



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

## Issued by the Chief Inspector

Name of designated centre:	Bantry Respite
Name of provider:	RehabCare
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0002663
Fieldwork ID:	MON-0027633

## About the designated centre

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

Respite services are provided in this centre to adults, both male and female. The centre is usually open Monday to Saturday and a five night respite stay is available during that period to persons from specified geographical areas with a sensory or physical disability. The service is also open six weekends each year which can support a seven night stay. A maximum of six residents can be accommodated; each has their own bedroom and bathroom, with shared communal and dining areas. The service aims to support a range of needs but the provider does state that the centre is not suited to those who require a full-time nursing or medical presence, for example those with very high medical needs or requiring end of life care. During the respite stay assistance is provided to attend a range of appointments if required and to participate in chosen leisure activities. The model of care is social; the staff team is comprised of care staff supported by the team leader and the person in charge. However, collaborative working ensures that all required supports and all relevant information are available to the staff team so as to guide the support and care provided.

**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 (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 9 March 2022	09:30hrs to 17:15hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector met with four individuals who were availing of the respite service in the designated centre on the day of the inspection. The inspector was introduced at times during the morning that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE). This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

The inspector spent some time with one person as they played a game of pool during the morning. They explained how they used to enjoy playing snooker in their spare time but found the cost of games was expensive in some public facilities in the city where they lived. They spoke of how they had to adjust their shots to suit the smaller pool table in the designated centre and felt they weren't playing very well. They outlined how much they enjoyed being able to avail of respite in the designated centre, describing it as "a holiday". They described the ongoing supports they had from family representatives with whom they lived with when not availing of respite services. They spoke with great knowledge and up-to date information on named soccer teams, some of which the inspector was informed were not performing well. They also spoke of the current crisis in Europe and the impact the COVID-19 pandemic had on them. While they had remained safe from the virus for the last two years they had not yet returned to their administrative role with a named employer. They had worked on a part time basis prior to the pandemic and enjoyed it very much. Staff explained that this resident's family representative provided ongoing support and advocated on their behalf. However, neither the resident nor the person in charge were aware of any plans for them to return to their employment at the time of the inspection. Further information was provided to the inspector after the inspection which outlined another service provider who provided ongoing day service to the resident and who had supported the resident to secure the job initially were actively advocating for them to return to work as soon as possible. In addition, their family representative were also engaging with these services to assist the resident to return to their employment.

Two other residents were enjoying their breakfast when the inspector first met them. After the initial greeting the inspector waited until after they had finished their meal to speak with them. One resident had a newspaper which they liked to read to keep up-to date with current affairs. They spoke of how much they enjoyed the peace and quiet in the designated centre and liked to spend time "chilling out". Later in the evening they told the inspector that they had enjoyed an outing with two other peers to another large town where they had their lunch in a restaurant. Staff were observed to assist the resident in a respectful manner when they struggled to find the correct words to explain to the inspector what they had to eat for their lunch.

Another resident was supported to go to the local town to do some grocery shopping as per their wishes during the morning before they went on the planned outing with staff to a nearby local town. The resident was observed to self-propel themselves in their wheelchair around the designated centre and staff were observed to support the resident in the afternoon to spend some time using their gaming console in their bedroom. They were smiling and happy to be left alone at this time after speaking with the inspector outlining that they were very happy to be in the designated centre. The inspector informed the resident that they had spoken with a family representative earlier on the phone. The resident acknowledged that they were aware in advance that this would be taking place as the resident spoke regularly to their relative on the phone, sometimes a number of times during the day. During the telephone call, the relative explained to the inspector that the decision to attend the respite service was made by the resident themselves. They could hear the happiness in their voice on the phone while they were in the designated centre. The relative spoke of how staff listened to the resident, were open and friendly while enjoying banter and laughter together. The resident liked to consider the people and staff they met in the designated centre as friends. While there had been a lot of staff changes in the last year, this had not impacted on the good communication between the resident and the staff team. For example, the resident received regular phone calls from the staff during which they were informed of details such as what staff would be transporting them to the designated centre for their stay. The resident also had a keen interest in vehicles, going for drives and being included in decisions during their respite stay. While the pandemic restrictions and closure of the designated centre for a period of time in 2021 had impacted the resident, they had availed of three respite stays during 2021. The resident enjoyed their time in the designated centre so much, the inspector was informed they would like to avail of more respite, if it became available.

