outskirts of the city. The premises had seven bedrooms, six for use by residents and one for staff members when completing a sleepover shift. There was a communal kitchen and dining area, two sitting rooms, a multi-sensory room and a sunroom. General areas of the centre were observed to be clean. However, it was noted that some less frequently used items required cleaning. For example, the suction machine required in the event of an emergency was observed to be covered heavily in dust and a mat used in the event that a resident may fall from their bed was also observed to be heavily stained. Soft furnishings including a ball pit and mats/padding in the mutli-sensory room were not part of a cleaning schedule, therefore it was not clear how often these items were cleaned.

On admission to respite, residents completed a meeting where they decided what they would like to do during their respite stay. At this meeting, staff members discussed infection prevention and control matters with residents. Signage relating to hand hygiene, the use of PPE and general infection prevention and control measures were on display in the centre. A number of these were observed to be in a format that could be understood by residents who attended respite. For example, there was easy-to-read information on how to wash your hands in one of the bathrooms in the centre.

The designated centre had a contingency plan which outlined the steps to be taken in the event of an outbreak of COVID-19 in the centre. This included a clear protocol for staff members in the event that a resident or a staff member presented with signs of a COVID-19 infection. One resident had recently recovered from a COVID-19 infection. They had been supported to self-isolate in their bedroom in the designated centre during this time. A care plan had been developed to outline how staff members should support the resident to self-isolate and to decrease the stress associated with seeing staff members in full PPE.

Where residents had healthcare needs that posed a risk of a healthcare-associated

infection, these were supported by a plan of care. Due to the support needs of some residents, single use equipment including syringes and feeding tubes were in use in the centre. Staff spoken with were aware of the requirements to dispose of this equipment in a safe manner. Clinical waste and sharps bins were readily available in the centre. However, it was noted that some used equipment had incorrectly been placed in the centre's spill kit, rather than the clinical waste/sharps bins. Staff on duty ensured the safe disposal of this material during the inspection.

Regulation 27: Protection against infection

Overall, the inspector found that good practices were observed, Some minor improvements were required to promote increased levels of compliance with Regulation 27 and *HIQA's National Standards for infection prevention and control in community services*. This was observed in the following areas;

- Used single use equipment such as syringes had been incorrectly placed in the centre's spill-kit, rather than disposed of in the correct manner.
- Equipment including a suction machine and a mat used by residents required cleaning due to dust/dirt.
- As soft furnishings including a ball-pit and mats in the multi-sensory room were not part of a cleaning schedule, it was not clear how often these items were subject to cleaning.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Robin Hill Respite House OSV-0003285

Inspection ID: MON-0035718

Date of inspection: 16/03/2022

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Used single use equipment such as syringes had been incorrectly placed in the centre's spill-kit, rather than disposed of in the correct manner. PIC have instructed staff that appropriate disposal of syringes to be adhered to.• Equipment including a suction machine and a mat used by residents required cleaning due to dust/dirt. Equipment included on cleaning schedule <p>As soft furnishings including a ball-pit and mats in the multi-sensory room were not part of a cleaning schedule. Will be included on cleaning schedule for weekly clean.</p>	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	07/04/2022