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## Miltown Respite, OSV-0005501, 01 September 2021

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| Item Type     | report   |
| Citation      | Ireland. Health Information and Quality Authority, 'Miltown Respite, OSV-0005501, 01 September 2021', [report], Health Information and Quality Authority, 2021-01-11, Designated Centre for Disabilities |
| Publisher     | Health Information and Quality Authority   |
| Download date | 2026-06-11 20:03:55  |
| Link to Item  | <a href="https://hdl.handle.net/20.500.14765/106239">https://hdl.handle.net/20.500.14765/106239</a>  |



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

## Issued by the Chief Inspector

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| Name of designated centre: | Miltown Respite                          |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Clare                                    |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 01 September 2021                        |
| Centre ID:                 | OSV-0005501                              |
| Fieldwork ID:              | MON-0029054                              |

## About the designated centre

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

In this designated centre a respite service, based in their own community, is provided for residents; a maximum of two residents can be accommodated at any one time. The residents availing of respite present with a diverse range of needs ranging from a requirement for minimal staff support to full dependence on staff support at all times. This diversity is reflected in the organisation and delivery of the respite service such as occupancy and staffing levels. Given the range of needs that can be met the service is operated in a single storey property located in a small housing development on the outskirts of the town. The location of the centre facilitates ease of access to and from home, to the day service and, to the range of amenities offered by the town. While care and support is provided for higher medical and physical needs the model of care is social and, the staff team consists of social care and support workers. Staffing levels are adjusted to reflect each resident's need for support and, there is a minimum of one staff on duty at all times when residents are in the house.

**The following information outlines some additional data on this centre.**

|  |   |
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| Number of residents on the date of inspection: | 0 |
|--|---|

## 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 |
|-------------------------------|------------------------|------------|------|
| Wednesday 1<br>September 2021 | 10:30 am to 3:30<br>pm | Mary Moore | Lead |

## What residents told us and what inspectors observed

Based on what the inspector read and discussed with the management team of this service, this was a well-managed service that was effectively and consistently overseen so that residents received safe, evidence based, support and care during their planned respite break.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. Primarily this consisted of physical distancing, the use of a face mask, hand-hygiene and, limiting the amount of time spent with staff. While there were residents coming and going to the centre as part of their day service, there was no resident in receipt of respite services on the day of inspection.

On arrival at the house the inspector saw that the house looked well; it was in a good state of repair internally and externally. Since the inspectors last visit to the house, a paved area with seating had been developed in the rear garden. The design and layout of the house promoted the accessibility that was needed in response to the assessed needs of some residents. For example, the main bathroom facilitated universal access and, was equipped to meet higher physical needs. Staff had access to a floor based hoist and this was seen to be appropriately maintained. The inspector saw that the fire-resistant doors had, since the last HIQA (Health Information and Quality Authority) inspection, been fitted with self-closing devices.

There was a new management team in place in response to planned absences, these changes were relatively recent. The inspector found that the provider had appointed appropriate persons to manage the centre during this absence and, the team worked well and effectively together. These inspection findings would reflect a smooth and managed transition. This inspection found the provider to be in full compliance with the regulations reviewed by the inspector.

The inspector was assured that the focus of governance and management was each resident, their well-being and, the appropriateness, safety and evidence base of the support and care that they received. This was evident on discussion and, in the records reviewed. For, example it was evident from these records that staff were very familiar with the needs of the resident, were attuned to any changes and, sought timely advice and care. Some residents had complex medical and healthcare needs. There was evidence of consistent collaborative working between the service, hospital and community based clinicians and family, to ensure that the care that was needed was provided and, was effective.

While the inspector did not meet with any residents or their representative's staff spoke of regular and at times daily contact with some representatives. In addition, there was evidence that residents and their representatives was asked for feedback to inform the annual review of the service. The most recent feedback was received in early 2021. This feedback was very positive and complimentary of the staff and,

the support and care provided, particularly in the context of the risk and challenges presented by COVID-19.

The new management team described to the inspector how they had introduced themselves to each family and, said that there were no matters or complaints arising. The impact of COVID-19, including the suspension of respite services was acknowledged. Residents and their representatives were reported to be happy that both day services and, the respite service had recommenced. The respite service operated based on the funding available but was also operated to minimise the risk of the accidental introduction and onward transmission of COVID-19. For example, managing occupancy and reducing the crossover of residents and staff given the high risk that COVID-19 presented to some residents. A suite of infection prevention and control risk assessments were in place and, staff were gradually reintroducing residents back into their local community and, to safe outdoor amenities.

In summary, this was an effectively managed service where the provider had the necessary arrangements in place so that residents received a safe, quality respite service; for example there were suitable staffing arrangements.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements ensured and assured the quality and safety of the service being delivered.

## Capacity and capability

The inspector found management systems were in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its stated aims and objectives. The provider was effectively collecting and, using data to improve the quality and safety of the service. While a good level of regulatory compliance was always evidenced in this centre, the provider has, over the sequence of inspections by HIQA improved, achieved and, sustained a high level of compliance with the regulations.

As stated in the opening section of this report the current management team was new to this service. The inspector saw that they worked well together, they had familiarised themselves with the service and, adapted their skills and experience to the particular needs of the service. An internal provider review had been completed shortly after their appointment. This review was viewed by the management team as a good benchmark and, good guidance as they assumed responsibility for the service. Overall, the reports of these internal reviews reflected a consistently well-managed service but there was also evidence that these reviews brought about improvement. For example, the inspector saw that the most recent internal review and, the action taken in response, resulted in the safer and evidence based use of bedrails.

In addition, there was documentary evidence of forums such as the COVID-19 monitoring group and, quality and safety committee's where matters such as the findings from internal and external reviews, from the review of accidents and incidents were discussed and learning was shared so as to promote consistency and improved practice. Compliance with regulatory requirements was also supported by these various forums with recorded discussion of guidance issued by HIQA and, feedback from the HIQA-Provider Forum meetings.

There was good compatibility between the overall model of service delivery and, the governance structure. The management team had responsibility for the management and oversight of both the day service that residents attended and, the respite service. The same staff team worked across both services, they reported to and, were supervised by the same managers. These arrangements ensured clarity on responsibility and accountability, consistency of communication and oversight and, consistency for staff, residents and their representatives.

The provider had suitable staffing levels and arrangements that were responsive to the assessed needs of each resident. For example, when support from two staff was needed this was in place including at night when there was both a waking and sleepover staff member on duty. The staff rota clearly reflected these staffing levels and arrangements and, also provided assurance that there was consistency in staffing.

The records of training completed by staff reflected the staff named on the rota. Despite the challenges to facilitating training presented by COVID-19, the inspector's review of these records identified no training deficits. Refresher training was booked and, there was a risk assessment and controls for any new staff member who had yet to complete some training modules. All staff had completed the core suite of mandatory training such as safeguarding and fire safety and, training in response to resident needs such as the administration of rescue medicines. All staff had completed baseline and refresher infection prevention and control training.

#### Regulation 14: Persons in charge

The person in charge had the required skills, experience and qualifications for the role. On a day to day basis, the person in charge had practical support from a co-ordinator and, a social care worker in the management and oversight of the service. There was clarity on roles, responsibilities and, good oversight of delegated functions.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and arrangements were suited to the occupancy and, the assessed needs of the residents. Staffing arrangements ensured residents received consistency of support and care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to and, attended a range of training programmes that reflected their role and, the assessed needs of the residents that they supported. The inspector was advised that the programme of staff supervision was on schedule. There was evidence that the regulations, standards, and guidance issued by HIQA such as fire safety guidance, were used to inform the operation of the service.

Judgment: Compliant

### Regulation 21: Records

Any records requested were available to the inspector, The records were well maintained. There was a good link between records such as between the personal plan and the risk register.

Judgment: Compliant

### Regulation 23: Governance and management

This was a well managed and effectively overseen service. The centre presented as adequately resourced. The focus of management was the provision of a safe, quality service to residents, a service that was responsive to their individual needs. The provider effectively used systems of review to both monitor the quality and safety of the service and, to improve it.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available in the centre. The inspector saw that it had been reviewed and updated to reflect the change in the management structure and,

it contained all of the required information such as how to make a complaint.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements that ensured HIQA was notified of certain prescribed events such as the return each quarter of the use of any restrictive practice.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had as required, notified HIQA of the absence of the person in charge and, advised of the arrangements for the management of the centre during that absence. The provider ensured that it put suitable and effective management arrangements in place.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was advised that there were no open complaints. Internal reviews monitored the receipt and management of complaints. Staff were in regular contact with representatives. The complaints procedure was displayed. However, the inspector did recommend that it could be made more centre specific and, more closely aligned to the overarching complaint policy.

