



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

## Issued by the Chief Inspector

Name of designated centre:	Wyattville DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	23 October 2024
Centre ID:	OSV-0002893
Fieldwork ID:	MON-0035334

## About the designated centre

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

Wyatville DC is a designated centre operated by St. John of God Community Services CLG. Wyattville DC is based in a suburban area of South County Dublin and is a community based respite unit providing Adult Respite Services to individuals on a need assessed basis. The respite services are provided for up to five adults at one time from a respite group of 73 adults. The premises is a two-story building. The house consists of a sitting room and kitchen/dining room space, staff office and utility room on the ground floor. Upstairs there are four bedrooms. Three of these rooms are single occupancy and the fourth room is a twin room. There is a bathroom and a separate shower also on the first floor. The property has a large rear garden with a level access space for outdoor dining. The remainder of the garden is sloped and provides access to an outdoor log cabin via a small stairwell. The front garden provides limited parking facilities and is on sloped ground. From November 2024 the respite service will re-open on a phased basis and when the full complement of staff is in place, the service will return to full service with respite provided on a 24 hour basis across 363 days of the year. The person in charge is responsible for two designated centres and is supported in their role by one social care leader, and a staff team of social care workers and healthcare assistants.

**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
Wednesday 23 October 2024	09:30hrs to 14:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centre's level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of the registration of the centre.

At the time of this inspection, there were 73 respite residents on the designated centre's directory of residents. However, on the day on the inspection there were no respite residents staying in the centre. There was an emergency admission in the designated centre in 2022 who was discharged to another designated centre in 2023. Since that time there has been major internal and external building works completed to the designated centre. Both of these situations meant that there had been no provision of respite service based in the designated centre since 2022. Since 2022, the provider had arranged for respite breaks to be made available to residents in an alternative accommodation in a different county. However, this was not suitable for all respite residents.

In November 2024 the designated centre will recommence the respite service on a phased basis and initially with the provision of day activation breaks. There is a plan in place that from 2025, the centre will provide overnights with sleepover staff and when the full complement of staff is in place, the service will return to offering a service with walking night staff on a 24 hour basis across 363 days of the year. Management informed the inspector that respite residents who did not avail of the alternative accommodation, will be prioritised for the initial respite breaks in November and December 2024.

Through-out the period of no respite service, the provider had kept in contact with all stakeholders involved. There were regular meetings held between the provider, their funder and residents' friends and family representatives. These meetings ensure everyone was kept updated, included in the consultation process and also provided a forum for people to relay their concerns or any issues on behalf of the residents.

A respite services open day was planned for 7th of November 2024 in the designated centre and the inspector was informed by management that all 73 respite residents and their families had been send an invite to attend on the day.

Currently management of the centre were reviewing assessment of needs of residents returning to the service. They advised the inspector that they were meeting residents and/or their family members in their family homes and reviewing their assessment of need. The assessments were part of ensuring residents support needs were met during their respite break and well as ensuring their likes, preference and choices were met as much as possible. .

The inspection was facilitated by management and the supervisor for the duration of the inspection. The manager facilitating the inspection, will be the person in charge for the centre once the registration renewal is completed. The person participating in management, joined the inspection for the introductory meeting and again for feedback at the end of the inspection. They were available throughout the day for anything that may have been required from the provider.

The inspector used observations of the premises (internally and externally) in addition to a review of documentation and conversations with management, to inform judgments on the quality and care and support to be provided to residents' during their respite breaks. In advance of the inspection, the provider had contacted residents and family members to advise them of the inspection so that they could call to the centre on the day to meet with the inspector and relay their views. However, on the day, no family or resident attended the centre.

The designated centre is a two story, community-based group home, providing adult respite services to individuals on a need assessed basis. The premises is a semi-detached two-story four bedroomed house. The centre consists of a large spacious sitting room which has new furnishings including three seater couch, new flooring and freshly painted walls. Through double doors the sitting room leads into the a brightly upgraded kitchen and dining room with a small utility area off the kitchen. Kitchen unit doors had been replaced and there was a new glass double door leading out to the garden.

There are four bedrooms upstairs. Three of the bedrooms are single occupancy and the fourth room is a twin room. There are systems in place that ensure the twin room is provided only to those who choose to avail of the room. In addition, there are safeguarding measures in place that mitigate any potential risks that may result when residents' choose to share the room.

There is a bathroom and a separate shower also on the first floor. The facilities had a number of upkeep and repair works completed. While the works improved the aesthetics of the rooms it also ensured the effectiveness of the infection prevention and control measures in place in the rooms.

Outside the back of the house there is a large rear garden with a level access space for outdoor dining. The remainder of the garden is sloped and provides access to an outdoor log cabin via a small stairwell. Management informed the inspector of the plans to use the room as a sensory room. A number of sensory equipment had already been purchased and placed in the room.

There was a garden space further up from the log cabin and there were plans in place for the friends and family representative group to support respite residents plant a wild flower garden.

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 provided to residents during their respite breaks.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the respite service, and how effective it was in ensuring that a good quality and safe service was being provided. The provider had submitted an application to vary the condition of the centre in May 2024 to remove one of the units attached to the centre. On completion of the application in August, the centre was registered as a one unit respite service.

The inspector found that there was a clearly defined management structure in place in the designated centre. The management and staff who met and spoke with the inspector on the day of inspection, were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The respite service was led by a capable person in charge, supported by a supervisor and a team of social care workers. The centre was undergoing a change in person in charge and the pending person in charge supported the inspection alongside the supervisor.

The provider was endeavouring to ensure that there were suitably qualified, competent and experienced staff employed to meet all respite residents' assessed needs. However, despite on-going efforts to recruit staff for the service, a high number of staff vacancies remained. As such, the designated centre could not provide a respite service at full capacity and would not be able to do so until the full compliment of staff were employed.

The education and training provided to staff overall, enabled them to provide care that reflected up to date, evidence-based practice. However, some refresher training was outstanding and improvements were needed to ensure all staff training was up-to-date.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had met its regulatory requirement of completing an annual review and unannounced six monthly reviews of the service. There was a schedule of audits set up for the centre to ensure that a quality and safe service was delivered to residents during their respite stay.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it was to be delivered.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite residents and their family members in a prominent place in the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application to renew the registration of the centre prior to this inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a planned change to the person in charge for the designated centre. On the day, the person who was due to commence as person in charge, once the registration was completed, supported the inspection alongside the person participating in management and the supervisor.

Through a review of documentation submitted to the Health Information and Quality Authority (HIQA), the inspector found that the in-coming person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

They were found to be responsive to the inspection process and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

There were systems in place for the person in charge to have adequate oversight and management of the centre which included local audits and supervision of their staff team.

The in-coming person in charge was currently responsible for two other centres however, this was due to change and their new remit would see them responsible for one other centre. They were supported by a supervisor (social care leader) in each centre.

Judgment: Compliant

### Regulation 15: Staffing



The inspector reviewed a sample of planned rosters from November to December 2024 and saw that they were maintained appropriately. The roster clearly demonstrated the days and times staff and management were due to work in the centre.

A sample of five staff files were viewed and were found to meet the requirements of schedule two of the regulations. The sample included details of one social care leader (supervisor), two part-time permanent social care workers, one relief staff and one agency staff.

On the day of the inspection there were six staff vacancies in the centre; six social care workers and one healthcare assistant.

However, the inspector found that there were sufficient qualified and skilled staff in place for the phased return of the day-activation type respite service. Two part-time social care workers, who were familiar to respite residents were due to commence on 28th of October 2024.

In addition, a relief and agency staff member had been block booked to be in place for residents day activation breaks that were commencing the week after the open day (7 November 2024).

The inspector was informed that two staff members, who had previously worked in the respite service, were due to return in January 2025. One full-time permanent social care worker and one part-time permanent social care worker. The return of these two staff members was ensuring a level of continuity of care for respite residents.

Overall, while there were plans for increasing staffing after January 2025, which would allow for the service to provide respite breaks for up to five residents with overnight staffing, the inspector found that until the full complement of staff was employed, residents who required waking night staffing, could not avail of the service. This meant that not all 73 respite residents could avail of a respite break in this centre until it was fully resourced.

Judgment: Not compliant

### Regulation 16: Training and staff development

The inspector reviewed a training matrix which included the five current staff members (as well as relief and agency staff). The inspector also reviewed specific staff training and qualifications within the schedule 2 review of staff records. The inspector found that for the most part, staff were provided with training to ensure they had the necessary skills and knowledge to respond to the needs of the respite residents.

For example, staff had undertaken a number of training courses, some of which included the following:

Manual handling

Fire safety

Epilepsy

Safe medication management

Dysphagia

Crisis prevention intervention

Positive behavioural supports

Infection prevention and control including;

- Hand hygiene

- Breaking the chain of infection

- Standard and Transmission-Based Precautions

However, at the time of the inspection there were a number of staff who required refresher training. While some staff had a scheduled training date for the particular course, this was not the case for all staff.

For example: Four staff were due first aid training. One staff was due manual handling training. Two staff were due training in safe medication management and one staff was due safeguarding training. Three staff were due epilepsy training and four staff were due safe food hygiene training. On the day, the inspector was informed that there was an organisation-wide plan in place to deliver food-hygiene training to all staff and that dates would be rolled out to the team in due course.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector observed documentation that demonstrated that the registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.

Judgment: Compliant

### Regulation 21: Records

On the day of this inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, for the most part, reflected practices in place.

On the day of the inspection, the centre's management organised for staff records

to be brought to the designated centre (from HR office off-site).

On review of a sample of five staff files (records), the inspectors found that they contained all the required information as per Schedule 2.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance submitted to HIQA and found that it ensured that the building and all contents were appropriately insured.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had put in place good management and oversight arrangements to ensure a good quality service for respite residents. The provider had ensured that where major works were needed to the premises, they had been completed. The works were completed to ensure the premises were safe, in good structure and repair and suitable to meet the needs of respite residents.

An annual review had been completed to assess the quality of care and support provided in the service between January 2023 to December 2023 and a copy had been submitted to HIQA in advance of the inspection. The review included the two units that had previously been part of the designated centre. While there had been no respite residents staying in the centre during this time period the review demonstrated that overall, good quality care and support was provided to residents living in the other unit. Major works plans for the respite service were also included in the review.

The provider had carried out an unannounced review of the quality of care and support of the designated centre in advance of the return of the respite service. There was an action plan in place with most of the actions completed. The inspector was advised that another unannounced review would occur after the respite service recommenced.

There was a schedule of audits set up for the centre to ensure that a quality and safe service was delivered to residents during their respite break. From a review of the schedule, the following areas of service delivery were provided satisfactory monitoring through the auditing system; Health and safety; infection prevention and control; water hygiene; complaints; daily checklists; fire safety; medication, but to mention a few.

A team meeting was planned for 28 October 2024. The inspector was advised by management that the meeting would include staff training, information sharing, and a review of local protocols and procedures. This was to ensure that all staff were familiar and up to date on the information in place to support respite residents return to the centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

On review of the respite admissions and allocations systems in place in the designated centre, the inspector saw that they were determined on the basis of fair, equitable and transparent criteria. The admission criteria took into account the services outlined in the statement of purpose and the needs of the respite residents availing of the service. As a result, the admission processes upheld the rights of residents.

For example, there was an admission and discharge folder in place for each resident for every occasion they availed of the respite service. Respite residents' medication, belongings and finance were recorded in the folder upon admission and discharge. The folder included daily report sheets, medication inventory, financial transactions, inventory of personal items, care and support information, emergency contact details, but to mention a few.

There was a system in place that endeavoured to ensure that all residents were safe during their break and in particular, if they chose to share a room with another resident. Assessments of need, behavioural support plans and other potential risks were reviewed when a resident requested to share a room with another resident. This was to ensure, that there was minimum risk of compatibility or safeguarding concerns, in advance of supporting a resident's request.

Residents and their families availing of the respite service were consulted with, and kept up-to-date, through regular meetings regarding the changes in the provision of service over the last two years.

All respite residents had been provided an easy read services agreement which were due to be updated to include new fees coming on line in January 2025.

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.

It detailed the aim and objectives of the service and the facilities to be provided to residents during their respite breaks in the centre .

The provider and pending person in charge were aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

### Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The inspector found that there was adequate processes and systems in place to ensure that should an incident occur that they would be appropriately managed and that a review, as part of continuous quality improvement to enable effective learning and reduce recurrence, would take place.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes that ensured residents continued to received high quality, safe and effective services during their breaks in the centre.

At the time of this inspection there were no open complaints on file however, the inspector was informed of the regular provider, funder and family and friends representative group meetings and how these provided a forum for complaints to be

raised.

There was an easy to read information poster displayed in a communal area of the designated centre which included details of the complaint's officer. A updated photograph of the complaint's officer was due to be attached to the poster before the opening day.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the centre provided a homely and pleasant environment for residents during their respite break. It was evident that management and staff were aware of respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There had been improvements since the last inspection, which saw major building works result in an improved and safer living environment for residents during their break.

