



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

Issued by the Chief Inspector

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| Name of designated centre: | Mulcahy House (Respite) |
| Name of provider: | St Aidan's Day Care Centre Company Limited by Guarantee |
| Address of centre: | Wexford |
| Type of inspection: | Announced |
| Date of inspection: | 31 August 2022 |
| Centre ID: | OSV-0001854 |
| Fieldwork ID: | MON-0029430 |

About the designated centre

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

The statement of purpose for the centre outlines that it will provide respite care for up to seven residents, adults and children, male and female, with moderate to severe intellectual disability and high physical support needs. The seventh bed is allocated for emergency respite only. The service is open seven days per week, with the children being supported one week per month. Referrals to the centre are managed via the Health Service Executive referral committee, and admissions are scheduled to offer high and low support weeks for residents. Staffing and support arrangements are based on the residents' needs with full-time nursing care provided, and a minimum of three staff on duty during the day and two waking staff at night. The residents are enabled to continue to attend schools or day-services during midweek respite breaks so there is continuity of care and development for them. The premises is a single story house which is spacious, brightly decorated, homely and suitable to meet all of the residents' needs. Each resident has their own single bedroom and there were suitably adapted bathrooms and spacious communal areas which were very comfortable. All areas are easily accessible and there is a safe play garden area to the back of the house.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 31 August 2022 | 09:00hrs to 17:00hrs | Tanya Brady | Lead |

What residents told us and what inspectors observed

This was an announced inspection completed to inform decision making with regard to renewal of the centre registration. Overall the findings of this inspection were, that this was a well managed and well run centre. The residents availing of a respite stay appeared happy and content. The provider was for the most part self identifying areas for improvement.

This centre had been used as a home in a temporary capacity, for full time residential care and support for the first three months of 2022. This temporary arrangement was put in place to provide a safe place to stay for residents who had been forced to move from their home due to an emergency event. The provider had recommenced the respite service at the beginning of April 2022. All aspects of the service that had been offered in the centre since the previous inspection were reviewed.

The inspector spent time with residents staying for respite, with members of the staff team and with local management throughout the day. As the inspection was completed during the COVID-19 pandemic the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection.

This centre is registered to provide respite for a maximum of seven residents at any one time and there were three individuals availing of respite on the day of inspection. The inspector met and spent time with all three over the course of the day. On arrival one resident was finishing their breakfast and greeted the inspector before going to the back door to call the centre cat. Another resident was having a lie in and was still in bed while the third resident was dressed and planning their activities for the day.

The residents showed the inspector the bedrooms they used when staying in the centre and explained how they liked to bring certain personal items with them when they came to stay. A resident explained that they had their own DVDs and had a selection with them to watch. This resident later joined a staff member in the living room to watch an episode of a popular soap opera and was heard discussing the plot and laughing at the action on the screen. Later in the morning the resident opened the door to the postman and was supported by staff to open a parcel and to bring the packaging to the recycling.

Residents had requested to go to the cinema in the evening and the inspector observed staff supporting residents to use the Internet to research what films were playing on that day. Once a selection was made the residents watched the film trailer on the centre's electronic tablet. A resident told the inspector that they really liked staying in the centre and meeting their friends and explained that their parent used the time to meet their friends too which made them happy. A member of the centre maintenance team attended to complete a small task and they were observed

to include a resident in the activity which they enjoyed.

Another resident told the inspector that they were going to a nearby seaside town to play the slot machines and enjoy the amusements. They had saved coins for this outing and invited the inspector to join them, telling the inspector that this was their favourite outing. Residents over the course of the day were supported to have meals at times that suited them and were encouraged to participate in skills such as making a cup of tea and packing their bags to go out.

As this was an announced inspection the views of residents who availed of respite and their representatives had been sought in advance via completion of questionnaires. This service offers respite for both young people and adults and the feedback relating to activities and outings varied depending on the age range of the individual who stayed in the centre. Overall, the feedback on these was positive with residents or their representatives reporting that they were happy with the amount of choice they were offered and always had lots of things to do when they stayed in the centre. Residents' representatives reported that their family members were always happy to go and stay in respite with some stating that their family member was 'in great form when they came home after a stay'.

Throughout the inspection the inspector observed kind and caring interactions between residents and staff. The staff who spoke to the inspector were very knowledgeable in relation to residents likes, dislikes and preferences, and spoke about things they enjoyed doing both at home and in the local community. At times during the inspection, the inspector observed residents approach staff for support and observed staff responding appropriately.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this centre was well managed. There was a clearly defined management structure in place and systems to monitor the quality of care and support for residents who stayed in respite. There had also been systems in place to monitor the service provided to residents who used the centre for full time residential care earlier in the year. The governance arrangements had been notified to the chief inspector in advance of the centre changing use from respite to full time care and support and again on the resumption of respite services.

