



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

Issued by the Chief Inspector

Name of designated centre:	Rapla Rise Residential
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0005572
Fieldwork ID:	MON-0034426

About the designated centre

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

Rapla Rise is a residential home located near a large town in Co. Tipperary. The centre caters for up to 4 adults, both male and female, with an intellectual disability over the age of 18. The service operates on a 24 hour 7 day week basis ensuring residents are supported at all times. The staff team consists of social care workers and support workers and the service facilitates residents in all aspects of their daily life as assessed within their personal plan. The premises is a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom is used a staff office and sleepover room. The premises provides the residents with a homely environment decorated to their individual preferences. Local amenities include shops, café's and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
Wednesday 10 November 2021	10:30hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was ongoing on the day of inspection and measures were taken by staff and the inspector to reduce risk of infection. This included wearing face masks, regular hand hygiene and maintaining a two metre distance in line with national guidance for residential care facilities. On arrival to the centre, the inspector noted a one way system in place and all persons entering the centre, including the inspector, carried out temperature checking and hand hygiene prior to contact with residents.

There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet with all four residents. Residents appeared happy and comfortable in their home throughout the inspection day. The inspector observed residents getting ready for the day ahead on the morning of the inspection. Some residents were finishing breakfast and another residents was listening to music with a staff member. Residents were observed heading out for walks and drives during the day and partaking in various individual activities with support from staff. One resident was observed enjoying doing some baking with staff later in the afternoon.

The inspector started the inspection day with a walk around the centre. The premises was a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom was used as a staff office and sleepover room. The premises was a homely environment decorated to the residents individual preferences and needs. The premises was visibly very clean during the walk around the centre. Pictures of the management team were prominently displayed in the centres front hallway along with details of advocacy services and complaints procedures. Photos of the residents were also noted around the centre.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents individual preferences and needs when speaking with the inspector. The staff team comprised of a mix of social care workers and support staff. An infection control lead was allocated during each shift and this staff member was responsible for ensuring the providers systems and policies regarding infection control were implemented in the centre during their shift. The centre also had access to a relief panel of staff to fill shifts when required, such as in the event of large numbers of staff illness secondary to an outbreak of COVID-19.

Overall it was found that residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. It was evident that measures implemented were consistent with the National Standards

and in line with the providers own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. High levels of compliance were noted in the centre on the day of inspection.

Capacity and capability

This was an unannounced inspection and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre. The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full time person in charge in place who was supported by a team leader in the centre. The centre was also supported by a senior management team which included a health and safety team who were available to support if any infection control or COVID-19 concerns arose. There was a regular management presence in the centre and the person in charge and team leader provided both formal one to one supervisions with staff and regular on the floor supervision with staff and residents.

An recent audit had been completed in the centre which fully reviewed infection prevention and control measures in place. This included a review of staff training, COVID-19 symptom check records, team meeting minutes and resident meeting minutes, policies and procedures, hand washing facilities, contingency plans, the environment, and ventilation systems. Management were appropriately identifying areas in need of improvements and developing actions plan with persons responsible when necessary. Infection control was also an aspect of the providers unannounced six monthly audits in the centre. As well as this, the person in charge and team lead were completing weekly COVID-19 checks in the centre which included a review of cleaning records, temperature checks and hand washing facilities. Gaps in some of the temperature check records had been self identified by management and this had been communicated with staff.

High levels of staff support were noted in the centre. The staff team comprised of a mix of social care workers and support staff. An infection control lead was allocated during each shift and this staff member was responsible for ensuring the providers

systems and policies regarding infection control were implemented in the centre during their shift. The centre also had access to a relief panel of staff to fill shifts when required. Staff meetings were taking place monthly. The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed. Topics included updates to national guidance, social restrictions, testing procedures, donning and doffing procedures, contingency plans and social stories for residents. There was evidence that the person in charge was also regularly communicating with all staff through the service email system. This included correspondence regarding the most up-to-date procedures in the centre for protection against COVID-19. The centre had a clear daily handover system in place and used a handover document to communicate important information during the changeover of teach shift.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of personal protective equipment, cough etiquette and the HIQA Standards. The person in charge and team leader regularly reviewed training records and staff training needs and scheduled further training when required.

