

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

## Issued by the Chief Inspector

Name of designated centre:	Arlee Respite Service
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	01 August 2024
Centre ID:	OSV-0005817
Fieldwork ID:	MON-0035963

## About the designated centre

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

Arlee respite service provides planned residential respite breaks in a safe and welcoming "home from home" to adults between the ages of 18 and 65 years with an Intellectual disability and low support needs who are assessed as requiring residential respite. A person-centered approach to service users' needs is implemented, and each person will have a named key worker. Arlee respite service provides planned residential respite for a maximum of 4 adults at any one time, with staff available 24 hours per day. Arlee respite is a large two-story building, located on the outskirts of a busy town, and the residents have access to numerous amenities during their respite stays.

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

Number of residents on the date of inspection:	4
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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 1 August 2024	10:10hrs to 17:10hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, the residents availing of respite in this centre seemed to really like coming here for respite breaks. This was evident from speaking to residents, reading their views on the services provided and observing the practices in the centre on the day of the inspection. It was also evident that the staff and management team provided a quality service to the residents using a person centred approach to care. One minor improvement was required in risk management as some of the risk assessments required review.

This inspection was announced and so the residents had been informed that the inspection was happening. The purpose of this inspection was to inform a decision to renew the registration of the centre. Over the course of the inspection the inspector spoke to two residents, two staff, and reviewed records pertaining to the quality and safety of care provided in the centre. Some of those records included residents' personal plans, risk management records and fire safety records. The person in charge and the head of operations for this centre facilitated the inspection. The inspector also observed interactions between residents and staff members.

On arrival to the centre, two of the residents availing of respite care were already up and finished breakfast. A maximum of four residents can avail of respite breaks each night and the length of those breaks vary. Residents usually arrive for their respite break in the afternoon or evening time. As a result the inspector only got to meet two residents, both of whom spoke to the inspector about what they thought about the services provided in this centre.

One of the residents showed the inspector around the centre, starting with the large back garden at the back of the property. There was a large outdoor corner couch, table and swing chair where residents could sit out and enjoy the good weather.

The property itself was a large two storey property consisting of five en-suite bedrooms. Four of the bedrooms (one of which was for staff to sleepover) were located upstairs and one bedroom was downstairs. There were also two offices upstairs and an open plan seating area where residents could sit and relax.

The bedroom downstairs had a large accessible shower for residents who had some mobility needs. Downstairs there was also a kitchen, dining room, two utility rooms, a large sitting room, a smaller sitting room and three other communal areas. One of those communal rooms was an art room and the resident showing the inspector around the centre said they enjoyed art.

The second communal area was a games room which had a snooker table. The resident said they liked playing snooker and directed the inspector to photographs on the wall of other residents enjoying playing snooker in this games room. The third communal area was divided into two areas, one was a chill out area and the resident showed the inspector a projector in this room which they could use to

watch movies. The other area was a small beauty salon where residents could get their nails done if they wished. The resident told the inspector that one of the staff was really good at painting nails and liked getting this done when they were on a respite break.

The kitchen was modern, clean and well equipped. Off the dining room there was a small conservatory area where and one of the walls had an array of photographs of activities and celebrations that residents had enjoyed. The resident showed the inspector these photos and talked about some of the things they enjoyed while on a respite break. For example; recently 'Praxis Care' had celebrated 40 years of service provision for people with disabilities. The resident told the inspector that family, staff and residents had a pizza party in the back garden to celebrate this. A resident from another area was the DJ for the party and the resident and staff informed the inspector that it was a great day enjoyed by everyone.

The resident also showed the inspector the bedroom they used when they stayed in respite. They liked the downstairs bedroom because it was large and airy and said they always got to use this room when they stayed on respite breaks. There was ample space in the room and storage provided for residents personal belongings. The resident said that they could bring any of their personal belongings with them like their mobile phones and electronic tablets. This meant they could always stay in touch with family and friends during their stay. The resident said they also got to choose the things they wanted to do when there were on their respite break. They explained that on the first day of respite, they had a welcome meeting with staff where they got to decide the food they might like to eat or the activities they might like to do while on their break. For example; on the day of the inspection the resident was going for lunch and later on in the day, they were going shopping.

