



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

Issued by the Chief Inspector

Name of designated centre:	Mulcahy House (Respite)
Name of provider:	St Aidans Services
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	10 December 2024
Centre ID:	OSV-0001854
Fieldwork ID:	MON-0045604

About the designated centre

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

Mulcahy House (Respite) is a designated centre operated by St Aidans Services. It provides respite care for up to seven respite users, male and female, with moderate to severe intellectual disability and high physical support needs. The service is open seven days per week and supports adults and children at different times. At the time of the inspection, 53 adults and 13 children availed of the respite service. The designated centre is a single story house which consists of kitchen, dining room, sitting room, office and seven individual bedrooms. There is a secure garden to the rear of the house. The designated centre is staffed by staff nurses, social care workers and care staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 10 December 2024	09:00hrs to 16:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that respite users felt safe in the centre they were living in and they were empowered to make decisions about their care and support while availing of respite. The inspection was carried out in one day by one inspector.

The inspector met with all of the respite users, two staff members and reviewed records pertaining to a sample of the respite users care and support and governance arrangements in the centre.

On arrival to the centre, the inspector met with the three respite users. One respite user was spending time between the sitting room and their bedroom, while the two other respite users were having a cup of tea in the dining room. The inspector had a cup of tea with two of the respite users as they discussed their plans for the day. The respite users told the inspector that they liked coming to stay in the respite house. Later in the morning, the three respite users left the centre to partake in three different activities including attending their day service, having a Christmas lunch and accessing the community.

In the afternoon, the three respite users returned to the respite service and were observed watching TV and interacting positively with staff. The inspector was informed the respite users had decided to go to the cinema in the evening. Overall, the respite users were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to respite users. The staff were observed to treat respite users with dignity and respect over the course of the inspection. For example, in the morning the inspector observed a respite user and staff discussing different outfits and hair styles for the day.

Respite users were also consulted in meetings at the start of every stay discussing their plans and wishes for their upcoming stay. In addition, safeguarding and rights were also discussed at these meetings.

The premises were designed and laid out to meet the assessed needs of the respite users and were generally kept in a good state of repair. is a single story house which consists of kitchen, dining room, sitting room, office and seven individual bedrooms. There is a secure play garden area to the rear of the house. The inspector observed that the house was decorated in a welcoming and homely manor. In addition, there wre Christmas decorations located throughout the centre. The garden area to the rear of the property was a small accessible soft area for respite users to utilise in times of good weather.

Overall, the inspector found that the respite users received a good quality of care and support when availing of respite service. The respite users appeared content and comfortable in the respite service and the staff team were observed supporting the respite users in an appropriate and caring manner. However, some improvement

was required in the review of one restrictive practice.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, there was a defined management structure in place to ensure that the service provided was safe, consistent and appropriate to respite users' needs. On the day of the inspection, the provider had ensured that there was appropriate staffing levels in place to meet the needs of the respite users.

There was evidence of quality assurance audits taking place which included the annual review for 2023 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

There was appropriate staffing arrangements in the centre to meet the assessed needs of the respite users. The inspector reviewed a sample of the staff roster and found that there was sufficient staff in place to meet the assessed needs of the respite users. In addition, there was evidence that staffing levels changed in order to meet the needs of the particular group availing of respite.

From a review of training records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date skills and knowledge to support the respite users with their identified support needs. In relation to safeguarding and a human-rights-based-approach to care. The staff spoken with were knowledgeable about the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the respite users. The person in charge maintained a planned and actual staffing roster. The inspector reviewed the staffing roster for October and November 2024 and found that there was an established staff team in place which ensured continuity of care and support to the respite users. At the time of the inspection, the centre was operating with no vacancies.

From a review of the staffing rosters, in general the respite users were supported by two staff during the day and by two staff on waking night shifts. It was also evident that the staffing levels and skill mix changed depending of the needs and size of the

respite group. For example, the staffing levels increased or the size of the respite group reduced when respite users with higher assessed needs were availing of the service.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including safe administration of medication, manual handling, fire safety and de-escalation and intervention techniques. In addition, the staff team had up to date training in human rights, children first and safeguarding vulnerable adults. This meant the staff team were provided with the required training to ensure they had the necessary skills and knowledge to support and respond to the needs of the respite users and to promote their safety and well being.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. At the time of the inspection, the person in charge was on leave. The inspector found that there was appropriate oversight arrangements were in place with the senior manager identified as the person responsible for the centre during the absence. The senior manager was aware of the assessed needs of the respite users availing of the service and were supported in their role by the staff team. The respite users were observed to be relaxed and comfortable in the presence of management and the staff team. The staff members spoken with also reported that they felt supported to carry out their roles by the systems in place.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre carried out in December 2023 and June 2024. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the respite users. In addition, local audits were completed including a safeguarding audit in July 2024.

On completion of the audits, actions were being identified along with a plan to address them in a timely manner.

The inspector viewed a sample of staff meetings which demonstrated that safeguarding was discussed regularly with the staff team. In addition, a specific agenda item on awareness on children's safeguarding was discussed at a meeting in November 2024.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were striving to provide person centred care to the respite users in this centre. However, some improvement was required in the review of one restrictive practice.

The inspector reviewed a sample of personal plans and found that they were up to date and provided clear and comprehensive guidance to staff team in supporting the respite users with their personal, social and health needs. The staff team maintained regular communication with the respite users' families, which ensured that the personal plans included any changes to the respite users' care needs that occurred in between their respite stays.

There were systems in place to ensure respite users were safe. For example, the planning of respite bookings considered the preferences, compatibility and safety of respite users. In addition, there were appropriate systems in place to manage and respond to risks and incidents occurring in the centre. However, one restrictive practice in use in the designated centre required further review to ensure it was the least restrictive.

Regulation 10: Communication

Respite users were assisted to communicate in accordance with their assessed needs and wishes. Each respite users communication needs were outlined in their personal plans which guided the staff team in communicating with respite users.

Easy read information on safeguarding, the complaints process and rights were available to the respite users which helped support them to communicate their feedback on the quality and safety of care provided in the service.

The staff team had regular meetings with the respite users at the start of each respite stay where they could communicate, discuss and plan their stay.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was designed and laid out in line with the needs of the respite users. The designated centre is a single story house which consists of kitchen, dining room, sitting room, office and seven individual bedrooms. A garden to the rear of the premises provided respite-users with appropriate outdoor recreation area. The inspector found that the centre was decorated in a homely manner and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The inspector reviewed a sample of risk assessments in place and found that they reflected the risks present, the control measures in place and were up to date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of respite users personal files which contained an up to date comprehensive assessment of the respite users' health, social and personal needs. The assessment informed the personal plans which guided the staff team in supporting the respite users with identified needs and supports while they attended the service. Before each respite stay there was evidence that the staff team contacted the respite user or their representative to ensure any changes in needs was captured in the personal plans. This ensured the personal plans were up to date and appropriately guided the staff team.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place in the centre. The restrictive practices were identified, reviewed and implemented in line with the provider's policy. The staff team had received training on intervention and de-escalation techniques.

However, one restrictive practice involving night time checks for some respite users required further review to ensure it was the least restrictive practice. The provider informed the inspector of upcoming plans to liaise with other service providers regarding restrictive practices as part of a review of the effectiveness of their own systems.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard the respite users. As noted, the respite service supported both adults and children to avail of respite. The two groups were supported separately and did not stay in the centre at the same time.

Each respite user had an intimate care plans in place to guide the staff team in the areas the respite users required support in and their preferences around these supports.

There was evidence that incidents were appropriately reviewed, managed and responded to. The respite users were observed to appear happy and comfortable in the service. One respite user told the inspector they liked spending time in the respite service. There was evidence that the planning of respite bookings considered the preferences, compatibility and safety of respite users.

All of the staff team had received training in children first and safeguarding vulnerable adults. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring respite users were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that respite users were supported to exercise their rights and the service provided was respite user lead. On the day of the inspection the inspector observed respite users making choices regarding their attire, activities and plans for the day. Respite users were supported to bring items important to them with them into the respite service. The inspector observed respite users personal belongings stored in their bedrooms.

A poster outlining respite users rights was on display in the hallway of the centre. At the start of each respite stay, a respite user meeting was held to discuss meals, plans and wishes for the upcoming respite stay. In addition, the respite user meetings also discussed safeguarding and rights.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mulcahy House (Respite) OSV-0001854

Inspection ID: MON-0045604

Date of inspection: 10/12/2024

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>07.01.2025: Meeting held with Senior Residential Manager (PPIM) and Quality and Compliance Manager to review actions required in order to come into compliance with regulation 7. Plan discussed and agreed.</p> <p>A full review of night checks was carried out by PPIM for the period 11.12.24 – 15.01.25 and this is evidenced through local auditing with corrective actions set out for completion within specific timeframes.</p> <p>15.01.2025: RPC Sub-committee meeting held with The Chair of St Aidan’s Services Rights Protection Committee (RPC), RPC facilitator and Senior Residential Manager to review all individuals who currently have nightly checks in place to determine if the current checks in place are identified as a support (e.g. health and medical support requirements/personal care) or in fact a restrictive practice. Input from other service providers was assessed as part of this review.</p> <p>Outcome:</p> <p>A significant reduction was recommended in this area of restrictive practice following review and this has been implemented with immediate effect.</p> <p>All relevant data to support this decision will be reviewed in full by the Restrictive Practice committee on 10.02.2025, however checks (which were deemed restrictive in nature) have now ceased following local review.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	10/02/2025