



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:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0005627
Fieldwork ID:	MON-0029931

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:	1
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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
Wednesday 10 November 2021	10:00hrs to 16:30hrs	Leslie Alcock	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The designated centre provides a respite service and comprises a large house in a residential area on the outskirts of a city. It was designed and laid out to meet the assessed needs of the residents. The centre presented as a warm and homely environment decorated in accordance with the residents' needs. The centre had six bedrooms with en-suite facilities in each room, a large communal kitchen and living room and a separate communal sitting room.

The centre offered respite breaks for approximately 50 individuals over the course of the year. Five residents would be accommodated at one time, with an additional vacancy available to provide emergency respite to a sixth resident, if required. The respite centre provided respite to children and adults but facilitated them at different times. This meant that children and adults did not stay in the service at the same time. The centre was closed for the majority of last year due to the COVID-19 pandemic and was identified for use as an isolation unit in the event of an outbreak. On the day of the inspection, there was one resident staying in the house in a full-time capacity until a permanent placement was secured. The registered provider was found to be actively working to make the relevant arrangements for same.

On arrival, the inspector was greeted by staff as the resident currently staying in the service was at their day service. The inspector met the resident in the afternoon when they returned from their day service. The inspector met the resident but they did not engage with the inspector. As a result, the inspector observed the resident in their environment, observed care practices, spoke with staff and reviewed a sample of residents' documentation to determine their views of the service. This information was used to gain a sense of what it was like for the resident to stay in the centre.

The inspector observed the resident move freely throughout the house and appeared comfortable in their environment and in the company of staff. Staff demonstrated that they were aware of the resident's individual communication needs and were observed to communicate with the resident in an effective and respectful manner. The inspector also observed the resident approach staff when they required support or they wanted to show the staff member something on their electronic tablet device.

The resident enjoyed a personalised activation schedule. Activities were based on the individual interests of the residents availing of respite. On the day of the inspection, the resident went to their day service. Afterwards they went swimming,

and the plan for the evening was to bring the resident for a walk to a particular shop the resident likes to go to. The inspector reviewed a sample of house meeting records that indicated that the residents attending respite would plan with the staff at the beginning of their stay, the activities they would like to participate in during their stay.

The inspector observed respectful, warm and meaningful interactions between staff and the resident. Staff spoken with on the day of inspection spoke of the resident in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within the individualised personal plan to support the resident to achieve a good quality of life.

In summary, based on what the resident and staff communicated with the inspector and what was observed, it was evident that the resident received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas such as; fire safety, notifications of incidents and training.

Capacity and capability

Overall, the inspector found that the registered provider demonstrated the capacity and capability to support residents in the designated centre. The centre had a clearly defined management structure in place consisting of a person in charge, who worked on a full-time basis in the organisation. The person in charge was found to be competent, with appropriate qualifications and experience to manage the designated centre. This individual also demonstrated good knowledge of the residents who utilise the service and their support needs.

While the person in charge had responsibility for two respite centres, they were supported by the staff team and the executive management team and demonstrated good oversight of the centre. For instance; regular provider audits had taken place such as the annual review and the six monthly unannounced audits. Action plans were developed as a result of the audits to address areas in need of improvement. The inspector found the person in charge also conducted regular internal quality assurance audits in areas such as finance, hand hygiene, record keeping and medication.

Overall, the staff team were found to have the skills, qualifications and experience to meet the assessed needs of the residents. The registered provider was working to fill a number of staff vacancies in both respite services in the organisation. It was found that due to the lone working arrangements in this centre, full time, experienced staff were scheduled on the roster. This ensured consistency of care for the residents. The inspector found that formal supervision was also taking place

regularly. However, while all mandatory training was in place, a small number of staff required updated refresher training. A review of the centre's adverse events register indicated that not all notifiable incidents were submitted to the office of the chief inspector as required.

Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. The provider ensured continuity of care through the use of an established staff team. The inspector spoke with staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care. The staff were seen to interact with the residents in a warm, respectful and dignified manner. Nursing care was also available when required.

A sample of personnel files were reviewed to ensure they contained the required documentation as per Schedule 2 of the regulation and found one staff member's photographic identification was out of date. It was evident that the human resource department conducted a recent review of Schedule 2 documentation as the inspector reviewed correspondence from them requesting that staff submit up to date identification by the end of the month.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. Training was in place with a small number of new staff requiring mandatory training and a small number of existing staff requiring updated refresher training. The provider had scheduled dates in place for the completion of some of the training but not all.

Staff were in receipt of formal supervision which was happening regularly and in line with the providers policy which was twice a year. A comprehensive staff induction programme was provided to new staff which involved training and shadowing experienced staff for a number of shifts prior to starting in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure. There were clear lines of accountability and responsibilities and effective arrangements in place to ensure the safe and quality delivery of care to the residents. The registered provider had appointed a full time, suitably qualified and experienced person in charge. This individual had responsibility for another respite centre within the service and divided their time equally. The person in charge demonstrated good oversight of the centre and had a regular presence.

The registered provider had arrangements in place to monitor the service provided to residents. The annual review for the previous year and six-monthly unannounced provider visits were occurring in line with the requirements of the regulations. The provider self identified areas in need of improvement and addressed them appropriately. For instance; the centre was closed for a significant amount of time in the past year due to COVID-19 and it was used as isolation centre when required. As a result, the person ensured the centre was ready at all times to provide a service to residents when required at short notice. In addition to audits required by the regulations, the provider had carried out regular internal quality assurance audits in areas such as finance, hand hygiene, record keeping and medication.

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. There was evidence that the staff team and the management team were meeting regularly. In addition to this, the provider would conduct a pre-visit correspondence to establish if there are any changes required to the residents care plan and risk assessments. Similarly, a residents meeting and a fire drill took place every time a new group of residents would start their respite stay.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre received a new emergency admission the week prior to the inspection. This resident was attending the centre for respite prior to their emergency admission. The inspector found evidence that admission occurred in line with the designated centre's criteria outlined in their policy and statement of purpose.

Contracts for the provision of services were in place for residents and they were updated recently and reflected the fee schedule. These were signed by resident representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose was available in the centre in the residents' bedrooms. A minor amendment was required in relation to the registration information. This amendment was made on the day of the inspection to ensure it contained the information the required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the designated centre adverse events register took place. This review indicated that the quarterly notification in relation to a minor injury in quarter two was not submitted to the office of the chief inspector as required.

Judgment: Not compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting the resident and staff, observing care and support and conducting a review of risk documentation, fire safety documentation, residents personal care plans and cleaning schedules.

Overall, the inspector found that the centre provided a comfortable place to stay and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents. However, there were some improvements required in relation to fire safety.

The residents' personal care plans had up-to-date assessments of need which appropriately identified residents health, personal and social care needs. The assessments informed the residents personal support plans and individualised risk assessments which were updated regularly and suitably guided the staff team.

It was evidenced that the management team had regular oversight of the service provided and appropriate risk management procedures were in place. The inspector found that there were systems in place to assess and mitigate risks. There was a centre risk register in place and individualised risk assessments for the residents. Risks relating to the current COVID-19 pandemic had also been carefully considered,

with appropriate control measures in place. In addition to this, staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with had a good knowledge of safeguarding procedures and told the inspector what they would do in the event a safeguarding concern arose. The resident present on the day of the inspection, presented as safe and well cared for, based on the inspector's observations.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. An issue regarding the effectiveness of one of the fire doors was noted on the day of inspection and this was promptly followed up with maintenance on the day of the inspection. There was evidence that evacuation drills were taking place regularly and with every new group of residents. However, documentation related to a number of the most recent drills had not recorded the time of day the drill took place or location of where the simulated fire occurred in the centre.

Regulation 17: Premises

The centre comprised of a large house in a residential area on the outskirts of a city. It was designed and laid out to meet the assessed needs of the residents. The centre presented as a warm and homely environment decorated in accordance with the residents' personal needs. Each bedroom had adequate storage, a comfortable arm chair and an en-suite bathroom. Residents were encouraged to bring items from their homes to make their room more comfortable for the duration of their stay. Along with a well maintained garden, there was adequate private and communal space for residents and the physical environment was clean. The provider had ensured the provision of the requirements set out in Schedule 6 including adequate storage, and adequate social, recreational spaces as well as kitchen, bathroom and dining facilities. The inspector also observed visual aids throughout the centre to assist residents locate the various items in their home, and to indicate what staff were on duty.