The resident said they liked coming to the centre for respite breaks and on some of the breaks they got to meet their friends from day services, depending on everyone's availability. They also said they liked the staff and explained that if they were unhappy or concerned about something they would inform the staff or the person in charge.

The inspector also chatted with the other resident about what they thought about this centre. This resident said they liked coming here for breaks and also explained how they got to choose things they wanted to do during their stay. For example, the resident liked to go to the gym most days and when they were availing of respite the staff brought them there also.

Overall both of the residents said they enjoyed coming to this centre for respite. The person in charge also collected surveys from residents to collate their views on the quality of care provided. The results of the survey collated showed that overall residents were very happy with the care being provided. The inspector also noted that one resident had said they did not know how to make a complaint. The person in charge took actions to address this and compiled a specific easy to read document for the resident so as they understood the complaints process.

Complaints were welcomed in the centre to ensure that residents were happy. The

residents were informed regularly about the complaints procedure. Easy to read information was displayed in the entrance hall on how to make a complaint which included pictures of the staff responsible for dealing with complaints. In addition to this at the end of each respite break, residents were asked if they had enjoyed their stay or if they had any concerns following their stay.

A family forum was also held in March 2024 to inform family members of any changes to the provision of services. Family members were able to raise concerns at this forum and the person in charge responded to those concerns where needed. Family members reported that they were very happy with the services overall and that a 'high quality of care' was provided in this centre. The fact that residents and family were regularly asked about their feedback, informed the inspector that the registered provider and staff team were always interested in receiving feedback on the services provided in order to improve the service provided.

Residents meetings were also held regularly. A review of a sample of these meetings showed the inspector that residents were informed about their human rights. For example; each month a specific theme about rights was discussed. In July 2024 'autonomy' was the theme and staff explained and discussed what this meant. At these meetings residents were also able to talk about some activities they might like to go on. For example; at a recent meeting the residents agreed that they wanted to go to a barbecue fund raising event in August 2024. At another meeting a resident said they would like to go bowling more often and this was then planned.

Residents were also informed about things that were happening in the centre, like when new staff were starting to work, or as stated that the inspection was happening today. This informed the inspector that residents were kept informed and included in decisions about what was happening in the centre.

Six of the residents had also completed questionnaires prior to this inspection about what it was like to live in the centre. Overall the feedback recorded was very positive. Residents reported they liked the staff, food, activities and knew if they had a concern who to report it to. One resident said they loved to watch movies when they came for respite, another said they loved their bedroom and another said they loved 'Arlee respite'.

The inspector also observed that the staff and residents interactions were warm and friendly at all times. The staff were very respectful of residents and the choices they made. For example; one resident wanted to know what time they were going to the gym at, and when the staff member suggested a time in the evening, the resident said they would prefer to go before dinner and this was facilitated by the staff member. This informed the inspector that residents choices and preferences were respected.

All of the staff in the centre had completed training on human rights, new legislation on supported decision making, and person centred care. One of the staff explained how this training was influencing their practices in the centre. For example; the staff explained that small things they did were very important to maintain residents' rights. Like always knocking before they entered the residents' bedroom, or ensuring

that residents' choices were always respected. The inspector also observed an example of this in the records viewed which showed how residents were supported to take positive risks. For example; one resident had a medical condition that may require rescue medicine which the resident was not able to administer due to the nature of the medical condition and therefore may require a staff member to be present at all times. However, the resident was very independent and liked meeting friends in the community when availing of respite. Rather than restrict this residents independence the staff had sat down with the resident and talked through the potential risks of staff not being there to administer the rescue medicine should this be required. On discussion with the resident it was agreed that the risk was low and staff suggested a medical alert bracelet the resident could wear when they were out meeting friends. The resident made the choice to continue meeting friends independently in the community when they were availing of respite. This was an example of how a resident was supported to make a decision themselves even though it may involve a level of risk.

The provider had systems in place to monitor the services provided, which was bringing about improvements for residents. For example; one review concerned the transport provided in the centre. The person in charge and the head of operations found that because there was only one car available, that some residents could not avail of respite on particular days as there was nobody available to collect them from their day service and bring them to the centre. This concern was raised to senior management and funding was approved for a second car. This meant that there was more flexibility for residents to choose days they could attend for respite breaks. One resident said that having two cars also meant they could choose to go to different activities if they wanted to when availing of respite breaks.