Judgment: Compliant

## Quality and safety

This respite service was planned and delivered to meet the individual needs and requirements of residents and, their representatives. Consistent, informed monitoring and, collaborative working between the service, representatives and, a range of clinicians and hospital based services, ensured the evidence base of the support and care provided.

The inspector reviewed a personal plan and saw that it was current, was based on the assessed needs of the resident and, provided for consultation with the resident's representative. This consultation was appropriate in the context of the nature of the resident's disability. The plan and, the support and care provided were very regularly reviewed as needs and treatments changed. From the narrative notes created each day by staff, the inspector saw that staff followed the plan, were familiar with the assessed needs of the resident, attuned to any change and, quickly sought advice from management or the relevant clinician.

In the context of complex medical needs there was evidence of this consistent monitoring but also of robust, collaborative working between staff, the General Practitioner (GP), community based nursing resources and, hospital based clinicians. There was a shared commitment to ensuring the resident stayed well and, enjoyed the best possible health. The narrative notes mentioned above and, a range of monitoring records provided assurance that the recommended support and care was provided each day and, during each respite stay. The provider had the arrangements in place to meet these needs such as the training provided to staff and, the provision of the required staffing levels.

Based on records seen staff understood the role of medicines, their impact and, their effectiveness and, this was considered by staff when monitoring resident health and well-being. The prescription was current and contained all of the required information such as the dose and route of administration. The medicine administration record reflected the instructions of the prescription. There were protocols guiding the use of any as needed and, any rescue medicines. Medicines management practice was regularly audited and, staff described practice that was safe and suited to a respite service. For example, maintaining a record of each medicine brought to the centre and, only accepting medicines supplied by a pharmacist.

The inspector was assured as to the evidence base and consistency of the care provided and, the competency of staff to deliver that care. However, the inspector did recommend that the format of the care plans could be improved as some but not all, were more in the format of a progress note, a record of reviews and recommendations, rather than succinctly setting out the care and support to be provided. Specific examples of this were discussed at verbal feedback of the inspection findings.

The use of bedrails was one example of restrictive interventions in use in response

to the clinical needs of the residents and, any associated risk including the risk of falling from bed. There was a risk assessment supporting the use of each intervention. As discussed earlier, there was evidence of improved and safer use of bedrails. Each restrictive intervention had recently been reviewed and, any deemed not necessary were discontinued. Staff were mindful of any impact on residents such as any impact on resident privacy.

The risk register had been reviewed following the most recent internal review. That review had recommended the review of some risk scores. The inspector reviewed a purposeful sample of risk assessments. The risk assessments were centre specific, reflected the assessed needs of the residents and, justified for example, the use of restrictive practices so that residents were safe. Risks and their control were reviewed in line with any changes or events arising and, the residual risk ratings were balanced and proportionate.

The risk register included a suite of COVID-19 risk assessments. These risk assessments in conjunction with national and local policy and plans, sought to ensure that respite services could be safely operated. As discussed in the previous section of this report, staff had completed a suite of accredited training including hand-hygiene, the correct use of personal protective equipment and, how to break the chain of infection. Staff and representatives worked together to prevent the accidental introduction of COVID-19 to the centre such as ascertaining wellness prior to each admission. Staff and resident well-being was monitored and ascertained each day. The premises was visibly clean with ready access to hand-hygiene, cleaning and sanitising products. The operation of the service such as the management of occupancy, the allocation of specific bedrooms and, the consistency of staffing further protected vulnerable residents.

The risk assessments also however sought to support safe access for residents to their local community and, a range of safe outdoor amenities that were within a reasonable driving distance of the centre were enjoyed. The personal plan was mindful of the desire to reintroduce residents to activities that they had previously enjoyed such as swimming or watching local matches as soon as it was safe for them to do so.

