



# 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:	Announced
Date of inspection:	16 May 2023
Centre ID:	OSV-0002643
Fieldwork ID:	MON-0031137

## 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
--	----

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 16 May 2023	09:45hrs to 17:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with Regulations and to inform the upcoming decision regarding renewal of the centre registration. The inspector had the opportunity to meet with seven of the 11 residents currently living in the designated centre over the course of the inspection, residents who the inspector did not meet were attending external activities such as work and day services and or declined to meet with the inspector.

The person in charge facilitated the inspector to visit each of the six apartments. In three of the apartments, the residents warmly welcomed the inspector and proudly showed the inspector around their home. The residents spoken with, told the inspector that they liked living in the centre and that they felt supported by staff. The inspector observed assistive technology in use in the home and also interactive pets which were a recent addition to the centre. Residents were observed preparing lunch for themselves and were seen to interact positively with each other. Residents spoke about their active schedules and things which were important to them. For example, yoga, spirituality, reading, family, football, performance and dance. On display in the centre were achievements of different residents. For example, photos of exhibitions and certificates of achievements.

The inspector carried out a walk-through of all areas of the designated centre accompanied by the person in charge. The designated centre comprises six apartments and a roof garden. Residents were in the process of developing the roof garden, a number of raised beds had been planted with vegetables and the person in charge described how residents enjoyed social activities in this space. Overall, the apartments of the centre were well-maintained and decorated in a homely manner with residents' personal possessions and pictures displayed throughout the centre. Some improvement was required in the maintenance of areas in the designated centre including worn and stained carpets and works were required in a kitchen in one apartment.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Overall, these questionnaires contained positive views and indicated a level of satisfaction with the service. The questionnaires highlighted residents' active lives and complimented staff support.

In summary, it was evident that the residents received a good quality of care and support. However, the upkeep of the premises and fire safety were identified as areas for improvement.

The next two sections of the report present the findings of this inspection in relation to 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 was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. 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 a team leader. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These 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.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found 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 knowledge and skills to meet the residents' assessed needs.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

## Regulation 15: Staffing

The inspector reviewed samples of the roster and found there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider had ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and first aid. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

### Regulation 22: Insurance

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.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits as required by the Regulations. These audits identified areas for improvement and had developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. Information guiding residents how to complain was available to them. It was evident that residents were supported to make complaints, and that action was taken on foot of complaints in the centre.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. Their rights were supported and promoted and their talents and skills were celebrated and encouraged. Residents were supported to make decisions about their care and about the day-to-day running of the centre.

A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, complaints and protection against infection. The inspector found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to the maintenance of areas of the premises 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' personal support plans. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their needs.

The inspector found that the provider had 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 the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

### Regulation 13: General welfare and development

Residents were found to be very well supported and to have active and meaningful lives.

The inspector spoke with residents and reviewed schedules and found that residents participated in a multitude of activities of their own choosing. For example, yoga, reading, football, performing arts and dance.

Overall the inspector found that residents had very good opportunities and supports in place to support their general welfare and development. Residents were well consulted with by staff and management about how they wanted to spend their days and were equally well supported to come and go from the centre to engage in activities in line with their own preferences.

Judgment: Compliant

### 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 Kilkenny. The designated centre is located close to local amenities and facilities. Overall, the apartments were well-maintained and decorated in a homely manner with residents' personal possessions and pictures displayed throughout. Some improvement was required in the maintenance of areas of the designated centre such as worn and stained carpets and works in a kitchen in one apartment. The registered provider had identified areas for improvement within the centre however works remained outstanding on the day of inspection.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the

residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

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

Residents' right to choose where they want to live and with whom was fully respected. A review of documentation indicated temporary absence, transition and discharge of residents were planned and residents were supported through these processes. There was evidence residents were consulted with in advance of any move and had access to advocacy supports.

Judgment: Compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: 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.

The inspector observed that for the most part the centre was visibly clean on the day of the inspection. Cleaning schedules were in place and on review were reflective of individual needs and ensured consultation with residents.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. The provider had identified an issue with regard to fire door compliance and was in the process of assessing if identified doors required replacement. The issue remained outstanding without a date for resolution on the day of inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents.

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 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were getting the right supports and were given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspectors observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy were actively engaged within the service.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Marble City View Accommodation OSV-0002643

Inspection ID: MON-0031137

Date of inspection: 16/05/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• New worktop space to be installed in one apartment. This will be completed by Sept 3rd 2023</li> <li>• Carpets that were not replaced in 2021 to be replaced in apartments and in communal hallways, this will be completed by October 1st 2023.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• Fire doors to be certified or replaced if required. This will be completed by Aug 20th 2023</li> </ul>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 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	01/10/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/08/2023