



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

Issued by the Chief Inspector

Name of designated centre:	Knocklofty Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0040005

About the designated centre

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

Knocklofty Residential Service is a residential service operated by The Rehab Group. The centre has the capacity to provide a residential service to up to 11 adults with an intellectual disability. The designated centre is located in a rural setting in County Tipperary within a short drive to a town with access to facilities and amenities. The designated centre consists of three houses including a one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. 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:	10
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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
Thursday 20 July 2023	09:30hrs to 13:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was a focused unannounced risk-based inspection. The inspection was completed to determine progression levels by the registered provider against actions to come into compliance with regulations, identified as requiring improvement during the previous inspection completed in March 2023.

On arrival a number of residents were observed being supported to leave the centre to attend day services. As such the inspector had limited opportunities to meet with the residents on this occasion, as all residents were attending day services, attending appointments in the community or engaging in planned activities.

As noted the designated centre consists of one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The houses are located on large well maintained grounds. The inspector completed a walk around inspection of the premises accompanied by the person in charge. The houses of the centre were observed to be well-maintained and decorated in a homely manner with residents' personal possessions and photographs throughout the centre.

The previous inspection identified that some improvement was required in the maintenance of specific areas of the designated centre including worn flooring and painting that was required in some internal and external areas. The person in charge outlined that there were advanced plans in place for the painting of areas of the internal and external premises in line with their compliance plan. In relation to addressing areas of worn flooring this was included in a planned reconfiguration of the premises.

Overall inspector found that the provider had responded to the findings of the previous inspection well and addressed most areas for improvement. While other areas for improvement including resident finances and premises still required improvement, it was evident that the provider was actively addressing these issues in line with their compliance plan.

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

This inspection found that the provider had systems of oversight and management in place with clear lines of authority and accountability. The provider had

demonstrated that they had responded to the issues identified at the last inspection. The provider and person in charge provided the inspector with documentation and evidence that they were progressing in line with the compliance plan submitted to the Chief Inspector.

The inspector found that some areas for improvement identified on the previous inspection had been addressed. For example, both staffing and fire safety issues had been addressed. While other areas for improvement were in the process of being addressed, in line with the provider's compliance plan, such as implementing a standardised approach to supporting residents in the management of their finances and premises.

On the day of inspection, there were sufficient numbers of suitably qualified staff found to be on duty to support the resident's assessed needs.

The previous inspection, identified improvement was required in the staffing arrangements in place to ensure that the care and support needs of the residents were being met at all times. This had been addressed based on the findings of this inspection.

Regulation 15: Staffing

The inspector found that on the day of this inspection there were sufficient numbers of staff on duty to ensure residents' assessed needs could be met. During the day, the ten residents were supported by five residential staff members. At night, two waking-night staff and one sleep over staff were in place to support the ten residents.

The previous inspection found that there had been recent complaints regarding staffing arrangements which had a negative impact on the lived experience of residents. The inspector found that there had been improvements in the staffing arrangements. For example, the provider and person in charge had completed a recruitment campaign to fill vacancies in the centre. At the time of the inspection, the centre was operating with a full staffing complement in place. A relief panel was in place to ensure regular relief staff were used in the centre. This ensured a consistent staff team were in place to provide care and support to residents. The inspector was informed that there had been no further complaints regarding the staffing arrangements.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place in the designated centre to ensure that the

service provided is safe, appropriate to residents' needs, consistent and effectively monitored. There was a clearly defined management structure in place. The person in charge reported to the Regional Manager, who in turn reported to the Head of Operations.

The provider and person in charge was found to have effectively responded to the areas of improvement identified on the previous inspection. All actions as set by the provider in the compliance plan submitted to the Chief inspector following the last inspection have now been completed or were in progression.

Judgment: Compliant

Quality and safety

Overall the inspector found that the provider and person in charge had reviewed the quality of care and support provided to residents following the previous inspection of this centre.

The inspector found that residents were found to be in receipt of a good standard of person-centred services. Improvements had been implemented or were in the process of being implemented in identified areas in line with the providers identified compliance plan.

For example, the previous inspection identified improvements required in fire containment and fire drills. This fire safety had now been addressed and appropriate control measures were now found to be in place.

However, residents' finances and premises remained areas for improvement. It was evident that these areas for improvement were actively being addressed in line with the provider's compliance plan.

Regulation 12: Personal possessions

The previous inspection of this centre had identified that the provider's policy and systems in place to support residents to manage and protect their finances required improvement. While this area still required improvement at the time of this inspection, the provider and person in charge demonstrated that they were progressing in addressing the issues in line with their compliance plan.

For example, the provider had revised and updated the residents' finance policy. The inspector reviewed a sample of residents finances and found that financial support assessments had been completed with residents. Where residents were supported with their finances by others the person in charge outlined developed plans to

discuss the collaboration and oversight arrangements with the relevant stakeholders. This was in the early stages of implementation at the time of the inspection. In addition, the regional advocate met with residents in the service in March 2023.

Judgment: Substantially compliant

Regulation 17: Premises

The previous inspection identified that the design and layout of the centre did not appropriately meet a resident's evacuation and privacy needs. This had been self-identified by the provider and the resident as an area for improvement for a number of years.

The person in charge showed the inspector the proposed reconfiguration to be made to support one resident to have an en-suite bedroom which would meet their evacuation and privacy needs. This had been prepared in consultation with the Regional Manager and the provider's property projects manager. A detailed costing had been carried out and a business plan submitted to the provider's funder. The inspector was informed that the funder was scheduled to visit the centre the day following the inspection to review and discuss the business case.

While there were clear plans developed and a business case submitted in line with the provider's compliance plan, this issue remained ongoing at the time of the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The previous inspection found improvement was required with one self-closing device which appeared broken and in the arrangements in place to demonstrate that all persons could be safely evacuated in the event of a fire, particularly at night-time. In addition, two fire doors with no self-closing device required review by a person competent in fire. This had been completed.

A person competent in fire repaired the self-closing device and reviewed the two fire doors. Two self-closing devices were recently installed on the two fire doors following the review. The centre completed night-time fire drills simulated a night-time scenario when residents were in bed. This provided assurances that all persons could be safely evacuated in the event of a fire at night-time.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding, the concerns in relation to oversight of residents' finances which is discussed under Regulation 12, the provider had systems in place to safeguard residents.

The inspector reviewed a sample of incidents which demonstrated that they were appropriately reviewed, managed and responded to. Safeguarding plans were in place were required and the person in charge demonstrated good knowledge of the systems in place to safeguard residents.

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 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Knocklofty Residential Service OSV-0003637

Inspection ID: MON-0040005

Date of inspection: 20/07/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Financial Support Assessment completed on the 08/06/2023 and meeting was held with the family 18/08/2023. Resident has stated that it is their will and preference to be supported by their family with their finances. The resident is happy for staff to support them to review their bank statement every three months. • All other residents were supported to have Financial Support Assessments completed in July 2023. • There are two residents that have expressed a wish to have autonomy over their own finances. The PIC is meeting with the relevant families & residents to support this process. This process will be completed by 31/10/2023. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A resident has been offered another bedroom in a neighbouring premises that has a larger bedroom. This meets the resident’s request for a bigger bedroom to facilitate their hoist and power chair. The resident has viewed the premises and is happy to move there once the new wheelchair accessible wet room is in place. • Funding from the HSE was approved 24/08/2023 to reconfigure a bathroom into a wheelchair accessible wetroom with changing plinth and over head ceiling hoist to ensure the resident’s dignity and privacy. This wetroom is located directly beside the resident new bedroom. These works will be completed by for 31/03/2024. • Internal paint works have been completed. • The external walls on the property will be treated for algae stains. This work will be 	

completed by 31/12/2023.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/12/2023

	are of sound construction and kept in a good state of repair externally and internally.			
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