



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Residential Service
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2021
Centre ID:	OSV-0003420
Fieldwork ID:	MON-0032980

About the designated centre

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

Nenagh residential service currently supports to residents in Co.Tipperary. This service provides supports to four adults with an intellectual disability and a diagnosis of mental health.This is full-time service. Staffing levels are dependent on the assessed needs of the residents as reflected within each individualised personal plan. All residents are supported to attend a RehabCare resource centre or individually tailored day service on a full time basis. The premises is a two storey semi-detached property which presents as warm, homely and tastefully decorated and with ample private and communal space for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 18 June 2021	09:30hrs to 15:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. Management systems in place in the centre were ensuring that overall a safe and effective service was being provided to residents and this inspection found that significant progress had been made to address non compliance's found in previous inspections. Some improvements were required in the area of protection and to ensure that practice in the centre was at all times adhering to the safeguarding plans that were in place for a resident.

The centre comprised a large detached two storey house that could accommodate four residents. The centre was located in a small residential development in the suburbs of a large town. The centre was fully occupied at the time of this inspection. This centre had previously catered for five residents but since the previous inspection one resident had moved out and the provider had submitted an application to vary the conditions of registration to reduce the capacity to four. All residents in this centre availed of day services locally and were facilitated to continue to access these services safely throughout the COVID-19 pandemic. Both male and female adult residents lived in this centre.

Residents' bedrooms were personalised and the centre was seen to be homely and inviting. Efforts had been made to promote a homely feel in the centre and where information was on display for residents, this was presented in a manner that reflected this and residents were involved in this. Residents had access to large, nicely presented communal living areas, and all residents had their own bedrooms. These were seen to be personalised to residents' individual tastes and preferences. None of the residents living in the centre had specific mobility or access requirements. Numerous photos of residents enjoying activities were on display throughout the centre and the centre presented as airy and bright throughout.

Residents had access to a large outdoor patio and garden area that contained outdoor furniture such as a garden table and seating and a swing seat. Some areas of the garden were in the process of being refurbished to enhance this space for residents and the inspector saw that some minor upkeep was required to ensure this space was a pleasant area for residents to relax in.

On the day of the inspection, the residents of this centre were attending day services for most of the day. One resident was on a planned outing to a beach and this resident had completed a questionnaire about their life in the centre for the inspector to view. The inspector met briefly with the remaining three residents and the staff members that supported them prior to them leaving for day services and again on their return. One of these residents chose not to speak with the inspector and this choice was respected. This inspection took place during the COVID-19

pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated verbally with the inspector and although the residents living in this centre did not tell the inspector in detail their views on the quality and safety of the service, in response to questions about their lives in the centre, residents provided positive feedback to the inspector. The inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them and communicated freely with staff, who were very familiar with their communication needs. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. An annual review had been completed and this showed that residents and their families had been consulted with and their views obtained on the service that residents were receiving.

The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. Staff in the centre spoke about how residents' family members were involved in residents' lives. The inspector viewed documentation that indicated that family members were comfortable in presenting any concerns they had to the management and that these concerns were listened to and acted upon as appropriate. Due to the COVID-19 pandemic restrictions in place, and the specific support needs of the residents living in this centre, visits from family members were usually planned in advance and visiting in the centre was not taking place as often as prior to the pandemic. However, regular phone and video contact was maintained and residents had been facilitated to safely resume home visits, including overnight breaks in line with public health guidance.

Staff were respectful in their interactions with residents. Residents appeared comfortable to move about their own home freely and to seek the assistance of staff if required. Residents were observed to be encouraged to be independent in areas such as preparing their own drinks and snacks. One resident with specific vulnerabilities had a requirement for a female to be present on the staff team to assist with some elements of personal care. While, this was seen to be in place most of the time, some deviations of this had occurred and the impact of this will be discussed further in the quality and safety section of this report.

The inspector viewed documentation that indicated that residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport in the centre to facilitate community access and to attend day services and medical appointments. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to an altered day service and support to learn how to carry out shopping for personal items online. There were no restrictions in place in the centre at the time of this inspection.

