



# 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:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0002663
Fieldwork ID:	MON-0032150

## 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 open Monday to Friday and a three night respite stay is available during that period to persons from specified geographical areas with a sensory or physical disability. 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:	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 - 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 14 April 2021	10:30hrs to 16:50hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with two individuals who were staying at the designated centre for a planned respite stay. To reduce movement in the house as a result of the COVID-19 pandemic, the inspector was located in an office at one end of the designated centre. The inspector was introduced to both residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment, PPE.

The inspector sat outside in the courtyard during the morning when speaking with one resident. They spoke of how they had been in receipt of respite services for many years and prior to the pandemic would have scheduled hair and beauty treatments in the local town during their stay. The resident spoke of the ongoing support provided by the staff in the designated centre through regular phone calls from the team leader while the centre was closed for a number of months due to the public health restrictions. They outlined the activities they liked to do while enjoying their respite stay which included art, puzzles and reading. The resident was also looking forward to a planned visit from a friend later in the day. They told the inspector that they enjoyed going for a spin during their time in the designated centre as there was such lovely areas located nearby. The resident invited the inspector to look at some of the art work that they had completed earlier in the morning which they said would be displayed in a local day service they attended when at home. During the day the inspector observed the resident to have their homemade lunch in the bright dining room and enjoy a walk around the grounds of the designated centre with a staff member in the afternoon. The resident spoke of how they enjoyed their stays in the designated centre and outlined how the staff were very friendly and always there to help them if they needed it.

The inspector was able to meet with the other resident in their bedroom. This was the first respite stay the resident had availed of in over a year due to the pandemic. They spoke about the supports available to them at home and what they had planned during their stay in the designated centre. The resident had a scheduled hospital appointment on the day after the inspection which staff would be supporting them to attend. The resident outlined how the level of support they required to complete activities of daily living had increased in recent months and their goals for this respite stay included being able to go outside in their wheelchair. The inspector was able to speak with the resident again later in the day outside in the courtyard as they sat in the sunshine chatting to a staff member. The resident explained that they were still getting to know some of the newly appointed staff in the designated centre but always found all the staff very friendly and supportive. They spoke of how they found the three night respite stay too short for them. They explained that they needed the first night to settle into the room and they would usually schedule medical appointments during their stay so that they would have the staff to support them to attend these appointments. They found the second and third nights would usually be good for them. They enjoyed using the equipment in

the therapy room during their stay and could have their meals either in their room or in the dining room depending on their preference. They told the inspector they would like to avail of longer stays in which they could enjoy more time in the peaceful surroundings of the designated centre as the time went so quickly. They liked the calm setting and chatting to the different people in the designated centre.

The design and layout of the centre supported staff to provide person-centred care to each resident in single rooms with en-suite facilities. There were adequate communal areas with external courtyard spaces which were easily accessible. The internal and external areas were well maintained and supported the ease of movement for residents who required the use of mobility aids such as wheel chairs to move around independently. The inspector observed an adjustable height counter space in the kitchen which also had a cooking hob and sink. This facilitated all residents to participate in all cooking activities as they wished. The residents told the inspector that they were happy with the services provided and the staff working with the residents' were knowledgeable of their individual needs. The atmosphere was very pleasant and the inspector could hear laughter and conversation throughout the day.

At the time of the inspection, to adhere to public health guidelines the designated centre was providing support at a reduced capacity to two residents each week since re-opening in February 2021. The inspector was informed that there were 38 residents registered with the provider to receive respite services in the designated centre. Some of those residents had chosen to delay their return to the centre for different personal reasons due to the pandemic but planned to resume respite stays in the future. The person in charge and team leader liaised with the residents and scheduled respite stays as per the resident' wishes and in line with the service level agreement each resident had; for example, some residents could avail of five respite stays each year. The team prepared a monthly schedule and operated a cancellation list that residents could avail of additional stays if another person was unable to attend the designated centre. The staff team were also aware of personal preferences of residents who liked to be in the designated centre together and endeavoured to facilitate this whenever possible.

## Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents. However, while residents were supported to make a complaint the resolution to the satisfaction of the complainant was not always documented.

The person in charge worked full time and had responsibility for another designated centre and day services located on the same site. They were supported in their role

by a team leader and a consistent staff team. The planned rota had scheduled handovers during each shift at different times which were reflective of suiting the individual needs of the residents in the designated centre at that time and any activities they were scheduled to complete. This flexibility daily emphasised the individual care and support provided to each resident by the staff team. The provider had recently submitted an application to vary their conditions of registration to increase the number of nights the service could open and had begun the induction of new staff in advance of the increased services commencing. All staff had completed mandatory training, including refresher training in areas which included fire safety, safeguarding and infection prevention and control. Newly recruited staff were being supported by familiar staff during shifts. There was a schedule in place of staff supervision for the year. The staff with whom the inspector spoke with said they were well supported in their role and felt that there were good procedures in place to support them during the pandemic.

