



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

## Issued by the Chief Inspector

Name of designated centre:	Bayview Respite Service
Name of provider:	The Rehab Group
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	08 October 2024
Centre ID:	OSV-0005886
Fieldwork ID:	MON-0036647

## About the designated centre

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

Bayview Respite Service provides respite services to adults and children with Autism, intellectual disability and/or physical and sensory disabilities. The centre is located in a rural area close to a nearby town. Children and adults will be supported on alternating weeks. The adults range in age from 18-65 years old and children range in age from 9-18 years old. The centre is a two-storey building. The ground floor consists of four bedrooms and two bathrooms, two living rooms and a kitchen diner with a utility, store room and toilet adjacent. The rooms on the first floor consist of two bedrooms, one bathroom and office area. The service operates from Monday - Friday from 16.00 to 09.30 for adults and 14.00 to 09.30 for children. This is a nurse-led service. Residents have access to a range of amenities in the local community including a playground, GAA facility, horse riding, swimming and shops.

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

Number of residents on the date of inspection:

5

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
Tuesday 8 October 2024	11:00hrs to 18:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities and to inform a registration renewal application. The inspector found that there was a high level of compliance was found in the regulations in this centre relating to the care and welfare and this will be discussed throughout this report. As part of this inspection, the inspector met and spoke with, five residents staying in the centre at the time of the inspection. The inspector also met with the person in charge, team leader, and three staff on duty, and reviewed a range of documentation and processes. A high level of compliance was found in the regulations reviewed relating to the care, welfare and rights of residents attending this centre.

The person in charge, management team, and staff prioritised the wellbeing, autonomy, human rights, and quality of life of residents. It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, and had choices when attending the centre in their daily lives. Residents were supported to live their lives while attending the respite centre as independently as possible.

Residents were out and about at the commencement of the inspection, the inspector met with five residents on their return, enjoyed a refreshment, and engaged in conversation with the residents. The inspector heard about resident's employment, day centres, and family lives. Residents spoke about their social groups and activities they enjoyed in the respite centre, at home, and when attending their day services. This included bowling, shopping, cinema, eating out, and attending music events. Throughout the conversation residents were very comfortable with each other and staff on duty.

Residents said that they were very happy with all aspects of their respite service and were very happy when they attended for short breaks. Residents also said they were very well supported by staff, who provided them with a good quality of care, and that they always made their own choices around how they lived their lives and what they did each day. Residents said they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. Residents knew who was in charge, and they said that they trusted the staff. Throughout the inspection, residents were observed to be at ease and comfortable in the company of staff. Staff were observed respecting residents' wishes, and discussing and facilitating their plans and preferences, while enabling their independence with the necessary levels of support.

Residents were very involved in community activities that they enjoyed. This included attending day service programmes in their local areas, employment and day services. Three of the residents enjoyed jobs in their local communities and spoke at length of their roles and how much they enjoyed this independence. The

inspector observed the independence and autonomy on the day of the inspection. The centre also had dedicated transport, which could be used for any activities that residents chose.

The inspector read five survey questionnaires that had been completed by the residents in preparation for the inspection. All of the surveys showed a high level of satisfaction with the service and there were no negative issues, concerns or areas for improvement identified. Some of the areas highlighted in the surveys included satisfaction with staff support, help available as needed, growth in independence and confidence since attending the centre, and feeling safe.

The centre consisted of a two storey dwelling in a residential area on the outskirts of a rural town. The centre was laid out and equipped to provide residents with a safe and comfortable living environment. Residents' bedrooms which were suitably decorated in line with preferences and for persons attending for short stays. The centre was clean, well equipped kitchen, suitable sitting rooms and communal areas for residents to enjoy while attending. Residents spoke about meal planning on arrival and that they had planned eating out on the evening of the inspection top a restaurant they all enjoyed. This showed the inspector that cooking arrangements were flexible and residents had meals they liked and enjoyed. Residents could also cook with support from staff and they could enjoy a take-away if they wished. Residents like to be involved in the centre and in household tasks while attending. This included cleaning, laundry and grocery shopping.

All of the residents attending on the day of the inspection were very clear on their rights and of how to access advocacy, and that this had been explained to them by staff. Residents attending knew how to manage their money, while staff also explained to the inspector how they would support any residents attending to manage their money in line with their local policy.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents attending this centre.

## Capacity and capability

The provider had measures in place in this centre to ensure that the centre was well managed, and the residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the resident who lived there.

There was a clear organisational structure in place to manage the service and this was clearly described in the centre's statement of purpose. There was a person in charge who was suitably qualified and experienced for this role. Effective arrangements were in place to support the person in charge in the management of the centre, and also to manage the service and support staff when the person in

charge was not on duty.

There were a range of systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service, including unannounced audits by the provider which were carried out twice a year, and an annual review of the service which included consultation with the resident. Any issues arising from audits were being suitably addressed in a timely manner.

The centre was suitably resourced to ensure the effective delivery of care and support to the resident. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport and access to WI-FI and televisions. The provider had also ensured that the service and residents' property were suitably insured.

Adequate staffing levels were being maintained in the centre to support the residents' preferences and assessed needs, and these staff had received training to support them in their roles. This also included regular formal and informal staff supervision and support on all aspects of the residents' care. The inspector also noted on review of three staff files that they contained all information as specified in the regulations which showed the provider ensured that all staff were appropriately vetted and suitably experienced for their roles.

There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

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

The prescribed information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. An inspector reviewed this documentation and found it had been suitably submitted. Some minor amendments were required to the statement of purpose and application form, but these were promptly addressed.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had ensured that the directory of residents was established and maintained in this centre and included all relevant information as specified in the regulations, such as referring person, medical practitioner details and address.

Judgment: Compliant

### Regulation 21: Records

The management team had established relevant records as listed in schedule 2, 3 and 4 of the regulations this included staff files and documentation, residents guide, statement of purpose and fire records.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. There was a current insurance policy in effect at the time of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to the resident.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance. An organisational structure with clear lines of authority which had been established to manage the centre, and this was clearly laid out in the statement of purpose. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty.

The centre was suitably resourced to ensure effective delivery of care and support to the resident. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose had been prepared for the service, and it was available to review in the centre. An inspector read the statement of purpose and found it met the requirements of the regulations, was up to date and was being reviewed by the person in charge.

Judgment: Compliant

### Regulation 30: Volunteers

The provider had a policy and procedure to ensure that appropriate measures were in place should volunteers be required and recruited in this centre, however there were no active volunteers at the time of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider was aware and familiar with the requirement to submit in writing a report of an incident that met the requirements of the notifications to the Chief Inspector as specified in the regulations.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had ensured that suitable arrangements were in place when the person in charge was absent from the centre. This was clearly displayed in the statement of purpose, in the centre in communal areas. This ensured that staff were always aware of management arrangements in the centre

Judgment: Compliant

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

The provider had ensured that appropriate arrangements were in place should the person in charge be absent from the designated centre, they will provided this in

writing to the Chief Inspector during this absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure and policy in place in line with the requirements of the regulations. A log was maintained by the person in charge of all complaints received and at the time of the inspection there was no complaints logged for January to August 2024. Information was also displayed in the centre to inform residents about how to make a complaint if required, and who to speak with if they had a complaint.

Judgment: Compliant

### Quality and safety

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their age profile and preferences, the management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of the resident. Residents were involved in activities and lifestyle that was meaningful to them.

Residents took part in a range of social activities both at the centre, at day services and in their local community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs when they attended the respite service.

The centre suited the needs of the residents, and was warm, clean, comfortable and well maintained. The centre was located on the outskirts of a small town, in a residential setting and area. Residents could access their preferred activities in the centre's transport when they attended and as part of their activity plan. The centre was suitably decorated and maintained throughout by the staff and maintenance team. The provider had recently reconfigured the internal layout to further meet the assessed needs of residents.

There were arrangements in place to safeguard the residents from harm. These included safeguarding training for all staff and the support from a designated officer should it be required. Staff also received training in managing behaviours of concern. Residents received daily support and guidance on staying safe from their staff, and knew how to alert staff to safeguarding concerns. The person in charge

was aware of the requirement to submit relevant notifications when required.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. The provider had also ensured that the service and residents' property were suitably insured.

### Regulation 11: Visits

The provider had a policy and procedures in place for visits to the centre. There was a visitors log maintained and in date at the time of the inspection, and no restrictions were in place.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that the residents kept control of their own valuables, and managed their own finance with support from staff where required. Resident's how they spent and managed their money when attending for respite breaks. Staff spoke about the procedures in place to support all residents with their personal possessions when attending the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in their local community.

Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in both developmental and leisure activities that they enjoyed, including bowling, swimming, going for walks, outings and shopping. Residents were involved in self-development and had been and were currently involved in training courses to further their everyday living skills. Residents told the inspector about their paid and voluntary employment. Residents were also involved in household tasks, such as laundry, recycling and food preparation, and had autonomy to carry out everyday activities

such as shopping, banking, going to the cinema and eating out.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

There was a residents' guide prepared and supplied to residents. The inspector read the document and found that it included a range of information for residents. Other information that was relevant to residents was also provided. This included photographic information about managers involved in the centre, the designated safeguarding officer and events taking place in the local community.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The provider had ensured that a policy was in place and in date for guidance to staff on the temporary absence, transition and discharge of residents in the centre should this be required. This document clearly outlined the procedures required in any of the events and for example, recommended documentation to ensure that the process was completed with no negative impact for a resident. This included a communication guide, a health passport and care plans which provided guidance on the residents' preferences. At the time of this inspection, this had not been required for the resident but was available to staff as required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that a risk management policy was in place and in date at the time of the inspection, which showed the management of identified and assessed risks in the centre. This included controls to mitigate the risks, training to guide staff in risk management, identification, assessment and monitoring as required.

There was also comprehensive arrangements and support systems in place for the reporting, recording and review of risk management in the centre, such as identifying all risks relevant in the centre including incidents of aggression, absence

of a resident and managing behaviours of concern.

The registered provider had also ensured that appropriate transport was available to the centre, monitored and maintained and was road worthy at all times, which included appropriate insurance, road worthy and that all staff had completed all training as required by the regulations.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm. These measures included safeguarding training for all staff, an up-to-date policy to guide staff and access to a safeguarding process. Information had been made available to residents to increase their awareness and understanding of safeguarding , and these measures had been very effective. The provider had introduced strong measures to ensure effective safeguarding arrangements were in place in this centre.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant