

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

Issued by the Chief Inspector

Name of designated centre:	Suir Respite Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	14 March 2024 and 15 March 2024
Centre ID:	OSV-0005547
Fieldwork ID:	MON-0034032

About the designated centre

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

Suir Respite Services is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides a respite service to adults and children with a disability in two separate units. Overall, the designated centre has the capacity to accommodate up to 10 persons with a disability at any one time - five in the childrens respite unit and five in the adults respite unit. The two individual units are located within a short distance from another in County Tipperary. The first unit provides a childrens respite service to 46 children with a disability. The house is a detached bungalow which comprises of a living room, kitchen/dining area, an office, five individual bedrooms, sensory room and a shared bathrooms. The garden has a large, safe play area containing suitable equipment including swings and activity centres. The second house provides an adults respite service to 66 adults with a disability. The house is a bungalow which comprises of a living room, office, kitchen/dining area, five individual bedrooms and shared bathrooms. There is a large well maintained garden to the rear of the premises. The designated centre is staffed by a CNM2 and a CNM1, staff nurses social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 14 March 2024	09:30hrs to 17:30hrs	Conan O'Hara	Lead
Friday 15 March 2024	08:30hrs to 13:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision on the registration renewal of the centre. The inspection was completed across a two day period by one inspector.

On the first day of inspection, the inspector visited the children's respite service. As noted on the last inspection, one service user was receiving a residential placement in the children's respite centre since March 2023.

On arrival, the two service users were attending school. The inspector carried out a walk through of the premises. As noted, the centre comprises of a living room, kitchen/dining area, an office, five individual bedrooms, sensory room and a shared bathrooms. The garden has a large, safe play area containing suitable equipment including swings and activity centres. Overall, the centre was presented well, nicely decorated and clean. However, some areas of painting required attention. This had been self-identified by the provider and plans were in place to address same.

In the afternoon, the inspector met with the two service users as they returned to the centre. Both service users appear content to be in the centre and in the presence of the staff team. The inspector observed one service user spending time in the kitchen watching TV while the second service user was using their tablet in the sitting room. Later in the afternoon, the two service users were observed heading out for an activity with the staff team.

On the second day of the inspection, the inspector visited the adults respite service. Since the last inspection, one service user has been supported on a residential placement basis since January 2024.

On arrival in the morning, the inspector observed two service users having their breakfast in the kitchen, one service user watching TV in the sitting room and another service user was being supported to prepare for the day. The inspector had a cup of coffee with the service users as they discussed their plans for the day and upcoming plans for the weekend. Overall, the four service users seemed comfortable and content in the service. Later in the morning, the four service users were supported to attend their day services.

The inspector carried out a walk through of the adults respite service. The unit was a detached bungalow which comprises of a living room, kitchen/dining area, an office, five individual bedrooms and shared bathrooms. There was a well maintained garden to the rear of the centre.

In addition, as part of the inspection process five service users (supported by the staff team and family members) filled out questionnaires in relation to the care and support they received while attending respite. In addition, the two service users who were in the centre on a residential basis also completed questionnaires. Overall, the

questionnaire contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

Overall good levels of compliance were found on the inspection. While the residential placements of two service users in the respite service was not suitable, the inspector found that the provider was appropriately supporting the service users at the time of the inspection. However, some improvement was required in governance and management, risk management, statement of purpose and personal plans.

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, there was management systems in place to ensure that the service was suitably monitored. The inspector found that there were suitable arrangements in place to ensure staffing levels were appropriate to meet the needs of service users. However, improvement was required in the statement of purpose and training and development.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review and the provider unannounced six-monthly visits as required by the regulations.

However, the centre's statement of purpose, which outlines the purpose and objectives of the centre, required review. The inspector found that it was not clear if the provider was operating in line accordance with their Statement of Purpose at all times. For example, the statement of purpose noted that the respite service does not take emergency admissions but may consider admissions based on 'crisis' situations. At the time of the inspection, two service users were availing of a residential placement in the respite centre.

There was an established staff team in place which ensured continuity of care and support. The respite service operated on a rolling basis. From a review of the roster, it was demonstrable that there was sufficient staffing levels were in place to meet the needs of the respite group in both units. The training and development of the staff team required improvement to ensure that the staff team had up to date knowledge and skills to meet the needs of the service users.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced. The person in charge was responsible for this designated centre alone. The person in charge demonstrated a very good knowledge of the service users supported in the centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was a established staff team in place which ensured continuity of care and support to the service users. The rosters demonstrated that the staffing arrangements were flexible based on the needs of the group availing of the service.

Judgment: Compliant

Regulation 16: Training and staff development

The systems in place for the training and development of the staff team required improvement. From a review of a sample of training records, it was not demonstrable that all of the staff team had up-to-date training. This included initial training and also refresher training. For example, some staff required training in areas including fire safety, de-escalation and intervention techniques, epilepsy and safeguarding. Overall, it was found that the management and booking of staff onto relevant trainings required significant improvement at provider level. The provider was aware that there were deficits in staff training across the organisation.

There was a supervision system in place and all staff engaged in formal supervision. This included one-to-one supervision sessions with a line manager that occurred on

a yearly basis. From a review of a sample of records, it was evident that a majority of the staff team were provided with supervision in line with the provider's policy. However, the inspector found that not all staff had received supervision in line with the provider's policy.

Judgment: Not compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to service users.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the service users' needs. The quality assurance audits included the annual review for 2023 and six-monthly provider visits. The annual review included consultation with the service users and their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations. However, some clarity was required in the statement of purpose regarding the admission of service users for an extended residential placements in the respite service.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a very comfortable home and care was provided in line with each service users' assessed needs. However, some improvement was required in risk management and personal plans.

The previous inspection noted that the provision of long-term residential care in a respite service was not appropriate. At the time of this inspection, two service users were availing of a residential placement. The provider was actively working with the relevant stakeholders to identify an alternative appropriate placements for both service users.

The inspector reviewed a sample of service user's personal files. Each respite service user had an up to date assessment of their social, personal and health needs. The assessment informed the personal plans which were found to be up-to-date and suitably guided the staff team to support the service user during their respite stay. However, the plans in place for the service users who were availing of a residential placement required further development.

The provider had risk management systems in place in this centre. There was a risk register and general and individual risk assessments were developed and reviewed as required. A proactive approach to risk management was in place that ensured service users' independence was promoted and maintained. However, the controls in place for one risk assessments required review.

There were effective systems in place for safeguarding service users. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The services users were observed to appear comfortable and content in their home

Regulation 13: General welfare and development

The service users were being actively supported and encouraged to experience a range of activities and relationships, including friendships and community links while attending the respite service. Service users' preferences, interests and assessed needs were considered in the provision of respite services. Service users had

meetings at the start of each respite stay to decide on their activities for their respite stay.

For the two service users who were availing of a residential placement, they were supported to maintain positive relationships where appropriate and access their school and day services. In addition, the service users were supported to maintain community links in line with the service users interests.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the service user needs and the aims and objectives of the service. The designated centre consisted of two units. Overall, both units were found to be warm, clean and comfortable. While, the inspector did observe some minor areas of painting in the children's respite service which required attention, this had been self-identified by the provider and plans were in place to address same.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify, assess, manage and review risk in the centre. The centre managed risk through the use of a risk register. The risk register was found to be up-to-date and reflective of the risks in the centre at the time of this inspection. General and individual risk assessments were developed and reviewed as required. However, one risk assessment regarding the self-administration of medication required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the respite service users personal support plans. Each respite service user had an up-to-date assessment of need which appropriately identified their health, personal and social care needs. The inspector found that personal support plans reviewed were up-to-date and guided the staff team in supporting the service users with their assessed needs while they attended respite.

For the two service users staying in the centre on a residential basis, the provider

had developed a detailed personal plan for one service user and was in the process of developing the personal plan for the second service user, who had recently moved into the service. Overall, the plans were person-centred. The personal plans for the service users availing of a residential service required continued development in order to ensure that their needs were being met.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures in place which protected the service users. The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. Safeguarding plans were in place for identified safeguarding concerns. There was evidence of compatibility being considered when offering respite to groups. The service users met with on inspection appeared happy and comfortable in the service and in the presence of the staff team.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Suir Respite Services OSV-0005547

Inspection ID: MON-0034032

Date of inspection: 14/03/2024 and 15/03/2024

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • A review of the training matrix will take place to ensure all staff have up to date training as required. Additional training sessions will be planned for de-escalation and safety intervention techniques. • Staff supports will be planned for those staff that work between service areas. 	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The registered provider will convene a meeting to review and update the statement of purpose with a view to ensuring clarity around the admission of service users for extended residential placements in the respite service. 	
Regulation 26: Risk management procedures	Substantially Compliant

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

- The one risk assessment identified has been reviewed.

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:

- The Person in charge will be working with the individual to ensure completion of their person-centred plan and personal outcome measures.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/05/2024
Regulation 26(2)	The registered 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.	Substantially Compliant	Yellow	27/04/2024
Regulation 03(1)	The registered	Not Compliant	Orange	30/06/2024

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/05/2024