Another resident was observed to be sitting in a communal area near their bedroom during the morning before they went out with peers on a planned trip. They spoke in Irish to the inspector for part of the conversation, outlining details about their family and how they were feeling. Unfortunately, the inspector was unable to continue the whole conversation in Irish. The resident spoke of how much they liked spending time in the designated centre. They liked to go for walks with staff, watch television and spend time with peers and staff members. They had requested to see an action movie during their stay and this was facilitated on the evening of the inspection.

Throughout the inspection the dedication and commitment of the staff team was evident. Staff were familiar with preferences of each individual present on the day of the inspection, while supporting either individual or group activities throughout the respite stay as per the wishes of the residents. A schedule of planned activities was agreed between the residents and the staff at the beginning of the week. This was displayed on a whiteboard in the staff office with staff responsibilities allocated each day also. However, staff explained this could be changed as per the individual choice of residents. The inspector was informed that the group of residents in the designated centre at the time of the inspection enjoyed attending together and this was facilitated as much as possible by the staff team. Individual preferences and other considerations such as support to attend scheduled medical appointments in

conjunction with the assessed needs of the individuals were factors that were considered by the team when organising respite breaks. The inspector was informed of the flexible approach the staff team had to ensure they supported residents to participate in their preferred activities or attend scheduled appointments. For example, staff regularly facilitated activities that may not be completed before the end of their scheduled shift. The inspector observed two examples of this happening on the day of the inspection. One resident was assisted to complete their shopping during the morning in an un-rushed manner and another resident was supported to go to the cinema in the late afternoon. It was also evident the team supported each other to ensure safe infection control practices were consistently adhered to which included effective hand hygiene and correct mask wearing through a "buddy system".

The designated centre was observed to be warm, bright and clean. The design was suitable to meet the assessed needs of the residents availing of the service which included an adjustable height kitchen counter, hoists and exercise equipment. However, the layout at the time of the inspection did not accurately reflect the floor plans submitted for the renewal of the registration of this centre. In addition, the locked storage of washing powder impacted the independence of some residents who wished to attend to their laundry during their stay. The inspector was informed that staff had to support residents to complete this activity. These issues will be further discussed in the quality and safety section of this report.

The inspector was informed that a total of 41 individuals were being supported by the provider to avail of services in the designated centre. Most were in receipt of regular respite stays, a small number had been recently referred to the service and would be commencing regular stays in the designated centre in the weeks and months following this inspection. In advance of all planned stays the individual was contacted by a staff member to ensure all up-to-date information was available to support the assessed needs of the individual. This included information in relation to COVID-19. On arrival staff reviewed with the individual what they would like to do during their stay, what goals they had and if there was any additional support required by them. At the end of each stay staff completed a review of the respite service received by the resident. From the documentation reviewed by the inspector this was consistently being completed.

The inspector reviewed seven completed resident questionnaires that had been returned by persons availing of respite services. All had positive comments regarding the service provided, the staff support, the food and activities they were supported to engage in during their time in the designated centre. For example, one person spoke of how staff assisted them with their chiropody appointments which had been impacted due to the pandemic. Prior to the public health restrictions the chiropodist came to the designated centre when the person was availing of respite. Since the pandemic the staff team had assisted the individual to go to the chiropodist located in a near-by town while adhering to public health restrictions. The resident was very grateful for the support staff provided to ensure they could continue to attend the chiropodist of their choice.

The next two sections of this report will present the findings of this inspection in

relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. The provider had ensured actions from the previous inspection had been addressed. However, not all restrictive practices that were used in the designated centre had been reported as per the regulatory requirements. In addition, a review of the floor plans submitted with the application to renew the registration was required to ensure they reflected the purpose of each room accurately.

The person in charge worked full time and had remit over one other designated centre located in an adjacent building on the same site. They had taken up the position in June 2021 and were aware of their role and responsibilities. They demonstrated a good knowledge of the residents using the service and their support needs. They were observed during the inspection to be familiar with the residents and had worked in another role with the provider in the day services also located on the same site prior to taking up the role of person in charge. Although their role was supernumerary, they were available to staff by phone if they were not on-site and also provided direct support to residents at times. For example, assisting with driving and attending appointments with residents if required.