One area of improvement was required in the centre in relation to the management of risk. The person in charge and the head of operations responded in a timely manner on the day of the inspection to address some issues observed by the inspector that could pose a risk to residents and staff going forward. For example; the registered provider has identified that if there was an power failure in the centre, that the electric gates would not open. They had a control measure in place to address this, in that a key was available and stored in a press should this arise. However, the risk assessment did not include how this should be managed in the event of a fire occurring in the centre. The head of operations addressed this on the day of the inspection. Some other improvements in risk assessments were also required as discussed in the section called quality and safety of this report.

Overall, the inspector found that residents received a good standard of care in this centre that was person centred and planned around the needs and wishes of the residents. The staff knew the residents well and were aware of the specific health care needs of the residents. The residents reported that they liked this respite centre and enjoyed getting to choose activities, meet with friends or just relax and enjoy the break.

The next two sections of the report outline 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 care and support



provided to the residents.

## Capacity and capability

Overall the centre was well resourced and centred around providing person centred care to the residents who availed of respite breaks. A minor improvement was required in risk management.

The centre had a clearly defined management structure in place which was led by a person in charge and a part time team leader. The person in charge reported to the head of operations for this centre.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge completed and monthly monitoring reports that the head of operations completed in the centre. These audits were bringing about positive changes for residents in the centre. For example; as discussed earlier a review of available transport in the service by the person in charge and the head of operations resulted in two cars now being available in the centre instead of one.

A review of a sample of rosters for one week in January, June 2024 and July 2024 showed that there were sufficient staff on duty to meet the needs of the residents as outlined in the statement of purpose for the centre. This showed overall that a consistent team were employed in the centre. There was one date where only one staff member was on duty at night when three residents were availing of respite. While this had been risk assessed informally as it was an unforeseen emergency situation, the registered provider had not updated their risk assessments in writing to address this issue going forward. This is discussed under risk management under the quality and safety section of this report.

A review of the training matrix maintained in the centre showed that staff had been provided with appropriate training to support the residents' needs in the centre. As an example; in January 2024 a nurse had attended the centre to provide additional guidance to staff on the administration of eye drops prescribed to a resident.

## Regulation 14: Persons in charge

The person in charge was employed on a full time basis in this centre. They were an experienced social care professional with a qualification in management. This meant that they met the requirements of the regulations for the role of person in charge.

They were found to be responsive to the inspection process and had systems in place for the oversight and management of the designated centre which was bringing about improvements to the quality of services provided. For example; there were now two cars available in the centre which allowed more flexibility for residents to choose respite breaks.

They were also aware of their legal remit under the regulations and were aware of the needs of the residents availing of respite services. They provided good leadership to their staff team and ensured that staff were supported through supervision meetings and team meetings. The two staff also reported that the person in charge was very supportive to them.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters for one week in January, June 2024 and July 2024 showed that there were sufficient staff on duty to meet the needs of the residents as outlined in the statement of purpose for the centre. This showed overall that a consistent team were employed in the centre. There was one date where only one staff member was on duty at night when three residents were availing of respite. While this had been risk assessed informally as it was an unforeseen emergency situation, the registered provider had not updated their risk assessments in writing to address this issue going forward. This is discussed under risk management under the quality and safety section of this report.

The staffing levels were also in line with the assessed needs of the residents. There was always two staff on in the morning time and the evening time. At night there was one sleepover staff and one waking night staff. Where residents required increased staff supports, the number of residents availing of respite breaks was reduced. For example; two residents required one to one support and on nights they were availing of respite only two residents availed of respite instead of four residents.

The two staff who met the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to their manager. The staff also said that where they raised a concern that the person in charge took steps to address those concerns.

Staff confirmed that they also received regular supervision with the person in charge. A review of three staff members supervision records ( including the person

in charge) verified this also. These records showed that staff were able to talk about concerns and discuss their personal development and training needs.

There was a system in place to induct and guide new staff employed in the centre which included completing mandatory training, reading residents' personal plans and shadowing permanent staff when they started working in the centre.

Staff personnel files reviewed were found to contain the information required under the regulations. For example, Garda vetting was in place for staff.