While the provider acknowledged that the decision to offer the centre for full time use had prevented stays in respite being offered to residents for a number of months, they had responded to a crisis situation by providing a home to a number of individuals. The provider was committed to ensuring that those who were prioritised for a respite break were being offered time in the centre as quickly as

possible while acknowledging that it was taking time to re-establish full resources.

The person in charge had responsibility for two centres operated by the provider and was supported in both centres by a staff nurse (CNM1) in a support position. The lines of authority and accountability were clear and staff reported that they knew who to speak with should they have a concern. The person in charge and CNM1 were knowledgeable in relation to residents' care and support needs and were motivated to ensure they were happy, safe, and busy taking part in activities they enjoyed. They were identifying areas for improvement in their reviews and implementing the required actions to bring about improvement. They were escalating concerns in relation to staffing and any works required to the centre and there was evidence that the provider was taking steps to address these concerns.

Staff who spoke with the inspector were also knowledgeable in relation to residents care and support needs and were kind, caring and respectful when interacting with residents. Staff were observed to pick up on a resident's communication and to respond appropriately.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the centre had been submitted to the Chief Inspector within the timeframes as set by the Regulations.

Judgment: Compliant

Regulation 15: Staffing

There had been a number of staff vacancies in the centre prior to the inspection on resumption of respite services however, the provider had recruited new staff who were currently completing an induction process. While the centre had provided full time care and support earlier in the year that staff team had transitioned from another centre with the residents and the respite staff team had transitioned to work in other centres operated by the provider.

On resumption of respite services the provider had continually reviewed and maintained a prioritisation system for stays in respite while engaged in a recruitment process. While the centre had operated a reduced capacity the provider had endeavoured to ensure that residents who required the service had been in receipt of a respite break and were supported by a consistent and skilled staff team. The provider had identified a panel of relief staff and these were now available to the person in charge should cover be required.

There were planned and actual rosters in place that identified who was on duty day and night in the centre and these were maintained by the person in charge and the CNM1.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. Some of the additional training that the staff had completed included, epilepsy awareness, food safety and donning and doffing personal protective equipment (PPE). The provider's training manager met with the inspector and outlined systems in place for monitoring staff training requirements and ensuring that staff who required it maintained their professional registration.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities. Performance management systems were also in place for use as required. The person in charge had on the job supervision in place as an additional support that allowed for shared learning.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was available for the inspector to review for both the young people and the adults who availed of respite in the centre. There was a process for updating the directory which was linked to the admissions process and this ensured that up-to-date information was easily accessible.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in this centre. There were systems in place for oversight and monitoring of care and support for residents who used this centre for respite breaks. Systems had also been in place that monitored and provided oversight of care and support to those who had lived full time in the centre. The provider was self identifying areas for improvement and putting action plans in place to bring about required improvements.

An annual review and six monthly unannounced provider audits had been completed in line with the requirements of the Regulations. The person in charge and the CNM1 completed audits in a number of areas that reflected the providers key performance indicators, such as medicines, finance, personal plans, safeguarding and incident management. Actions that arise in these audits are scheduled for discussion during staff meetings. There was evidence that the completion of actions from these audits and reviews were bringing about positive outcomes for residents in relation to the care and support they were offered.

The person in charge attended a number of committees operated by the provider that ensured shared learning across centres and ensured that up-to-date information was available to guide practice in the centre. These included a quality review committee and an infection prevention and control committee.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents that occurred in the centre and the Chief Inspector was notified of all incidents as required by the regulations. The person in charge completed monthly reviews of all incidents and ensured that the chief inspector was notified of the use of restrictive practices or injuries in addition to other required incidents on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy which met the requirements of the Regulation and a resident friendly version in place and made available to all who stayed there. There was a nominated complaints officer at both provider and centre level and their details were also available to residents.

Five complaints had been received since the last inspection of the centre and these had been reviewed and followed up in line with the organisations' policy and procedures with some complaints currently being reviewed by independent external consultants prior to finalising outcomes. The provider reported that a comprehensive review of their policy, practices and procedures would be completed on conclusion of the current processes as part of their focus on quality improvement.

Judgment: Compliant

Quality and safety

Overall the findings of the inspection were that residents appeared happy and safe while staying in the centre. They were busy and making choices in relation to their day-to-day lives including how and where they spent their time. The house was clean and comfortable, with pictures, art work and soft furnishings which contributed to its overall homely feeling.

Residents had opportunities to buy, cook and prepare their meals and snacks if they so wish while staying in respite. They could freely access snacks, fruit and drinks, and there were staff available to support them should they require any support. There were systems for monitoring fridge, freezer and food temperatures, and for ensuring these areas were cleaned regularly. Residents reported to the inspector that they liked planning their menu and liked having the opportunity to have a take-away or meals out.