The team leader assisted the person in charge to ensure governance and management oversight was consistently maintained. The team leader liaised with individuals and their family representatives by phone prior to the commencement of each respite stay. They ensured the staffing levels were appropriate to meet the assessed needs of individuals attending the designated centre and assisted the person in charge with the regular supervision and training requirements of the staff team. The inspector was informed that while there were no staff vacancies at the time of the inspection two new relief staff had been identified and one post to cover a fixed planned absence had been filled. The inspector was informed that the majority of the current staff team had commenced their roles either in June or July 2021. During the inspection, the inspector observed a flexible approach by staff to support residents to engage in their preferred activities. For example, as already mentioned a resident was supported to go shopping to get a preferred food item which wasn't in the designated centre on the morning of the inspection. Another staff was observed to listen and engage in a meaningful way with a resident as they discussed music. There were times allocated daily during each shift for a handover between staff members and these were scheduled to take place at different times

each day without impacting on planned activities for residents. For example, if there was a day trip planned the staff scheduled the handover after residents returned and were supported to relax as per their wishes, offered refreshments and assisted with personal care. This was observed by the inspector during the inspection.

During a walkabout of the designated centre with the person in charge, the inspector observed locked presses in the laundry room. The inspector was informed that these locks were in place to securely store chemicals and other cleaning materials which was in line with the provider's national policy. However, the inspector was informed that there was no identified risk of harm to any individual availing of respite services in the designated centre at the time of the inspection. In addition, the inspector was informed that residents were unable to independently access the washing powder, if they wished without staff support to unlock a press despite completing these activities and skills in their own homes. This resulted in restrictions being in place for some residents. In addition, the use of locked presses had not been reported in the quarterly notifications submitted to the Health Information and Quality Authority, (HIQA).

The inspector also noted that the purpose and function of two rooms was not reflective of the floor plans recently submitted by the provider to HIQA. To safely support visitors' access during the pandemic in line with public health guidelines without impacting other residents, the visitor room had been relocated to a bedroom near to an entrance in the designated centre. The bedroom was then re-located to where the visitor room was identified on the floor plans. The function of these rooms had not been changed on the provider's floor plans.

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

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. However, the floor plans submitted did not accurately reflect the purpose/function of two rooms in the designated centre as seen by the inspector on the day of the inspection.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. In addition to the responsibilities of this role, the person in charge provided frontline support to the residents and the staff team. They were supported in their

<p>role by a team leader working in the designated centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 15: Staffing</b></p>
<p>There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met. For example, while minimum staffing levels were maintained as per the statement of purpose, increased staffing supports were made available if the assessed needs of the group required additional support.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 16: Training and staff development</b></p>
<p>The person in charge and team leader ensured staff had either completed mandatory training on-line or face to-face when safe to do so. There was a planned training schedule for 2022. All staff had attended regular supervision with planned dates for 2022 also scheduled.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 22: Insurance</b></p>
<p>The registered provider had ensured that the designated centre was adequately insured. The certificate submitted with the application to renew the registration was valid until July 2022.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 23: Governance and management</b></p>
<p>There were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings ensuring the provision of good quality care and safe service to residents. The provision of services was subject to regular review by the provider which included an annual review and provider led-six</p>

monthly audits.

Judgment: Compliant

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

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to residents availing of services in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed on the day of the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

While the person in charge had ensured that the Chief Inspector was notified in writing of all adverse events as required by the regulations, not all restrictions in place in the designated centre had been notified. Locked presses which impacted some residents independence when completing activities such as their own laundry as per their wishes had not been reported in the quarterly notifications.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was one open complaint in the designated centre at the time of the inspection. While the issues relating to the WiFi connection had been resolved, the resident who made the complaint had not been back to the designated centre since they made the complaint in February 2022. The person in charge outlined how they planned to discuss the actions taken with the complainant during their next

scheduled respite stay to ensure they were satisfied before closing the complaint. The staff team had received a number of compliments from residents and relatives regarding the person centred support, flexibility and ongoing interest shown to them during their respite stays. In addition, an audit of complaints was regularly completed by the person in charge which was an action taken by the provider to address findings of the previous inspection in April 2021.