Overall on review, the inspector found that there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. The residents reported that they liked the staff and were observed on the day of the inspection to be comfortable in the presence of staff.

Judgment: Compliant

## Regulation 16: Training and staff development

A review of the training matrix for all staff and a sample of corresponding training certificates for three staff showed that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. The training needs were divided into specific requirements, some were mandatory and some were specifically required to work in this designated centre.

For example, staff had undertaken a number of in-service training sessions which included the following:

- safeguarding of vulnerable adults
- fire safety
- manual handling
- first aid which included cardio pulmonary resuscitation
- medicine administration (to include administration of rescue medicines)
- infection prevention and control
- positive behavioural support
- supported decision making
- autism
- food hygiene
- complaints
- management of residents' finances

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What

residents told us and what inspectors observed'.

Two staff members spoken with by the inspector were aware of the assessed needs of the residents availing of respite. As an example two residents were prescribed rescue medicine for a specific medical condition and staff knew when this was required to be administered and when emergency services should be called.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge and a part time team leader. The person in charge reported to the head of operations for this centre.

The provider had systems in place to monitor and audit the service. This included a number of audits that the person in charge completed and monthly monitoring reports that the head of operations completed in the centre. The registered provider also ensured that an annual review of the quality and safety of care had been completed for 2023 and a six-monthly unannounced visit to the centre had been carried out in July 2024. Both of these reviews are specifically required to be completed under the regulations. These audits and reviews were bringing about positive changes for residents in the centre and to the safety of care provided. For example:

- As discussed earlier a review of available transport in the service by the person in charge and the head of operations resulted in two cars now being available in the centre instead of one
- A recent review of fire safety equipment in the centre, identified that some additional equipment would improve the fire safety measures in the centre. This work was due to be completed in the coming months
- A review of restrictive practices in the centre recently had resulted in two restrictive practices being removed
- An audit of residents finances and medicine records showed that some minor improvements were required and when followed up by the inspector, these improvements had been addressed and completed
- The registered provider had identified that some additional improvements were required to the back garden and the staff informed the inspector that some funding had been approved for this.

Regular staff meetings were also held. A review of three records of these meetings showed that a wide variety of topics relating to residents' needs, safety and safeguarding were discussed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

This document detailed the aim and objectives of the service and the facilities and services to be provided to the residents. For example: it outlined the number of staff employed, the lay out of the centre, how residents plans were reviewed, the complaints procedure and how residents privacy and dignity was maintained in the centre.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers employed in the centre at the time of this inspection. The registered provider had a policy in place should this change going forward. A policy outlines how volunteers are supervised in a registered centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed all of the incidents that had occurred in the centre since January 2024 and found that the person in charge had notified the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

This assured the inspector that the person in charge was aware of their remit under the regulations to report adverse incidents.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a policy in place to guide how complaints should be managed in the centre. The policy for example outlined four stages that could be applied to manage a complaint. The first stage was to try and resolve the complaint locally if possible. The person in charge was the complaints officer and when they could not deal with a complaint it was escalated to a more senior person in the organisation to try and resolve it. Since the beginning of the year no complaints had been logged in the centre. The residents who completed questionnaires wrote that they knew who to talk to if they had a complaint. One resident told the inspector they would talk to staff or the person in charge.

Easy to read information was on display in the hallway to show residents who the complaints officer was. Information in relation to advocacy services was displayed in the centre also.

Each year the registered provider ensured that families are also given a copy of the complaints procedure to keep them updated. There were also a number of forums where residents were reminded of the complaints procedure and they were encouraged to raise concerns to staff if they had any.

Judgment: Compliant

### Quality and safety

The residents reported that they enjoyed attending this centre for respite breaks and liked the fact that they could choose what to do and where to go. The inspector found that overall the residents received a safe quality service when they attended respite breaks with some minor improvements required in risk management.

There were systems in place to manage and review risks in the centre, however some improvements as stated were required in risk assessments stored in the centre. For example; a risk assessment in relation to reduced staffing levels needed to be updated.

Residents had personal plans in place that outlined their health care needs, support plans or risk management plans were in place outlining the supports residents would require with their health care needs.

The premises was well decorated, spacious, clean was designed and laid out to meet the assessed needs of the residents availing of respite.

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire blankets were provided and were being serviced.