Judgment: Compliant

Regulation 20: Information for residents

Resident guides were prepared and available to residents. There was an easy-to-read copy available in the residents bedrooms. The resident's guide met all the requirements in the regulations such as a summary of services and facilities provided, the terms and conditions of residency and arrangements for ensuring the resident's involvement in running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there was an up to date risk management policy in place that contained all the information required in the regulation. The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure any possible changes were considered. This involved contact with the resident and their representative prior to their respite stay to establish if there are any changes to be considered in relation to risk. There was an effective system in place for recording incidents and accidents. This system included an incident analysis that recorded the type of incident, actions taken, if further action and investigation was required and the effectiveness of same. A sample of records of incidents and accidents were reviewed and they were assessed and responded to appropriately.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. A COVID-19 preparedness and service planning response plan was in place and readily available for staff and residents as it was located in the kitchen. The plan indicated that the centre would not admit residents for respite if they are displaying symptoms or are considered a close contact. This centre was also identified as an isolation unit during the COVID-19 lockdown period. Risks associated with residents and staff contracting COVID-19 had been carefully considered and risk assessed with appropriate control measures in place.

The person in charge ensured sufficient personal protective equipment (PPE) was available at all times and staff had adequate access to hand sanitising gels and appropriate hand washing facilities. The designated centre had a room specifically for donning and doffing PPE. Regular temperature checks on staff, residents and visitors were taking place. Appropriate training was provided and up to date. There was a cleaning schedule in place that included deep cleaning of all aspects of the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

In general, fire safety systems were in place that involved visual checks on the fire fighting equipment, containment measures, emergency lighting and evacuation routes. Staff training in this area was up to date with the exception of one staff member who recently joined the team. There were personal evacuation plans in place for the residents.

Fire detection and containment measures were in place in this centre including, fire doors, fire fighting equipment and an appropriate fire alarm system. An issue regarding the effectiveness of one of the fire doors was noted on the day of inspection and this was promptly followed up with maintenance who fixed the door to ensure all appropriate containment measures were fully in place at the close of the inspection day.

There was evidence that evacuation drills were taking place regularly and with every new group of residents who came for respite. However, documentation related to a number of the most recent drills had not recorded the time of day the drill took place. This meant, it was unclear if the drills simulated day or night time conditions. The documentation in place relating to evacuation drills did not evidence learning nor did it outline where the simulated fires took place and if they were in different locations in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive needs assessments were in place for residents and the designated centre was found to be suitable to meet their assessed needs. Appropriate personal plans were in place and were subject to regular review with input from the multi-disciplinary team where required. Prior to a resident's planned stay in the centre, the provider would conduct a pre-visit correspondence with the residents and their representative to establish if there are any changes required to the residents care plan and risk assessments. The personal plans also included how to best support the residents with areas such as personal care, nutrition, mobility, behavioural support, health and safety, and their social needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse

in the centre. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. There were no open safeguarding concerns and there was evidence that all incidents were assessed, monitored, reviewed and dealt with appropriately. Residents who required it, had intimate care plans in place which detailed the level of support they required. There was an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	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 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Summerville Respite House OSV-0005627

Inspection ID: MON-0029931

Date of inspection: 10/11/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Updated ID has been received	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Medication Management completed for new staff 29th and 30th November. Buccal Midazolam training completed 6th December. Peg Management training commenced 6th December. Studio 3 training for new staff scheduled 17th, 18th and 19th January. First Aid training for new and existing staff to be completed by end of January 2022 with dates scheduled for the 25th, 26th and 27th January.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: PIC will submit minor injury to HIQA should they arise in the future within the timeframe. Minor injury that had not previously submitted has now been submitted.	

It was submitted 11/11/21.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC has informed staff of HIQA findings at staff meeting 23/11/21 and staff are now recording time that fire drills conducted, staff aware they must have time recorded and locations of persons participating in fire drill to be recorded in fire book.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	11/11/2021

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	11/11/2021