The design and layout of the premises was suitable in meeting residents' needs. The house was observed to be clean and tidy and in good decorative repair. In terms of good upkeep and repair to centre, the major works ensured that infection prevention and control measures were effective. In addition, residents' safety was better ensured, due to the installation of a new fire safety system. Furthermore, improvements to the premises provided residents with an environment that could better meet their needs in terms of enhanced internal and external facilities.

The sensory needs of residents were catered for during their respite break. A new log cabin had been installed at the back garden providing a sensory room that included a variety of sensory-type furnishings and equipment.

In advance of the respite service re-opening, there was a plan in place to review all residents' assessment of needs, with a particular focus on the first cohort of respite residents returning for day activation. The management of the centre had visited a number of residents and their families to review residents' needs since their last respite break. Further assessments and support plans were currently in process for residents returning to the service.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. The provider and the person in charge were endeavouring to ensure the delivery of safe care whilst balancing the right of all residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. There was an array of risk assessments with appropriate control measure in place.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training. The

provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety. Appropriate systems were in place to protect residents during their stay, in particular, in relation to potential compatibility risks.

There were infection, prevention and control, (IPC), systems and arrangements in place to protect residents from the risk of infection during their breaks. The inspector found that the infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents.

The inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. A new fire detection and alarm system had been installed as part of the major works and the provider had ensured that all works completed were certified and in line with the appropriate standards.

There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained. Staff had been provided with suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite residents were aware of the evacuation procedure to follow.

## Regulation 12: Personal possessions

The inspector found that there were systems in place to ensure that each respite residents' personal possessions were respected and protected during their break; All residents availing of a respite break are provided with an admission and discharge folder; within this folder there were a number of inventories that monitor residents' personal possessions from their arrival to their departure. For example, inventories were in place for each resident's medication, monies and personal items. This system ensured that all residents' personal possessions were accounted for and are protected during their stay.

On a walk around of the centre, the inspector observed that each bedroom was equipped with sufficient and appropriate storage each for resident's personal belongings. For example, there were wardrobes, shelving units and bed-lockers. On the day of the inspection, a shelving unit was due to moved from one bedroom to another, to ensure the room provided adequate storage.

The centre provided bedding including duvet covers and bed linen if residents required it however, the inspector was informed that most residents chose to bring their own personal bedding.

There were laundry facilities available to residents during their stay if they wished to avail of them, including a washing machine and dryer however, the inspector was informed that most residents chose not to use this facility during their stay.

Judgment: Compliant

### Regulation 17: Premises

The physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents throughout their stay.

There had been major works completed to the premises of the designated centre. During a walk around of the centre, the inspector observed new flooring, freshly painted walls, new furniture and fittings and new kitchen cupboards, for example. The kitchen dining room area had also been improved with the installation of double doors exiting out onto a large garden space. A new sensory room had been added to the facilities in the form of an outdoor garden room.

Overall, the upgrade to the premises ensured better outcomes for respite residents in terms of safety, effective infection control measures and a greater choice of on-site activities, including sensory activities.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of regulation 20 and submitted an up-to-date copy to HIQA as part of their application to renew their registration.

On review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaint's procedure.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre during their respite breaks.



There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing during their respite break.

For example,

Where there was a risk of behaviours that challenge during transport, some of the control measures in place included implementation of positive behaviour support plans and staff awareness of same;

Where there was a risk of a resident choking, some of the control measures included dysphagia training provided to staff and speech and language and eating and drinking guidelines in place for the resident;

Where there was a risk of physical injury to staff, one of the control measures included staff manual handling training as well as refresher training;

Where there were potential infection prevention and control (IPC) risks, some of the control measures included residents' self-isolating in their room until their family were able to pick them up, standing operating procedures and the provision of IPC training to staff.

There was a risk management folder in place in the centre available to all staff. The folder included all local operating procedures, details of the health and safety committee, a chemical inventory, maintenance information and instructional manuals, but to mention a few.

Judgment: Compliant

## Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents during their respite breaks.

On the day of the inspection the inspector viewed the internal and external spaces of the house. The house was observed as clean and tidy and in good state of repair. The recent major works to the premises resulted in upkeep and repair to areas which previously required improvements in terms of infection prevention and control risks.

Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections.

There was an infection prevention and control folder specific to the centre and was made available to staff. The folder included the local contingency plan, HIQA

national standards, the organisation standing operating procedures on infection prevention and control, national guideline updates and information on personal protective equipment.

Cleaning lists were in place to support staff in their cleaning duties and cleaning equipment and products were appropriately stored.

Staff were provided with adequate training to support them ensure the effectiveness of infection prevention control measures in the centre.

As the property had not been in use for a lengthy period of time, the provider had arranged for an external company to carry out tests on the water. At the time of the inspection, the results were pending. In addition, there was a water hygiene procedure folder in place that included flushing checklists for water outlets that were not used frequently. The inspector was advised that the flushing checklist and procedures would be discussed with staff at the upcoming staff meeting on 28th of October.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire.

There was a fire detection and alarm system, emergency lighting, fire fighting equipment and fire containment measures in the designated centre. There were systems in place that ensure systems were routinely checked by staff through daily and weekly checklists, and serviced regularly by relevant fire professionals.

Fire exits were easily accessible, kept clear, and well sign posted and there was a fire evacuation plan in place in the centre.

The mobility and cognitive understanding of respite residents was adequately accounted for; where required, residents were provided with personal emergency evacuation plans. The inspector was informed that each plan would be reviewed and updated as each resident returned to respite.

All staff had been provided in fire safety training and this was refreshed on a yearly basis.

There was a schedule in place for fire drills. The schedule ensured that all residents, at some stage during their visit to the centre, would take part in a fire drill.

As part of the major works a new fire detection and alarm system had been installed in the premises by an appropriate fire safety specialist company. On the day of the inspection, the provider submitted a copy of the certificates which provided

assurances that the system had been installed in compliance with all the required standards relating to new and existing community dwellings.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of seven assessments of needs that had recently been completed. Residents needs in relation to their personal care, their healthcare, their medication, social needs but to mention a few were reviewed.

The inspector was shown an example of one resident's personal plan, who's information had been updated and included the necessary support needs plans required during their stay. The 'all about me' plan included the respite resident's profile, personal passport, and intimate care plan. In addition, there were care plans to support weight management, nutrition, education and medication and an action plan for circle of support meetings.

Work on residents' assessments of needs and overall personal plans were ongoing. However, there was a schedule and plan in place to ensure that all respite residents were provided with an up-to-date plan in advance of returning for a respite break; The person in charge were currently in the process of ensuring all residents were provided with an updated personal plan that was effective in meeting their needs, was person centred and included the most current information about them.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard residents when availing the respite service. There was a procedure in place when respite residents chose to share a twin room with another resident. For example, a review in terms of compatibility, behaviours and potential risks was undertaken that ensured, that where residents shared a room, it was safe to do so.

At the time of this inspection, there were no open safeguarding concerns.

The inspector also noted the following;

From reviewing five staff files, the inspector observed that the staff had up to date training in safeguarding of vulnerable adults.

From reviewing five staff files, with regard to schedule 2 of the regulations, all five

staff had appropriate vetting in place.

From reviewing a resident's personal plan, the inspector saw that, in line with the resident's support needs, a relationship education programme had been made available to them. The inspector was informed that where this programme was in needed, staff were provided the appropriate training to support the resident when implementing the programme.

Information on how to contact the designated officer, complaints officer and independent advocate was on display in a communal space in the centre.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance during their respite break, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Wyattville DC OSV-0002893

Inspection ID: MON-0035334

Date of inspection: 23/10/2024

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The provider has an ongoing recruitment drive underway, which includes open days, public advertising, and social media advertising. In the meantime, a pool of familiar relief and agency staff are employed to cover various forms of leave and maximize the capacity of the center.</p> <p>There is a three phase re-opening plan in place which seeks to ensure the maximum number of individuals will have access to overnight breaks in 2025 while the recruitment drive is underway.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>First aid training; one staff member has completed her training post inspection date. The remaining three staff will attend first aid training by 28-02-2025.</p> <p>The staff member due manual handling training has completed this post inspection date.</p> <p>The two staff due SAMS training are scheduled to complete the full course on the 23rd and 24th January respectively. There is always one SAMS trained staff working in this location on each shift, and no staff member is permitted to administer medication without up to date training in place.</p> <p>The staff member who was overdue her Safeguarding training has since completed same.</p> <p>The three staff who required epilepsy training have been scheduled for same across the</p>	

2nd and 10th December. The roster and allocations are devised to ensure that there is an epilepsy trained staff on duty each time an individual attends respite with this particular need.

A new company has been sourced to provide training in food safety and a number of spaces have been block booked. The four staff overdue their food safety training will have same completed by 28-02-2025



## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/03/2025