The provider had ensured that an annual audit and six monthly unannounced audits of the quality and safety of care and support of residents were completed as required by the regulations. The annual review included consultation with the residents and their responses included requests for the extension of the respite stays from three nights. As previously mentioned the provider had submitted an application to the Health Information and Quality Authority, HIQA to increase service provision after the provider had secured additional funding.

The inspector reviewed the compliments and complaints log. There were many compliments from different residents which reflected the positive experiences they had while staying in the designated centre. Residents liked the ongoing support provided by staff, the choice of food, the ability to attend personal appointments and explore the locality. Residents were also supported to make complaints. There were no open complaints at the time of the inspection and all complaints logged stated the issue was resolved. However, the satisfaction of the complainant was not always documented. This was discussed with the staff team during the inspection.

### Registration Regulation 8 (1)

The provider had submitted a complete application to vary the conditions of registration of the designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed

and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. 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.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured staff had completed all mandatory and refresher training in advance of training expiring, including on-line training courses in the absence of face to face training. A schedule of training for 2021 was also in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.

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.

Judgment: Compliant



## Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were no open complaints in the designated centre. The provider had ensured records of all complaints had been maintained, however, while complaints were documented as complete; the date of resolution and the satisfaction of the complainant was not always recorded.

Judgment: Substantially 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.

The inspector found that residents' health, personal and social care needs were assessed on each admission. The inspector was informed that three days prior to each resident's scheduled admission they would be contacted by a member of the staff team and an assessment was completed to ensure any changing needs of the residents would be supported. On admission the resident's support plan was reviewed and updated with them at the beginning of their stay which also detailed the current goals they had prioritised for their stay. Goals included having staff assistance to set the resident's hair with rollers, going for a drive with a picnic and assistance to write out questions in advance of attending a medical appointment. Staff were actively supporting residents to achieve these short term goals. The inspector was also informed that recently other residents had requested to have a special dinner cooked for them in the designated centre and this had been facilitated much to the enjoyment of all. In addition, the staff team worked with a multi-disciplinary team to ensure all the assessed needs of residents were supported. For example, the inspector was informed that staff were organising a review for one resident during their stay by an occupational therapist.

The provider had ensured there was an up-to-date risk management policy and procedures in place for the identification, assessment and management of risk.

There were no escalated risks in the designated centre at the time of the inspection. Individual and centre specific risks had been identified and subject to regular review, including risks relating to the centre being closed for prolonged periods of time due to the pandemic restrictions. For example, there was information and protocols in place for reducing the risk of legionnaire's disease. The checks and associated documentation had been completed consistently by staff. The person in charge had also completed the HIQA self-assessment tool for preparedness planning and infection prevention and assurance control framework. It had been subject to review on two occasions since the initial assessment in September 2020 with the most recent review taking place in February 2021.

The provider had effective fire safety management systems in place which included a fire alarm, emergency lighting and personal emergency egress plans, PEEPs that were discussed with each resident. The person in charge had also ensured ongoing servicing and fire safety checks had been carried out during 2020 even when the designated centre was closed. The core staff team were trained fire wardens and each shift identified through a "Buddy system" which resident each staff were to support in the event of an evacuation taking place. Fire drills took place regularly to ensure all residents participated with documentation of different scenarios being used each time.

Overall, residents were supported by a committed staff team that facilitated a good quality of life during each respite stay and provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines.

### 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

The provider had ensured residents could meet with visitors as per their wishes while adhering to public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider ensured residents personal possessions were respected and protected.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured the premises met the needs of the residents and was maintained in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place which were reviewed at the beginning of each respite stay.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to achieve the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices and decisions during their respite stay which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bantry Respite OSV-0002663

Inspection ID: MON-0032150

Date of inspection: 14/04/2021

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The monthly team leader audit will include a section to confirm all complaints are signed and dated by the complainant and resolved to their satisfaction. This audit template will be updated by 29/04/2021.</p> <p>Six month PIC Complaints and Compliments Audit will include section to confirm all complaints are signed and dated by complainant as resolved to their satisfaction. This will be completed by 29/04/2021.</p> <p>Beginning of stay form completed by each client upon arrival at respite will include a prompt to ensure that any outstanding complaint from their previous visit is satisfactorily resolved, signed and dated by the client. This prompt will be included by 29/04/2021.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	29/04/2021