Judgment: Compliant

## Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected. Staff adapted the environment and the supports provided to each resident as required and ensured ongoing supports were in place and regularly reviewed to assist residents to enjoy their respite stay and attain their goals as per their wishes. However, the provider's current infection prevention control (IPC) policy had not been updated/addendum added to include reference to COVID-19 and not all risks had been subject to review as scheduled.

The person in charge outlined that there were no active safeguarding plans in the designated centre. The inspector was aware prior to the inspection of two residents that had informed the person in charge of issues relating to their community dwellings in advance of this inspection. The person in charge provided up-to-date information on the support provided by the staff team and the provider to these two residents in conjunction with other community service providers, with actions progressing to ensure safe service provision for both residents in the community.

The provider was aware of some maintenance issues that required review in the designated centre which included a small leak in a section of the roof in an entrance hall and damage to the flooring surface in a communal area. These had been identified in the most recent provider led audit and the inspector was informed that while it was difficult to get a contractor to review the roof issue this was being pursued at the time of the inspection to get it resolved. In addition, the repairs to the floor surface was planned to be completed during the week following this inspection when the designated centre was scheduled to be closed. During a walkabout of the designated centre with the person in charge, the inspector observed residents mobilising independently in wide hallways and multiple communal areas. However, surfaces on a number of chairs were observed to be damaged and worn. As previously mentioned in this report there were locked presses in the laundry room. The rationale for these was discussed with the staff during the inspection and at the feedback meeting. The inspector observed that all residents' were supported to have access to all areas in the designated centre to facilitate their ongoing independence and maintaining /developing skills to support

## independent living

Staff practices throughout the inspection evidenced good infection prevention and control practices. Regular temperature checks were consistently completed, staff were observed to clean the thermometer before and after each use. Staff had a "buddy system" in place to check that face coverings were being worn correctly by their colleagues. The cleaning activities was shared among all of the staff and this was observed during the inspection. The centre specific IPC protocols included daily and weekly cleaning which were consistently completed and included rooms that were vacant. There were also weekly checks completed to reduce the risk of Legionnaire's disease in any vacant rooms. The team leader was a trained hand hygiene assessor, the provider had identified a staff member as the COVID-19 lead and the HIQA self-assessment for preparedness, had been subject to regular review. The most recent review took place on 4 January 2022. There was an IPC policy in place which was due for review in July 2022. The provider had developed additional guidance during the pandemic for staff in relation to a number of different topics which included wearing face coverings, close contacts and community based activities in relation to COVID-19. However, there was no addendum or update to the current IPC policy referencing COVID-19. In addition, the rationale by the provider for residents to bring their own personal towels during each respite stay was unclear. The inspector was informed this had been implemented during the pandemic in the designated centre as part of IPC measures. There was no reference to this control measure in the centre's risk assessment relating to COVID-19. Prior to the pandemic the provider had supplied towels as required by residents during their respite stay. This issue was also discussed during the feedback meeting at the end of the inspection. The inspector was not assured that the non-provision of towels was an IPC measure and in-line with the service description in the statement of purpose of a "home from home service".

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Provision had also been made for fire containment in order to prevent the spread of fire and smoke while also providing protected evacuation routes if needed. All staff had up-to-date training in fire safety in addition to most of the staff being trained as fire wardens. There was a site specific fire evacuation plan and fire drills were carried out regularly, with different scenarios and exit routes being used. Evacuations were consistently completed in less than two minutes 30 seconds. Minimal staffing simulation drills were also completed. Actions identified following a resident being unsure of the shortest exit route from their location during one drill resulted in arrow symbols being placed on walls in the designated centre to assist residents to evacuate quickly through the nearest exit. Another resident had experienced difficulty exiting their bedroom door and a change to the self-closing mechanism facilitated their independent egress from the room safely in subsequent fire drills. Each resident had an personal emergency egress plan, (PEEP) which was subject to regular review. However, an issue that was identified during a fire drill completed on 23 February 2022 was not reflected in the resident's PEEP. A resident had returned into the building to retrieve their coat while the drill was still in operation and a staff

had to re-enter to assist the resident to evacuate the building. The possibility of this occurring was not reflected in the resident's PEEP or actions identified to reduce the risk of this happening in the future.

The inspector reviewed eight personal plans during the inspection. All of the plans had been subject to regular review. There was evidence of residents being actively involved and engaging with staff in the development of their personal plans. Individuals were supported to identify meaningful goals for each respite stay. For example, assistance to attend medical or other appointments including beauty treatments were supported by the staff team.