Overall, this inspection found that there had been significant improvements since the previous inspection. There was evidence of good compliance with the

regulations and that this meant that overall residents were being afforded safe services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure present and this centre was found to be providing a responsive and good quality service to the residents living there. Management systems in place were ensuring that the service provided was overall safe, consistent, and appropriate to residents' needs. Previous inspections of this centre had identified non compliance that was related to the compatibility of residents in this centre. Since the most recent inspection in 2019, a resident had transferred from the centre to a more suitable placement and the provider had reduced the capacity of the centre from five to four. While the remaining residents did continue to present with some specific requirements that could impact of the compatibility of residents, these were seen to be well considered and managed at the time of this inspection, and were not impacting of the quality of care that was being provided to residents.

The person in charge reported to a regional operating officer, who reported to a director of care. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. A sample of staff files viewed showed that staff were receiving regular formal supervision at the time of the inspection, although there had been some gaps in the previous year. There was evidence of regular contact between the staff team, the person in charge and the wider management team.

The person in charge was present on the day of the inspection and had remit over two designated centres. The person in charge was experienced and knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The inspector saw that the person in charge maintained a presence in the centre and had an active role in maintaining oversight and the running of the centre, and staff spoken with reported a supportive environment fostered by the person in charge. The person in charge told the inspector that the team leader assigned to this centre had departed in previous week, and a new team leader was due to commence in the role in the following week. There were plans in place to provide a comprehensive induction for this person.

The centre was seen to be adequately resourced to provide for a good quality service for the individuals living there. Training records viewed on this inspection

showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and hand hygiene. All staff had received training around the management of behaviours of concern. This meant that residents were supported by a staff team that were suitably equipped to respond to behaviours of concern. All mandatory staff training was seen to be up-to-date and training needs were being identified by the person in charge in a timely manner.

A dedicated staff team provided supports to the residents of this centre. At night a waking night staff and sleepover staff were available to residents. During the day some residents had the support of appropriate levels of staffing as per their assessed needs. At weekends when residents went home, the staffing needs in the house decreased. The person in charge told the inspector that during periods of restrictions due to the COVID-19 pandemic some residents had ceased going home at weekends and staffing was increased in line with this. The staff team present on the day of the inspection were familiar with the residents and this provided the residents with continuity of care and consistency in their daily lives and the skill mix of staff was seen to be sufficient to support the residents that lived in this centre. An issue pertaining to the particular requirements of a resident for a specific gender of staff to be on duty will be discussed in the quality and safety section of this report.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of the COVID-19 virus occurring there were plans in place that would protect the residents, and support continuity of care for them. Individual risk assessments relating to COVID-19 were in place and there were appropriate plans in place should a resident need to restrict their movements or be isolated from other residents in the centre. Audit schedules were in place and audits such as health and safety audits and finance audits were taking place. A weekly services audit and weekly COVID-19 audit were occurring. An annual review and six monthly audit had been completed and actions identified were being addressed. Overall, the timely identification and management of issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

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

Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents. There was a flexible approach to allocating staff based on resident numbers and assessed needs. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in this centre were taking part in formal supervision at the time of the inspection although some gaps had been noted in the previous year. Training records viewed showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and hand hygiene. Staff had access to refresher training and there were good systems in place to ensure that staff training was completed as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. The centre was adequately resourced and appropriate plans were in place at a provider level to manage and mitigate against the risk of the COVID-19 virus during the ongoing pandemic. Issues identified in previous inspections had been addressed and there was evidence that there was appropriate oversight of this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector in writing, as appropriate, of any incidents that had occurred in the designated centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Good quality, person centred supports were

provided to the four residents that lived in this centre.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Information was available for residents and staff, including easy-to-read documentation and pictorial guides on areas such as hand washing and the vaccination process. Cleaning records indicated that there was a regular cleaning schedule taking place that included frequent cleaning of high contact areas. The person in charge and staff in the centre demonstrated a good awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). Staff had undertaken training in recent months on infection control measures, including training about hand hygiene and the appropriate donning and doffing of PPE. Visiting to the centre during the COVID-19 pandemic was guided by national guidance in place and risk assessed appropriately and there was an appropriate balance between ensuring that residents' rights were respected and that residents were safe during the COVID-19 pandemic.

The inspector saw that there was a proactive approach taken to risk management and that improvements had been made in relation to the systems in place to manage risk in the centre since the previous inspection. Where an activity was identified as having certain risks attached, such as meeting with family members during the COVID-19 pandemic, appropriate controls were put in place to mitigate these and where possible, residents were provided with opportunities to take part. A risk register was in place in the centre to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre, including individual risks posed to residents. Records viewed showed that these were regularly reviewed and updated as required. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, following poor outcomes during a night time evacuation drill, significant work was undertaken, including behaviour support input for a resident, to ensure success and it was noted that successful evacuation drills were now occurring.

Overall, there were good systems in place in this centre in relation to safeguarding residents from abuse. Staff were suitably trained and there were appropriate staffing levels on duty in the centre. Intimate care plans were in place to guide staff and there was good guidance available to staff to inform them how to support residents appropriately, that took into consideration safeguarding plans that were in place. However, a safeguarding plan was viewed by the inspector that indicated that a female staff should be available to one resident to support them in certain areas of personal care. On occasion however, only male staff would be on duty at night due to difficulties in filling the staff rota. While the person in charge told the inspector that on these occasions the resident would be supported by female staff the following morning in attending to those identified areas of personal care that they required assistance with, the inspector was not assured that these arrangements fully supported the resident or took into account the possibility of the resident

requiring urgent unplanned care or assistance.

Appropriate measures were taken by the management of the centre to ensure that residents needs were being met in all areas of their lives. Residents were supported to access medical care and support and there were comprehensive records in place to show that residents had access to a variety of health and social care professionals and were supported to access medical treatment as appropriate. The inspector viewed records indicating that family members of one resident had raised some concerns in relation to their personal care, such as their oral hygiene. These concerns were seen to be responded to and the inspector was assured at the time of this inspection that appropriate care was being provided to this resident. An oral hygiene support plan was in place and staff were ensuring that the resident was supported with their oral hygiene on a twice daily basis, although on some occasions the resident did not consent to this support. There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. Where required, behaviour management guidelines were in place to support residents and residents had access to a variety of health and social care professionals as required.

A sample of residents personal plans were viewed. The previous inspection had identified some issues in relation to personal planning and assessments of need in this centre. Some of these findings related to compatibility issues within the centre that had significantly reduced due to one resident moving out. On this inspection, the inspector found that individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. Appropriate assessments of need were in place. There were seen to be comprehensive and included goals that were set by and with the residents. Goals were seen to be relevant with the documentation around these being updated regularly. Personal plans were reviewed at least annually with residents and their representatives through scheduled person centred planning meetings.

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk and improvements had been made since the previous inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre. There was evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. The centre was visibly clean and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and had been reviewed with residents to take into account changing circumstances and new developments. Plans were in a person centred and accessible format.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the medical needs of the residents were being met. Resident records clearly indicated important information, such as reactions to General Anaesthetic or known allergies. Residents were supported to access COVID-19 testing and vaccination services and there was clear evidence that residents were supported to become familiar with these procedures prior to them occurring to reduce the likelihood of distress to residents. Hospital passports were in place to support residents in the event they would need to be transferred to an acute services.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to

respond to behaviours of concern and support residents to manage their behaviour. Behaviour management guidelines were in place to support staff and these had been reviewed by an appropriate professional. Resources in the centre, such as staffing levels, ensured that residents were provided with adequate supports to promote a reduction or elimination of behaviours of concern. There were no restrictive practices reported to be in place in this centre at the time of this inspection.

Judgment: Compliant

Regulation 8: Protection

Overall there were good systems in place to protect residents. Staff had received appropriate training in the safeguarding of vulnerable adults and the staff members spoken to and the person in charge demonstrated a very good understanding and commitment to their responsibilities in this area. There were systems in place to safeguard residents' money, including regular finance audits. A safeguarding plan was not being adhered to at all times, in that on occasion, only male staff were on duty. One resident required the presence of a female staff member to assist them with certain elements of personal care as per their safeguarding plan and a risk assessment in place in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to advocacy services in this centre and information for residents about their rights and advocacy was on display in the centre. There was evidence that residents were supported to exercise their right to vote if they chose to. Residents had been consulted with about the restrictions in place during the COVID-19 pandemic and the COVID-19 vaccine through the use of social stories and easy-to-read documents and recorded key-working conversations with staff.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nenagh Residential Service OSV-0003420

Inspection ID: MON-0032980

Date of inspection: 18/06/2021

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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: PIC will ensure that there are female staff rostered for one of the overnight shifts at all times and the 2 male staff on the team already work opposite each other to minimize the likelihood of this happening. If an emergency situation arises where there is no female staff to work overnight then support will be sought from one of the other services in the locality and female staff will be made available to the service for the duration of the shift.	

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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	21/06/2021
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	21/06/2021