



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

Issued by the Chief Inspector

Name of designated centre:	Offaly Respite/Family Support Service Area N
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	19 September 2022
Centre ID:	OSV-0002743
Fieldwork ID:	MON-0037586

About the designated centre

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

This centre comprises of a spacious four bedroom bungalow on the outskirts of a large town. It provides respite services to children and adults on alternating weeks and endeavours to provide a home from home experience to all individuals who use respite. The centre sits on a large site with ample parking to the front and an enclosed garden to the rear. There is capacity for five individuals at any one time but only if two choose to share one bedroom, otherwise four residents stay. There is a large open plan kitchen, diner and sitting room with four bedrooms, two of which are en-suite with a separate staff sleepover room. The staff in the respite centre are committed to ensuring that as far as possible an individual experiences continuity of their daily routine such as going to school or going to work or day services. Respite services are viewed in the centre as a means of providing individuals the opportunity to develop new relationships and experiences while maintaining existing ones.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Monday 19 September 2022	15:00hrs to 18:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This service was operating at a reduced schedule at the time of inspection and respite stays were facilitated upon requests from families. This was due to the fact the the provider had re-allocated staffing supports to a near-by centre which was managed by this centre's person in charge and in response to a planned emergency admission to that service. There were no residents present at the time of inspection. The inspector reviewed documentation and records to assist in determining how residents were consulted in regards to their stays and also to determine the quality and safety of care which was provided. Overall, this seemed like a pleasant centre for respite; however, some improvements were required in regards to maintenance, infection prevention and control (IPC), contingency planning and also resident consultation.

As mentioned above the provider had revised the provision of respite which was offered on a request basis at the time of inspection. There were five identified children and 35 adults who availed of this service and the provider had procedures in place to ensure that children and adults did not attend for respite together which promoted safeguarding. The centre primarily provided respite to children and the inspector reviewed a number of children's personal plans.

There were no safeguarding concerns or compatibility issues in this centre and the person in charge indicated that where possible residents with similar interests or needs attended together. Although there were no indications that residents did not enjoy their respite stays, improvements were required in regards to consultation with residents and also their access to community activities. The inspector found that there was poor record keeping in this centre and although the person in charge indicated that residents were consulted throughout their stays - this was not evidenced in records which were in place. For example, care notes indicated that residents' health and personal care needs were well met throughout their stay but there was no inclusion of activities which they engaged in. There was no evidence that children played games or watched their favourite television programmes and there was also no evidence that they were out and about in the locality. Furthermore, the inspector found that there was limited games and toys available for residents to play with and overall, the centre did not have the feel of a centre which primarily provided care to children.

Respite care generally offers care to residents in a planned manner and it often facilitates residents to enjoy short breaks by supporting them to engage in activities which they enjoy or may not get the opportunity to engage in. Active consultation is vital in order to identify activities which residents might like to engage in or what their care preferences may be for each stay. The inspector found that the provider required improvements in this area of care as there was limited evidence in regards to how residents were actively consulted with in regards to their needs and preferences.

The person in charge discussed the IPC arrangements and they explained that residents' respective representatives held responsibility for residents' day-to-day health care needs. There was information on display in regards to hand hygiene and social distancing and there were an ample number of hand sanitising stations located throughout the centre, including all exits. The centre was large and each resident had their own identified bedroom for their respite stay. Two bedrooms had an ensuite facility and there were a number of shared bathrooms and toilets for residents to use. The centre also had a number of shared mobility aids and communal areas such as the sitting area and the open plan kitchen and dining area were spacious and comfortable. However, there were some maintenance issues which impacted in the IPC arrangements and this will be discussed in the subsequent sections of this report.

Overall, the inspector found that the centre was homely in many regards and there was sufficient equipment and facilities for residents to enjoy. However, overall improvements were required in regards to resident consultation, IPC, maintenance and contingency planning.