### Regulation 13: General welfare and development

The residents were supported to participate in the community when they were availing of respite. At welcome meetings, residents meetings, and by collating data on the service, residents could give their views on what activities they would like to do when they came on their respite break.

Residents were also informed at residents' meetings about educational opportunities they may wish to consider.

Judgment: Compliant

### Regulation 17: Premises

The premises was well decorated, spacious, clean was designed and laid out to meet the assessed needs of the residents availing of respite.

The property consisted of five en-suite bedrooms. Four of the bedrooms (one of which was for staff to sleepover) were located upstairs and one bedroom was downstairs. There were also two offices upstairs and an open plan seating area where residents could sit and relax.

The bedroom downstairs had a large accessible shower for residents who had some mobility needs. Downstairs there was a kitchen, dining room, two utility rooms, a large sitting room, a smaller sitting room and three other communal areas. One of those communal rooms was an art room and the resident showing the inspector around the centre said they enjoyed art. The second communal area was a games room which had a snooker table. The resident said they liked playing snooker and directed the inspector to photographs on the wall of other residents enjoying playing snooker in this games room. The third communal area was divided into two areas, one was a chill out area and the resident showed the inspector a projector in this room which they could use to watch movies. The other area was a small beauty salon where residents could get their nails done if they wished. The resident told the inspector that one of the staff was really good at painting nails and liked getting this

done when they were on a respite break.

The kitchen was modern, clean and well equipped. Off the dining room there was a small conservatory area where one of the walls had an array of photographs of activities and celebrations that residents had enjoyed. This created a homely feel in the centre.

The garden to the back of the property was large and had comfortable outside seating areas for residents to enjoy.

The registered provider had systems in place to ensure that equipment was maintained in the centre. For example; electrical equipment was periodically tested to ensure that it was in good working order.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to review and manage risk in the centre. Overall there was a low level of incidents occurring in this centre. For example since January 2024, one medicine error and five incidents had been recorded in the centre. A review of these records showed that timely actions were taken to address these incidents. For example; when the medicine incident occurred it was reported to a medical professional to seek advice around any interventions that may be required. All of the incidents were reviewed by the person in charge who recommended improvements to risk management systems where required to mitigate risks going forward. As an example following the medicine error, the staff was required to undertake further training before administering medicines again in the centre. This demonstrated good oversight of incidents in the centre. However, some improvements were required which included the following:

- One risk assessment had not been updated following a review of the incident by the person in charge. This was a documentation issue and did not pose a risk to the residents.
- A risk assessment in relation to staffing levels ( as discussed earlier in the report) had not been updated to reflect control measures in place following



an unforeseen incident in the centre. This was a documentation issue and did not present a risk to the residents on the day of the inspection.

- A risk assessment in place relating to the accumulation of paper in the centre did not include details of a storage area upstairs in the centre that only contained paper records. Therefore it was not clear if the containment measures in this areas were affective. This did not present as a significant risk on the day of the inspection as the storage area had smoke detectors installed and the door was always closed.
- A risk assessment in place around the front electric gates did not include the arrangements in place should a fire break out in the centre. This was addressed by the person in charge on the day of the inspection.

Two vehicles were provided in the centre. The records reviewed verified that both vehicles were insured.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, a fire alarm, fire extinguishers and fire blankets were provided and were being serviced. For example; the fire alarm and emergency lighting had been serviced in July 2024. In addition to this as stated the provider was planning some additional fire safety improvements in the centre in the coming months.

Staff also conducted checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated. A review of a sample of these records showed that staff were completing these checks.

The residents were independent in this centre and did not require support to evacuate the centre as they always responded to the fire alarm. Therefore only two residents had personal emergency evacuation plans in place outlining the supports they required. Staff were aware of the two people who required support from staff. The two residents in the centre showed the inspector the fire assembly point and were aware that if the alarm sounded they had to assemble there.

Staff were provided with training/refresher training in fire safety and as part of the induction process to the centre.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records reviewed showed that these were taking place in a timely manner. The registered provider had identified that a night time drill was required in the centre and this was planned in the coming weeks when the

residents who required supports were availing of respite.

Judgment: Compliant

### Regulation 6: Health care

Residents had personal plans in place that outlined their health care needs, support plans or risk management plans were in place outlining the supports residents would require with their health care needs.

