



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

Issued by the Chief Inspector

Name of designated centre:	Marble City View Accommodation
Name of provider:	The Rehab Group
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	07 October 2021
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0031141

About the designated centre

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

Marble City View Accommodation is a designated centre operated by The Rehab Group. It provides a community residential service to a maximum of 15 adults with a disability. The designated centre is located in an urban setting in County Kilkenny with access to facilities and amenities. The designated centre consists of six apartments across two floors. The designated centre is staffed by care workers. 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:	11
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 October 2021	9:30 am to 6:20 pm	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an office area in the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with six of the 11 residents currently living in the designated centre over the course of the inspection, albeit this time was limited. On the day of the inspection one resident was at work and a number of residents were staying with or visiting family members.

On arrival to the designated centre, the inspector was greeted by one resident who was returning from shopping. The inspector visited the six apartments. In three of the apartments, the residents warmly welcomed the inspector and proudly showed the inspector around their home which were decorated with pictures of the residents and personal possessions. The residents spoken with told the inspector that they liked living in the centre and their bedrooms.

In the first apartment, the inspector met with two residents. The residents were observed relaxing, watching TV and online shopping for a dress for an upcoming event. One resident had just returned from a visit to the shops. The residents spoke with the inspector about plans for the day including attending a course after lunch and awaiting a response from recent job applications. The residents spoke positively about their experience living in the centre.

In the second apartment, the inspector met with three residents. In the morning the two residents were observed relaxing and watching TV. The residents discussed their interest in books, sports and exercise routines. The inspector was also shown some artwork completed by a resident. The residents discussed a recent bereavement of a housemate of whom they spoke fondly of. They outlined plans to place a picture in their apartment in their memory. In the afternoon, the inspector had the opportunity to meet a third resident who spoke positively about their life in the designated centre.

In the third apartment, the resident showed the inspector the centre's roof garden. They discussed their involvement in local organisations and their interest in education. Then the resident showed the inspector around their apartment which was decorated with their personal possessions. The resident outlined upcoming holiday plans that they and another resident had for the Christmas period.

In addition, the five residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained

positive views and indicated a level of satisfaction with the service. However, the questionnaires also highlighted the negative impact of COVID-19 with restricted access for visitors. In addition, one questionnaire noted that at times they would like more staff.

Overall, the residents appeared content in their home. The residents spoke positively about the staff team and the care and support they received in the centre. The inspector observed positive interactions between residents and members of the staff team throughout the inspection. Also, the inspector observed that the staff team were responsive to the residents needs.

The inspector carried out a walk-through of all areas of the designated centre accompanied by the person in charge. As noted the designated centre consists of six apartments and a roof garden. Overall, the apartments of the centre were well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre. However, some improvement was required in the maintenance of areas of the designated centre including worn carpets in areas of the centre, broken blinds and painting in one apartment and the general upkeep of the balcony areas.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there was areas for improvement which included the staffing arrangements, premises, risk management, fire safety, infection control and positive behaviour support.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, the staffing arrangements in place required review.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by two team leaders. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. However, the staffing arrangements required review due to the changing needs of residents.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the residents. All staff had supervision with the person in charge and team leaders. The inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. There was a core staff team in place which ensured continuity of care and support to residents. The centre was operating with one vacancy at the time of the inspection. The inspector was informed that the provider was actively recruiting to fill this position.

However, the staffing arrangements required further review to ensure they were appropriate to the changing needs of residents and the size and layout of the centre. For example, the eleven residents were supported by two staff during the day and by two sleepover staff at night. It was not evident that the staffing levels had been formally reviewed since a change in a resident's assessed needs. As noted, staffing levels were also highlighted as an area for improvement in one resident's questionnaires.

Judgment: Substantially 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 a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the residents.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision.

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. The person in charge was supported in their role by team leaders. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, some improvement was required in premises, risk management, positive behaviour support, infection control and fire safety.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. The assessment of need informed the residents person support plans. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the residents with their needs.

There were positive behaviour supports in place to support the residents to manage their behaviour. The residents were supported to access health and social care

professionals as appropriate including psychology and psychiatry. The inspector reviewed a sample of positive behaviour support plans and found that, for the most part, they appropriately guided the staff team. However, one positive behaviour support plan required review to ensure the staff team were appropriately guided in supporting the resident assessed needs. The inspector was informed that this plan was currently under review and it was evident that the resident was being supported to access health and social care professionals.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre consists of six apartments and a roof garden located in County Kilkenny. The designated centre is located close to local amenities and facilities. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, some areas of the premises which required attention included:

- areas of painting and broken blinds in one apartment,
- one kitchen unit which required attention,
- areas of worn carpets and,
- general upkeep of balconies.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place for the assessment, management and ongoing review of risks in the designated centre. A risk register was maintained which was up-to-date and outlined the controls in place to mitigate the risks. Each resident had number of individual risk assessments on file, where required. The individual risk assessments were also up to date and reflective of the controls in place to mitigate the risks. However, the risk assessments in place for one resident required review.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health.

In general the premises were observed to be clean and the inspector observed a cleaning schedule in place. However, some improvement was required in the cleaning of some areas of the designated centre. For example, the inspector observed areas of the kitchen and bathroom in one apartment which required some attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate. There was evidence of regular fire evacuation drills taking place in the centre. While a night time drill had been completed in May 2021, there had been a change in the number of residents in the centre and this required review to ensure an effective night time evacuation could be achieved by all residents with minimum staffing levels.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need which appropriately identified resident's health, personal and social care needs. The assessments informed the resident's personal support plans which were up-to-date and guided the staff team in supporting the resident with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care for the residents was provided. The healthcare needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and, for the most part, positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

However, one positive behaviour support plan reviewed was developed in 2016 was not appropriately guiding staff in supporting one resident with their assessed needs.

Judgment: Not compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear content in their home and spoke positively about living in the designated centre. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Marble City View Accommodation OSV-0002643

Inspection ID: MON-0031141

Date of inspection: 07/10/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • PIC and PPIM commenced a formal review of staffing levels on 09/11/2021 this is being informed by resident's current assessment of needs and changes to access to day service for some residents. It is anticipated that the review will be completed by 15/12/2021. • If the review deems additional staff are required a submission for funding will be made by 15/01/2022. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Professional Deep Clean of premises has occurred on 16/11 & 17/11 and all areas will be completed by 30/11/2021 • Enhanced cleaning rotas are currently being developed and will be individualized to the needs of each resident group. This will be completed by 10/12/2021. • Carpets requiring urgent attention will be replaced by 28/02/2022 a professional carpet clean of other areas will be completed by 31/1/21 • Painting of required area's will be completed by 28/02/2022. • Balcony maintenance – cleaning and general upkeep will be completed by 31/1/21 • Balcony / roof top garden requiring repair, this will be completed 30-6-2022 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The relevant Risk assessments reviewed and updated, this was completed by 31/10/2021. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Deep Clean of premises will be completed by 30/11/2021 • Enhanced cleaning rota's are currently being developed and will be individualized to the needs of each resident group. This will be completed by 10/12/2021. • Following professional deep clean a monthly deep clean by staff member will be scheduled for each apartment. This will commence by 20/12/2021. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A night time fire drill at a time when all current residents are in situ to test & ensure fire evacuation procedures are current and appropriate will be completed by 20/11/21. 	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • Review of the relevant behavior support plan commenced on 04/11/2021 this will be available to staff by 18/11/21 	

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 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.	Substantially Compliant	Yellow	15/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	31/10/2021

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	20/12/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	20/11/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	18/11/2021