Capacity and capability

The inspector found that the person in charge had a good understanding of the service and also of the resident's individual care needs; however, this inspection identified that improvements were required in regards to the general oversight of IPC. However, there had been no recent outbreaks of COVID 19 in this centre.

This inspection was conducted through a short notice announcement to monitor the IPC arrangements in this centre. As mentioned earlier, the centre had revised its operation and a limited service was offered at the time of inspection, because of this there were no residents present at the time of inspection. The person in charge facilitated the inspection and they were supported by a member of the provider's management team.

The person in charge maintained responsibility for IPC and throughout the inspection they outlined the arrangements to promote this area of care. They explained how the service was operating at a reduced capacity and that respite was facilitated in response to direct requests from family members. The person in charge indicated that an admissions checklist was completed when residents were admitted to the centre; however, the inspector found that this checklist was not completed in a consistent manner and it failed to clarify the COVID-19 status and the general health of residents prior to their admission to the centre.

The provider had produced an IPC policy document and it clearly set out the arrangements in regards to the cleaning and disinfection of the centre. It also outlined the importance of hand hygiene and also the arrangements for managing waste and contaminated or soiled linen. This policy document was readily available within the centre and the person in charge had a good understanding of the above

mentioned procedures which promoted IPC.

The provider had completed the centre's annual review and required six monthly audits of care practices were also completed. The person in charge also had a schedule of additional audits in place in regards to medications, finances and cleaning schedules which aimed to ensure that these areas of care were maintained to a good standard. The provider had completed a maintenance review and the person in charge explained that the centre would be undergoing significant renovation at some time in the future. Although internal auditing was robust in several areas of care, the internal review of IPC required some improvements. For example, both the centre's annual review and six monthly audits failed to review the IPC arrangements in this centre and the maintenance review did not identify additional maintenance issues which will be discussed in the subsequent section of this report.

There were no staff present during the inspection; however a review of the staff rota indicated that residents were supported by a familiar staff team. Staff members had also completed additional training in areas such as IPC, hand hygiene and the use of personal protective equipment (PPE). There was also information readily available for staff in regards to IPC such as reminders to complete hand hygiene and the colour coded cleaning system which assisted in preventing cross contamination. Products to clean and disinfect the centre were also readily available to staff members. Staff also participated in scheduled supervision and team meetings which assisted in ensuring that they were kept up-to-date with IPC developments and guidance.

Overall, the inspector found that the person in charge was committed to the delivery of a good quality service and although the IPC arrangements required review, it was clear that management of the centre understood all areas for improvement.

Quality and safety

The inspector found that the centre was cleaned to a good standard; however, improvements were required in regards to maintenance, IPC and resident consultation.

The centre was large, spacious and located in a suburban neighbourhood of a large town in the midlands. The grounds of the centre were well maintained and as mentioned above the centre appeared to be cleaned to a good standard. Although the provider had identified that significant renovations were required, the provider did not identify additional maintenance issues which impacted upon the overall cleaning and disinfection of this centre. For example, some floor coverings were damaged and padding which was applied to radiators was damaged in some areas. There was also additional damage to walls and doors which impacted on staff

member's ability to clean and sanitise these areas.

There were indepth cleaning schedules in place and as mentioned above the centre appeared visually clean. However, these cleaning schedules were not consistently completed which did impact on the provider's ability to ensure that the centre was cleaned and sanitised at all times. In addition, there was some shared mobility equipment in place and although this equipment appeared clean, associated cleaning schedules were incomplete and the provider failed to demonstrate how shared equipment, including a Jacuzzi bath were cleaned and sanitised after use.

The provider had also produced a contingency plan in response to COVID-19 which outlined how the centre prepared for and would respond to an outbreak of COVID-19. However, the inspector found that this was a generic document which did not reflect the actual actions which would be taken in the centre. In addition, the provider had not considered the individual needs of residents should they become suspected or confirmed as having COVID-19 and there were no individual plans to guide staff in their care or isolation requirements.

There were 40 residents in total identified as using this service which consisted of five children and 35 adults. The person in charge indicated that primarily this service offered respite services to children; however, two adults attended the service over the weekend prior to the inspection. As mentioned earlier in the report, consultation with residents required some improvements. For example, there was no evidenced consultation process in regards to how residents would like to spend their respite stays and although there was easy read information in relation to IPC there was no formal process for reviewing these documents with residents.

There were arrangements in place for residents to launder their clothes during their stays if required, but generally as the stays were of a short duration, resident's clothes were returned home for laundering. However, there was guidance in place should staff members be required to launder soiled or contaminated clothes. There was also arrangements in place to manage waste.

Overall, the inspector found that the provider was committed to delivery a good quality service; however, this inspection did identify that many aspects of care required measures to ensure that they were maintained to a good standard at all times.

Regulation 27: Protection against infection

IPC is a critical factor in the delivery of care and robust measures assist in ensuring that many aspects of the quality and safety of care provided are maintained to a good standard. The inspector was cognisant that the service was operating at a reduced capacity and it was offering a limited service; however, it is a requirement that robust IPC arrangements are in place at all times. The inspector noted that further improvements were required in regards to the oversight of IPC, admissions, maintenance, contingency planning, cleaning schedules and consultation with

residents.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Offaly Respite/Family Support Service Area N OSV-0002743

Inspection ID: MON-0037586

Date of inspection: 19/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Oversight of IPC:</p> <ul style="list-style-type: none"> • The person in charge will ensure that IPC is a rolling agenda item for each Team Meeting. Commencing 10/10/22 • IPC refresher training to be provided to all staff and training will be reviewed on a regular basis to reflect changes to IPC guidance. Commencing 10/10/22 • Covid specific questions will be included in pre-Admissions Checklist that will be completed prior to each individual being admitted into respite. Commencing 10/10/22 • Easy read covid-19 and IPC information to be provided to individuals attending for respite and record of discussions about covid-19 and IPC to be recorded on Epicare Notes. To be completed by 30/11/22 • IPC Audit will be completed to identify key IPC actions that require completion. To be completed by 30/11/22 <p>Cleaning Schedules:</p> <ul style="list-style-type: none"> • The person in charge will update cleaning schedules and equipment cleaning guides specific to equipment in the respite service. To be completed by 31/10/22 • Cleaning schedules will be reviewed on a regular basis by the person in charge. Commencing 10/10/22 	

Contingency Planning:

- The person in charge will update the Respite Service Contingency Plan to give better clarity on the specific response that is needed for the action in the event of an incident of suspected or confirmed cases of COVID-19. To be completed by 30/11/22
- The person in charge will ensure that the Contingency Plan reflects the individual needs of each resident in the event of a suspected or confirmed case of COVID-19. To be completed by 30/11/22

Admissions:

- The person in charge will update the pre-admission, admission and discharge checklist to reflect consultation with residents and their families. To be completed by 30/11/22
- The person in charge will ensure that the Person Centre Plans for respite activities are set out in the admissions checklist and reviewed as part of the persons discharge. Copies of this form will be held on each individual's file and recorded in the epicare Notes. Commencing 31/10/22
- The person in charge will review the pre-admission, admission and discharge checklists after each respite visit in the consultation with residents and their families. Commencing 10/10/22

Consultation with Residents:

- The person in charge will implement procedures to ensure that the wishes and views of individuals attending the respite service will be recorded during each admission. Commencing 30/10/22

Child Centred Environment:

The Person in Charge, Area Director and Regional Director will review the designated centre and agree a plan to ensure the decor etc in the respite service is more child friendly. To be completed by 30/11/22

Maintenance:

- The person in charge will complete a report detailing the specific maintenance requirements that are to be completed. To be completed by 30/11/22

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30.11.2022