Good oversight was maintained of the provider's fire safety arrangements. For example, the doors designed to contain fire and its products had all been fitted with self-closing devices. These devices were monitored to ensure that they were working as intended. Simulated fire drills were convened to replicate different scenarios and, to ensure that all staff including newly recruited staff were aware of the evacuation procedure. Devices to assist in the evacuation of dependent residents were provided, their use was practiced by staff and, night-time staffing levels supported their safe use. The reported evacuation times by day and night were good. There were records in place confirming the inspection and testing of the emergency lighting, the fire detection and alarm system and, fire-fighting equipment.

## Regulation 10: Communication

The personal plan set out any limitation on communication ability both receptive and expressive. The plan also detailed how the resident communicated for example by vocalisation, expression, or eye contact, how they felt and, if they were happy or not. Consistency of staffing supported staff familiarity with these communication cues and, how to interpret and respond to them.

Judgment: Compliant

## Regulation 17: Premises

The location, design and layout of the house was suited to the number and the assessed needs of the residents. The house was welcoming and well maintained.

Judgment: Compliant

## Regulation 18: Food and nutrition

There were very specific nutritional needs and requirements. The arrangements needed to appropriately and safely meet these needs were in place. Staff had completed relevant training. Staff maintained records of very specific monitoring interventions and these were overseen on a regular basis by the appropriate clinician. This monitoring and any recommended changes were evident in the personal plan.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were effective arrangements in place for identifying hazards and, assessing and controlling the risk that presented to resident and staff safety.

Judgment: Compliant

## Regulation 27: Protection against infection

There was evidence of infection prevention and control practice based on national and local policy and guidance and, risk assessment that has been effective in protecting residents and staff from the accidental introduction of COVID-19 to the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had effective fire safety management systems including procedures for the evacuation of residents and staff from the designated centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were appropriate and suitable practices for the prescription, receipt and administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The personal plan was current and, was based on the assessed needs of the resident. The plan provided for consultation with the resident's representative. The plan and, the support and care provided were very regularly reviewed in consultation with the wider MDT, as needs and treatments changed.

Judgment: Compliant

## Regulation 6: Health care

Staff monitored resident well-being, were attuned to any changes and, sought timely advice and care. Staff in consultation and agreement with representatives, supported residents to access the services that they needed to enjoy good health.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Interventions were in use only in response to the clinical needs of the residents and, any associated risks. There was a risk assessment supporting the use of each intervention. Each restrictive intervention in use had recently been reviewed.

Judgment: Compliant

## Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training; reporting responsibilities and procedures were discussed at staff meetings.

Judgment: Compliant

## Regulation 9: Residents' rights

The service delivered was responsive to the specific needs and abilities of each resident. With due regard for the complex needs of residents, representatives were regularly consulted with and, had input into the support and care that was provided. The resident however, their well-being and general development, was the focus of these discussions and, the care and support provided. On speaking with staff and from the records in place, it was evident that staff were mindful and, protected residents rights such as their right to privacy and dignity.

Judgment: Compliant

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

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

| Regulation Title  | Judgment  |
|---|-----------|
| <b>Capacity and capability</b>  |           |
| Regulation 14: Persons in charge  | Compliant |
| Regulation 15: Staffing   | Compliant |
| Regulation 16: Training and staff development   | Compliant |
| Regulation 21: Records  | Compliant |
| Regulation 23: Governance and management  | Compliant |
| Regulation 3: Statement of purpose  | Compliant |
| Regulation 31: Notification of incidents  | Compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant |
| Regulation 34: Complaints procedure   | Compliant |
| <b>Quality and safety</b>   |           |
| Regulation 10: Communication  | Compliant |
| Regulation 17: Premises   | Compliant |
| Regulation 18: Food and nutrition   | Compliant |
| Regulation 26: Risk management procedures   | Compliant |
| Regulation 27: Protection against infection   | Compliant |
| Regulation 28: Fire precautions   | Compliant |
| Regulation 29: Medicines and pharmaceutical services  | Compliant |
| Regulation 5: Individual assessment and personal plan   | Compliant |
| Regulation 6: Health care   | Compliant |
| Regulation 7: Positive behavioural support  | Compliant |
| Regulation 8: Protection  | Compliant |
| Regulation 9: Residents' rights   | Compliant |