There was full time on-call management arrangements in place and these were prominently displayed in the centres office. The organisation had established a case management forum where persons in charge working with the provider could bring any local COVID-19 risks or concerns for support with decision making. The centre had a clear escalation pathway in place for in the event of a suspected or confirmed case of COVID-19 and staff spoken with were clear regarding this process. A centre specific COVID-19 response plan had been developed for in the event of an outbreak of COVID-19 and this included staffing procedures, management arrangements, visitation policies, transport arrangements and risk assessments. The response plan had been reviewed and signed by all staff. A specific COVID-19 folder was in place and this was available to all staff with up-to-date guidance and procedures.

The service had a health and safety officer who met with the person in charge or team leader every three months to review and discuss health and safety and infection control measures in the centre. The centre was also regularly completing the self assessment questionnaire issued by HIQA in 2020 which reviewed the centres preparedness for an outbreak of COVID-19. The inspector observed that the centre had ample supplies of personal protective equipment (PPE) on the day of inspection. The service has a designated person within the service who managed PPE and was available to contact if stocks were low.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. This included a review of potential risks associated with visitation to the centre, risks when using service transport and risks associated with COVID-19. Control measures in place were clearly documented and then reviewed and signed by all staff. Regular health and safety audits were being carried out in the centre by a delegated health and safety officer.

The premises was a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom was used as a staff office and sleepover room. The premises was a homely environment decorated to the residents individual preferences and needs. The premises was visibly very clean during the walk around the centre. All aspects of the centre including storage areas, cupboards, bathrooms, cooking facilities, food preparation areas and laundry facilities were clean, tidy and organised. Comprehensive cleaning schedules were in place and these were carefully implemented by all staff daily. High touch points such as handles, switches, keyboards, remotes, phones and taps, were cleaned hourly by staff and the inspector observed staff carrying out these schedules. Separate schedules were in place for the deep cleaning of all other aspects of the centre including residents bedrooms, bathrooms and the kitchen. The centre was observed to be well ventilated on the day of inspection, with windows and doors open where possible.

The centre had a utility room where the centres laundry was carried out and cleaning materials were stored. The inspector observed clear systems in place for the separation of clean and dirty laundry. Signage was noted around the laundry facilities to guide staff and residents on safe laundry procedures. Staff spoken with were clear regarding procedures to take when washing soiled linen. Residents all had separate laundry baskets. A colour coding system was also in place. Separate coloured mops and cloths were used to clean different areas of the house. There were a number of hand washing facilities and alcohol gels noted around the centre. The inspector observed a staff member carrying out hand hygiene on the day of inspection and found that this was in line with training and national guidance.

It was evident that infection control measures and COVID-19 measures were regularly communicated with residents in a way that was accessible to them. A number of social stories had been developed for residents regarding infection control and COVID-19. These included social stories regarding hand washing procedures, cleaning, social distancing, personal protective equipment (PPE), and COVID-19 testing. These topics were were also regularly discussed at residents meetings and infection control was a standing item on the agenda for residents

meetings. A number of signs were noted around the centre which communicated infection prevention and control guidance and measures. Key working sessions were also regularly held with residents where infection control measures were discussed one to one.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspector found high levels of compliance. Clear, safe and effective systems were in place for protecting residents against healthcare associated infections. This was evident in the following areas reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing.
- Clear management and oversight systems were in place and infection control measures were regularly audited and reviewed.
- The service had a clear and robust contingency plan in place for in the event of an outbreak of COVID-19.
- The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.
- There was a system in place for identifying and mitigating potential and actual infection control risks in the centre.
- The premises and the environment was visibly clean and well maintained. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.
- Policies and procedures were guiding safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.
- There was regular and consistent communication between staff, management and residents regarding infection prevention and control measures in the centre.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant