Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Charleville Cottage
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0002666
Fieldwork ID:	MON-0033570

About the designated centre

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

Charleville Cottage is a designated centre operated by The Rehab Group. It provides a residential respite service for up to four to children or adults with a disability at any one time. Children and adults avail of the respite service at different times. At the time of the inspection, the centre provided a respite service to a total of 70 service users. The centre is located in a town in Co. Offaly which provided good access to local services and amenities. The designated centre consists of a large detached bungalow comprised of a living room, kitchen/dining room, four individual service users' bedrooms, a staff room, two shared bathrooms and an office. The designated centre is staffed by a person in charge and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 June 2021	10:20hrs to 15:40hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspector carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from one location in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with service users, staff and management over the course of this inspection.

From what service users communicated with the inspector and what was observed, it was evident that the service users received a good quality of care and enjoyed their time in the respite service.

At the time of the inspection, the respite services was operating on a reduced basis due to COVID-19. The inspector had the opportunity to meet with one child availing of the service during the course of the inspection, albeit time was limited. They appeared content and relaxed in the service and engaged in table top games and toys. Positive interactions were observed between the staff team and the child and the child's presenting needs were responded to in a prompt and caring manner.

The inspector also had an opportunity to speak with the child's parent who spoke positively about the care and support provided in the service. The inspector also reviewed the centre's annual review and observed positive feedback from service users and families about their experience with the designated centre.

On the day of the inspection, the inspector carried out a walk through of the designated centre accompanied by the person in charge. The house was a detached bungalow which comprised of a living room, kitchen/dining room, four individual service users' bedrooms, a staff room, two shared bathrooms and an office. At the rear of the property there was a large well maintained garden which contained a sensory room for service users and appropriate play areas for children. Overall, the centre was well maintained, however, the inspector did observe some maintenance issues outstanding. For example, there were areas of the painting throughout the centre which required attention and a number of broken radiator covers. This had been self-identified by the provider and plans were in place to address same.

In summary, based on what service users communicated with the inspector and what was observed, the inspector found that service users received a good quality of care during their respite stay. However, there are some areas for improvement including premises, personal plans and fire safety. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure good quality care and support was being delivered to the service users during their respite stay. On the day of inspection, there were sufficient numbers of staff to support the service users' assessed needs.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the service users and their support needs. The person in charge was supported in their role by a team leader. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual report for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained planned and actual rosters. The inspector reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill-mix to meet the service users' needs. There was an established staff team in place and a regular relief panel in place which ensured continuity of care and support to service users. At the time of the inspection, there was two whole time equivalent (WTE) vacancies. One vacancy had been filled and a person had been identified to begin work in the designated centre and the provider was currently advertising the second vacancy. Throughout the inspection, staff were observed treating and speaking with the service user in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

Regulation 14: Persons in charge

The centre was managed by a full time person in charge who was suitably qualified and experienced. The person in charge demonstrated a good knowledge of the service users and their needs.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. There was sufficient staffing levels and skill-mix to meet the service users' assessed needs. There was an established staff team and relief panel in place which ensured continuity of care and support to service users.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team were up-to-date in mandatory training in areas including children first, safeguarding vulnerable adults and manual handling. This meant the staff team had up to date knowledge and skills to meet the needs of service users.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents were notified to the Chief Inspector as required by the Regulation 31.

Judgment: Compliant

Quality and safety

Service users availing of respite in the centre received good quality care which met their needs and kept them safe. Their needs were met in a timely and respectful

manner and the care provided to them was person centered. However, improvements were required in relation to premises, personal plans and fire safety.

The inspector reviewed a sample of the service users' personal plans and found that they were person-centred. Each service user had an assessment of need and care plans were developed in line with their assessed needs. The personal plans in place guided staff in relation to the supports the service users required while availing of the service. While, there was evidence that the personal plans were reviewed, three of the assessments of needs were not reviewed in a timely manner.

There were behaviour support plans in place for service users who required support to manage their behaviour as required. The positive behaviour support guidelines guided staff practice in supporting the service users to manage their behaviour during the respite stay. There were some restrictions in use in the centre to promote the safety of the service users. The inspector viewed a sample of the restrictions and found that they were appropriately assessed and reviewed regularly.

There were systems in place to safeguard service users availing of respite from adverse incidents. All staff had completed training in Children First and Safeguarding Vulnerable Adults. The planning of respite bookings considered the preferences, compatibility and safety of service users. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required. This included discussions at team meetings, informing representatives, reporting the incident to other bodies as required.

There were systems in place for fire safety management. The previous inspection found that improvements required in giving warning of fire in the adjacent shed used as a utility room. This had been addressed. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place. However, it was not evident that a night time fire drill had been completed in the last year. Some improvement was required to ensure staff and service users are aware of the procedure to be followed in the case of fire at night time.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of service users, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the service users during their respite stay. Overall, the designated centre was decorated in a

homely manner. However, some areas of paintwork throughout the centre required attention and some radiator covers were broken.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and service users specific risk assessments. The risk assessments outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of service users. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support service users to safely evacuate in the event of a fire. However, some improvement was required to ensure staff and service users are aware of the procedure to be followed in the case of fire at night time as there was no evidence of a night time drill in the last year.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each service user had an assessment of needs and care plans developed in line with

their assessed needs. The personal plans in place guided staff in relation to the supports they required while they availed of respite. However, the assessments of need were not reviewed in a timely manner.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were behaviour support plans in place as required and clearly guided staff practice in supporting the service users to manage their behaviour while on respite stays. All staff were trained in positive behavioural support.

The inspector found that the restrictive practices in place were appropriately assessed and reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard services users availing of respite from adverse incidents. From a review of a sample of incidents, the person in charge had appropriate oversight of incidents and took appropriate action if required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Charleville Cottage OSV-0002666

Inspection ID: MON-0033570

Date of inspection: 29/06/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Painter has been booked and the service has been scheduled to close from 02/09/2021 to 10/09/2021 for the service to be painted. • Carpenter has been requested to make stronger radiator cover panels to replace the broken ones-these will be fitted during the week that the service is due to close for the painting (between 02/09/2021 and 10/09/2021).	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • A night time fire drill was completed on 20/07/2021 at 6.45am whilst service user was in bed and sleep over staff were in sleep over room. The night duty staff took the lead in setting off alarm and coordinating evacuation. Service user and staff evacuated safely.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:	

• Assessment of needs reviews will be scheduled with families. Appointments will be set up with families to complete same. These will take place before the 31/10/2021 for any service user that has utilized the service in the past year.

• For those who have not been utilizing the service since the introduction of Covid restrictions, the assessment of needs will be carried out when they return to the service. They will not return to the service until the Assessment of Needs review has been completed.

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 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	10/09/2021
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 practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/07/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an	Substantially Compliant	Yellow	31/10/2021

	appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			