The staff team had reviewed the risk of falls in the designated centre in recent months as there had been a number of incidents reported. However, while no trend was identified the matter was discussed during staff meetings to ensure the on-going safety of all residents. Following a review of the centre specific risks, the inspector was informed that some risks that were identified were not pertaining to the designated centre but reflective of the provider's national policy on the management of risks. For example, the risk of asbestos was identified as a low risk rating as this was not an issue in this designated centre. The inspector also noted that not all risks had been reviewed in line with time lines documented. For example, a risk relating to illness was due for review on 4 of February 2022. The inspector also noted three other risks in the sub-section relating to chemicals were due for review at the time of the inspection.

Overall, residents were supported to engage with staff to ensure meaningful respite services, with many very happy with the services they received and expressed a view that they would avail of longer or more respite stays if they were available. Staff members ensured that if cancellations occurred additional stays are offered to those who wished to avail of extra services. In addition, the inspector was informed that while four residents were regularly supported each week in the designated centre, the provider could readily accommodate emergency admissions when required. The inspector was informed at the end of the inspection that such a request had been made during the inspection and the staff team were liaising with the resident and family representatives to support the request.

## Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

## Regulation 11: Visits

Residents were supported to have visits from family and friends while adhering to public health guidelines in –line with the residents’ preferences and wishes.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents' were supported to bring their own personal belongings with them during their stay. Provisions were made to ensure the safe storage of personal belongings in the designated centre.

Judgment: Compliant

## Regulation 17: Premises

The provider had ensured the design and layout of the designated centre met the needs of the residents. The centre was clean and decorated with some artwork presented by some of the residents. However, not all items of furniture or flooring were in a good state of repair at the time of the inspection.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents were supported to buy, cook and prepare their own meals as per their wishes. Staff were familiar with the special dietary requirements and if any assistance was required by residents.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a guide regarding the services provided in the designated centre and ensured all residents were provided with a copy or access to

a copy of the document in the designated centre as per individual wishes.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The person in charge had implemented measures for the assessment and management of risks in the designated centre. There were no escalated risks in the centre at the time of the inspection. However, not all risks had been subject to review as scheduled.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent. The HIQA self-assessment had been completed and was subject to regular reviews. There was a staff member identified as the COVID-19 lead. In addition, staff practices on the day of inspection evidenced adherence to current public health guidelines ensuring the ongoing safety of the residents. However, the current IPC policy did not make reference to COVID-19 and there was no addendum to the policy available for review on the day of the inspection
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and PEEPs for the residents that were subject to regular review. However, up-to-date information regarding supports required during evacuation drills for some residents was not present in their PEEP.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and personal plan</b>

Residents health, personal and social care needs were assessed with support plans in place and were subject to regular review. Each resident was supported to review these at the beginning of each respite stay. However, if a resident had not attended in the previous 12 months the staff reviewed the personal plan during regular communications with residents and the review was completed during the next respite stay.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve best possible health with plans of care developed to support the assessed needs of residents. Access to allied healthcare professionals and local general practitioner services was supported when required.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' privacy and dignity was respected at all times. Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care.

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 (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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bantry Respite OSV-0002663

Inspection ID: MON-0027633

Date of inspection: 09/03/2022

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> <li>• Floor plans will be updated to reflect the changes to use of rooms and these will be submitted to HIQA. This will be completed by 11/04/2022.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> <li>• All the locks have been removed from presses in the service with the approval of the ISM and ROO as there is no risk identified. This was completed by 09/03/2022. Going forward all incidents will be reported to HIQA as required.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• Damaged furniture has been removed from the service. Damaged laminate will be repaired / replaced by 30/06/2022.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

• All Risk Assessments have now been updated. This was completed by 10/03/2022

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• Feedback has been provided to the Quality & Governance Directorate and an updated to make reference to COVID19 will made to the policy by 30/04/2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• PEEP for resident has been updated. This was completed on 10/03/2022.

• At team meeting in March the need for immediate updates to PEEPs where changes arise were discussed with staff. This was completed by 15/03/2022.

## 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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	11/04/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 26(2)	The registered	Substantially	Yellow	10/03/2022

	provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Compliant		
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	30/04/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/03/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	09/03/2022

	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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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