As residents only attended the centre for respite breaks, the person in charge and staff team ensured that they were kept up to date about changes in residents' health care needs or prescribed medicines before attending the centre. For example; family representatives were either contacted 24 hours or 72 hours ( depending on the residents needs and medicines prescribed) by staff to find out and record any changes to the resident's health care needs or prescribed medicines since the last time they visited for a respite break. This meant that staff were aware of any changes that maybe required to support the residents during their respite break.

The staff spoken to were very aware of the health care needs of the residents. Staff had also been provided with training for some specific health care needs. For example; how to administer rescue medicine if a resident had a seizure.

Overall the inspector was assured from reading four residents health care records that there was written guidance( support plans) in place to guide staff practice, staff were aware of the prescribed guidance and there were systems in place to ensure that staff were informed of any changes in residents' health care needs prior to them attending the centre. This meant that residents were provided with support around their health care needs.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff spoken to were aware of what constituted abuse and the reporting procedures to follow in such an event. Where incidents had been reported, the provider and person in charge had reported it to the relevant authorities and taken steps to safeguard all residents. The inspector found that the person in charge had taken steps to mitigate these incidents occurring in the centre. For example, some of the incidences were related to residents not getting on together. When these occurred the person in charge updated the residents' personal plans to make sure that the residents did not

share respite breaks going forward. They also reviewed these plans to ensure that they were kept up to date and monitored.

The inspector also found from reviewing records, speaking to staff and residents that the registered provider had clear transparent systems in place to report concerns should they arise and to ensure that feedback was collated on safeguarding in the centre. Some of these assurances were provided through the following observations:

- the two staff members spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- there were no open complaints about the service on file at the time of this inspection
- the concept of safeguarding was discussed with residents meetings, welcome meetings and when residents were finished their respite break ( discharge meetings)
- safeguarding formed part of the standing agenda at staff meetings
- information on how to contact the safeguarding officer, safeguarding champion and the complaints officer was readily available in the centre
- residents reported in their surveys, questionnaires that they felt safe in the centre
- it was evident that when residents reported a potential safeguarding concern the person in charge and staff team responded to these

Overall, this meant that the inspector was assured that residents were safeguarded in this centre.

Judgment: Compliant

## Regulation 9: Residents' rights

As outlined in the first section of this report there were numerous examples to show how residents were educated about their rights, supported to exercise their rights, and also where the provider was implementing improvements to ensure that residents' rights were respected. These are some examples the inspector observed on this inspection:

- residents meetings were held to talk about things that were happening in the centre and keep residents informed
- a specific theme such as autonomy was discussed at each meeting to promote and educate residents about their rights.
- residents got to decide what they wanted to do when they were on a respite break
- a restrictive practice review resulted in two restrictive practices had been

removed. As an example; presses to store cleaning products were routinely locked even though there was no risk to the resident. This press was now only locked when there was a specific risk identified for a resident

- one resident was supported to take positive risks and was supported to make the decision themselves with the support of staff. This meant that the residents independence was not limited when they availed of respite breaks
- all staff had completed training in human rights, supported decision making and person centred care

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Arlee Respite Service OSV-0005817

Inspection ID: MON-0035963

Date of inspection: 01/08/2024

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Registered provider will 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 through the following:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has updated the compatibility risk assessment which required review following an incident. Completed 02/08/2024.</li> <li>• Measures to reduce future oversights have been addressed as a new internal incident reporting system has been introduced since this incident took place in January 2024.</li> <li>• The Person in Charge has reviewed the Risk Register and Business continuity plan in relation to staffing levels to reflect control measures in place in the event of unforeseen incidents of staff shortages in the centre. Completed 28/08/2024.</li> <li>• The Registered Provider will ensure that there are systems in place in the designated centre to ensure fire precautions are risk assessed. The Health and Safety Officer reviewed and updated the Fire risk assessment relating to the accumulation of paper in the centre to include details of a storage area upstairs in the centre that only contains paper records. Completed 29/08/2024.</li> <li>• The Person in Charge has updated the risk register to detail arrangements in place re external storage of the manual key for the front electric gates should a fire break out in the centre. Completed 01/08/2024.</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	29/08/2024