Residents were protected by the policies, procedures and practices relating to risk management in the centre. There was a risk register and general and individual risk assessments were developed and reviewed as required. There were emergency plans in place and incidents were reviewed regularly, and learning shared with the team.

Overall, residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control in the centre. There were contingency plans for use during the COVID-19 pandemic and as already stated this centre was also used for full time care and support where residents were also protected by the infection prevention and control practices. The premises was clean and there were systems in place to ensure that each area of the house was cleaned regularly.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

Regulation 10: Communication

The provider and person in charge had ensured the staff team were supported to develop communication skills that gave them the skills to use communication strategies with the range of residents who stayed in the centre. The staff team showed the inspector the picture and symbol based communication systems in place to use as indicated. The staff also told the inspector about their use of Lámh, a manual signing system and outlined how they used social stories.

The centre had Internet available for residents and had protections in place for younger residents. In addition a subscription to film channels and children's channels was in place with the centre also having access to an electronic tablet and phone to give access to video calling for residents with their families and friends.

A staff member had taken responsibility for updating the resident's guide for both adults and young people to include symbols, photographs and easy to read written language. The inspector observed a staff member returning from the shop with a daily newspaper and the television guide for residents to access should they wish to.

Judgment: Compliant

Regulation 17: Premises

The premises comprises a large property laid out over one floor and set back from a busy road in it's own site. On a lower level of the property and accessed separately there are other parts of the building used for other aspects of the provider's service. There were plenty of private and communal spaces for residents, including private spaces other than their bedrooms to spend time with visitors should they so wish. Residents had access to a large and attractive outdoor space and seating on a patio or courtyard area.

The provider had provided a well maintained and decorated premises to residents who lived here full time and when they returned to their home in early April 2022 the provider had painted and refurbished the property prior to opening for respite again. The centre was well maintained and the furnishings and equipment present were serviced and updated as indicated. The residents were encouraged to personalise the rooms they stayed in as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register and general and individual risk assessments were developed and reviewed as required. Incident reviews were completed regularly and were informing the review and update of the risk register, and the development of

risk assessments. There was evidence that some areas had regular reviews of the level of risk such as staffing levels and the provider ensured the risk register was a live active document.

All residents who stayed in respite had individual risks identified that were updated following each stay in the centre.

The risk management policy contained the required information and reasonable measures were in place to prevent accidents. There were systems in place to respond to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house was regularly cleaned. A deep cleaning procedure was in place and staff explained to the inspector what they did between different stays in the centre. The person in charge had a system in place to additionally complete a six monthly and annual deep clean which included externally gutters and paths and internally blinds, curtains, carpets and other soft furnishings. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Staff told the inspector that the information and contingency folder was kept up-to-date and they felt supported in knowing they access to current guidance. The staff reported that they found the provider's cleaning schedules straightforward to use and could outline what products they used and techniques for specific supports such as cleaning of spills of body fluid. Each resident who stayed in respite had a COVID-19 personal plan and accessible education packs that included social stories on hand hygiene and cough etiquette.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and regularly serviced. The inspector reviewed records of monthly, weekly and daily checks that are completed as outlined in the providers policy. The providers health and safety audits also identified actions that may be required and there was evidence that for any identified actions these were scheduled or already completed. The provider had ensured that appliances such as the boiler were serviced as required and all portable electrical equipment had been tested by a suitably qualified specialist.

The personal evacuation plans for the residents were regularly reviewed and in particular reviewed at the point of an admission. Where a specialist means of evacuation was identified use of these were found to be integrated into fire drills. The provider and person in charge had ensured that fire drills were being carried out with all staff in both day and night, and adult and young person situations. The inspector found that there was evidence that residents both adults and young people could be safely evacuated at night when minimum staffing levels were in place.

On the day of inspection self closing mechanisms fitted to bedroom doors were found to have damaged the integrity of the door frames. The provider's maintenance department responded on the day of inspection and these were immediately assessed and repaired.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge ensured that the residents were supported in maintaining best possible mental health. Where guidance was in place for the management of behaviour that challenges this was available for staff to review prior to a resident attending respite. Guidelines were in place for areas that may pose enhanced risk such as going on the bus or during transition from day service into respite. Residents also had programmes for wellness or mindfulness and activities to support positive mental health were in place.

For some residents the use of restrictive practices were assessed for and implemented. It was clear that some environmental restrictions such as a locked door would impact on others staying at that time and this was also recorded as discussed with all residents. A log was maintained where a restrictive practice was used and these were reviewed in line with the providers policies.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisations own policy and national policy. Safeguarding plans were developed and reviewed as required.

The provider and person in charge had systems in place to support residents to manage their own money during their stay if this was assessed as required. For other residents when more support was required there were clear systems in place for the receipt of money and it's use during a resident's break.

Where residents required support with personal care then the person in charge ensured intimate care plans were in place that guided staff practice. There were regular checks in place to ensure residents were happy with the level of support they received.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |