



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

Issued by the Chief Inspector

Name of designated centre:	Teach Rua
Name of provider:	The Rehab Group
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	06 July 2021
Centre ID:	OSV-0007972
Fieldwork ID:	MON-0033636

About the designated centre

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

Teach Rua is a designated centre run by The Rehab Group. The centre can cater for the needs of up to three residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey building located a few kilometres from a town in Co. Clare. Residents have their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, relaxation room, utility and staff office. A large and well-maintained garden area is also available to residents. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 6 July 2021	09:50hrs to 14:00hrs	Anne Marie Byrne	Lead
Tuesday 6 July 2021	09:50hrs to 14:00hrs	Úna McDermott	Support

What residents told us and what inspectors observed

This centre had multiple systems and arrangements in place to ensure residents received the type of service they required in accordance with their assessed needs. All efforts were made by the provider, person in charge and staff to ensure residents had opportunities to engage in activities of interest to them, in accordance with their capacities and behavioural support needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

This was the first inspection of this designated centre and the purpose of this inspection was to monitor compliance with the regulations. The inspectors had the opportunity to meet with one of the residents who lived at this centre; however, due to their communication needs, they were unable to engage directly with the inspectors about the care and support they received. This resident was being supported by staff with their morning routine to have their breakfast and leave for their day service. The other two residents who lived here had already left for their day services by the time the inspectors had arrived to the centre. The inspection was facilitated by the person in charge and a team leader, who spoke at length with the inspectors about the care and support that residents received.

The centre comprised of one two-storey building located a few kilometres from a town in Co. Clare. The centre provided residents with their own bedroom, some en-suite facilities, sitting room, kitchen and dining area, relaxation room, shared bathrooms, staff office and utility. To the rear of the centre, was a large garden area which contained a seating den that one of the residents liked to use. In response to specific behavioural support needs that some residents had, the provider put additional safety measures in place within the garden area which meant each resident could safely spend time in the garden, as they wished. Overall, the house was well-maintained, spacious and provided residents with a comfortable living environment.

Prior to their transition to the centre, two of these residents had lived together in a previous service. To support their transition to this service, the person in charge spoke with the inspectors about the various arrangements that were put in place to ensure both residents settled into their new home. For example, adequate staff support was made available to both residents, meaning they had access to the staff support they required to engage in activities of their choice. Furthermore, activity planning and scheduled routines largely attributed to the quality of life that these residents experienced since moving to this centre and the person in charge told inspectors that a large emphasis was placed on ensuring this remained effective for all residents. Since these residents moved into this centre, staff were very mindful and respectful of residents' wishes and preferred routines. For example, where residents wished to begin their morning routine later than their peers, arrangements were put in place to ensure this was facilitated. Similarly, some residents liked to have minimal decoration and furnishing to their bedroom and their wishes to do so was very much respected. Another resident liked to use therapeutic clothing as it

provided them with additional comfort to manage their behavioural needs and on the day of inspection, inspectors observed this resident to be facilitated to do so.

All residents availed of day services within their community. In addition to this, residents were supported to engage in a range of other activities. The provider's ability to provide this quality of social care for these residents was largely attributed to the adequacy of staffing levels and availability of transport. Some residents had recommenced home visits and staff were also maintaining regular contact with residents' families, which had a positive impact on informing any changes to residents' care needs.

An adequate number of staff were available both day and night to support these residents. Since residents transitioned to the centre, much effort was made by staff to get to know these residents, their preferences, wishes and especially their communication styles. Many of these residents had assessed communication needs and staff had become familiar with how to effectively communicate with each resident. For example, one resident sometimes used one word to describe to staff what they wanted and documentation was available to staff to refer to so that they could accurately interpret what the resident wanted based on the one word or vocalisation that they made.

In summary, inspectors found residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre.

Capacity and capability

This was the first inspection of this centre and it was found to be a well run and well governed. Suitable persons were appointed to manage the service, which ensured that residents received a good quality and safe service. Although good levels of compliance were identified, some improvements were required to aspects of fire safety, risk management and restrictive practices.

The person in charge held the overall responsibility for this service and was regularly present at the centre. She facilitated the inspection and was found to know the residents and their support needs very well. She was supported by a team leader in the management and running of this centre which was found to enhance the oversight of the quality and safety of service provided to the residents. Although the person in charge had responsibility for one other designated centre operated by the provider, the support arrangements in place meant she also had the capacity to effectively manage this service.

Staffing arrangements were subject to regular review which ensured an adequate number and skill-mix of staff were on duty to support residents. For example, in response to the assessed behaviour support needs of some residents, arrangements were planned to ensure that additional care would be available at key points during this residents' daily routine. If the centre required additional staff resources, there

were arrangements in place to provide this. For example, part time staff members who knew residents well, were offered additional hours and this had a positive impact on the consistency of care for residents.

The training needs of staff were identified using a training matrix. Staff training was up-to-date and a refresher training schedule meant that staff had access to suitable training which supported them in their role. In addition to this, all staff had regular supervision meetings with their line manager.

This centre was found to be adequately resourced in order to deliver effective care and support. For example, the residents had access to two vehicles which facilitated choice in terms of access to community facilities. Clearly defined management structures and systems were in place to ensure an appropriate and safe service was provided to the residents. Good communication systems were in place in the centre, for example, the person in charge held regular meetings with the staff team which allowed for resident care issues to be formally discussed. Also, she had regular contact with her line manager to review operational matters in order to support a good quality service. Since this centre had opened, the provider had put monitoring systems in place to ensure that concerns were quickly identified and responded to which ensured attention to the needs of the residents during the transition to their new home.

The provider had an incident reporting system in place in the designated centre. Notifiable events as described in the regulations were reported to the Chief Inspection of Social Services within the specific time frames.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and suitable arrangements were in place to ensure regular meetings with staff and residents. Adequate support arrangements were in place to ensure the person in charge had the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured an appropriate number of skilled staff were in place to meet the needs of the residents. If the centre required additional staff, arrangements were in place to provide this.

Judgment: Compliant

Regulation 16: Training and staff development

Staff at the centre had access to up-to-date training including refresher training which reflected the residents assessed care and support needs. In additions, staff had access to regular supervision meetings with their line manager.

Judgment: Compliant

Regulation 23: Governance and management

This was a well run and well governed centre. The provider had ensured that the centre was adequately resourced and there was a clear management structure in place with clear lines of authority. The person in charge held regular meetings with her team where staff were facilitated to raise any concerns regarding the care and support needs of the residents that may arise. In addition, the person in charge maintained regular contact with her line manager. This is a new designated centre and effective monitoring systems were in place to assist with the identifying where improvements were required to the service.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had systems in place to ensure that notifiable events as described in the regulations were reported to the Chief Inspector of Social Services in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider had various effective systems in place to support the quality and safety of care that these residents received.

The centre comprised of one two-storey building located a few kilometres from a town in Co. Clare. The centre provided residents with their own bedroom, some en-suite facilities, sitting room, kitchen and dining area, relaxation room, shared

bathrooms, staff office and utility. The team leader who spoke with one of the inspectors told of how some residents liked to use the relaxation room as it allowed them to spend some recreational time with or away from their peers, as they wished. This room was furnished with comfortable seating, television and was close to bathroom facilities. A large and well-maintained garden was also available to residents, which contained large green area and ample seating for residents to use. In response to specific behavioural support needs that some residents had, the provider put additional safety measures in place within the garden area which meant each resident could safely spend time in the garden, as they wished. Overall, the house was well-maintained, spacious and provided residents with a comfortable living environment.

Residents' needs were assessed upon their transition to this centre and a number of assessments and personal plans were in place to guide staff on how to support residents with their assessed needs. Similar arrangements were in place for residents with assessed health care needs, particularly in the area of skin integrity and neurological care needs. A sample of these personal plans were reviewed by the inspectors and were found to adequately inform staff on their role in caring for these residents. The provider also had adequate arrangements in place to ensure residents had access to a wide variety of allied health care professionals, as and when required.

Effective systems were in place for the identification, assessment, response and monitoring of risk at the centre. Where incidents occurred, these were subject to review by the person in charge, which meant that risk was quickly responded to. However, inspectors did identify where minor improvement was required to the overall assessment of risk to ensure risk assessments gave additional clarity on the specific control measures that the provider had put in place in response to identified risk. For example, although risk assessments were in place for residents at risk of absconding, these didn't always include the effective and specific measures that the provider had put in place to maintain these residents' safety. Furthermore, even though protocols were available to guide staff on how to respond, should a resident abscond, these also required additional review to ensure these gave accurate guidance to staff on how to appropriately respond, should a resident abscond from the centre or while out in the community with staff. In addition, although organisational risks were regularly monitored by the person in charge, further review was required to ensure associated risk assessments supported her in this process, for example, risks relating to fire safety.

Positive behaviour support was very much promoted at this centre through the effective implementation of interventions and on-going multi-disciplinary review for resident who required behavioural support. In response to some behavioural related incidents that had occurred, the provider had reviewed these and put additional measures in place to support these residents, which resulted in no peer to peer incident occurring since these residents moved to the service. The person in charge told inspectors that the effectiveness of the behavioural support that these residents received was mainly down to the adequacy of the staffing levels, knowledge of staff, maintenance of residents' routines and suitability of their new living environment. These arrangements were subject to very regular review and residents' behavioural

support needs were discussed with staff on a regular basis. There were some restrictive practices in use at the time of this inspection and these were also subject to regular review. However, minor review of some protocols in place to support the application of chemical restraint was required to ensure it gave sufficient guidance to staff on its appropriate use in practice, to ensure the least restrictive practice was at all times used.

Effective fire safety precautions were in place, including, fire containment arrangements, regular fire safety checks, emergency lighting arrangements and clear fire exits were also available throughout the centre. Some fire drills had been completed with all residents since they moved to the centre and a number of others were scheduled to occur in the coming months. Fire drill records were reviewed by the inspectors which demonstrated that staff could effectively support residents to safely evacuate the centre. A personal evacuation plan was in place for each resident and these were in the process of further review by staff at the time of this inspection to ensure clearer guidance to staff on the specific supports residents required to effectively evacuate the centre. A garage was adjacent to the centre and although it was not used by residents, staff regularly used this garage to launder clothes during the day. Although the provider had a fire detection system in place in the centre, this didn't include the garage area, which meant that should a fire occur here, staff would not be alerted to the fire. In addition, the centre's fire procedure required further review to ensure it gave additional clarity to staff on how to respond to fire at the centre and bring residents to a place of safety.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate personal protective equipment (PPE) when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre and these plans were subject to on-going review.

Regulation 17: Premises

The premises comprised of one two-story house located a few kilometres from a town in Co. Clare. Residents had their own bedroom, some en-suite facilities, shared bathrooms, sitting room, recreational room, kitchen and dining area, utility and to a large garden area. The house was comfortably furnished and provided residents with a spacious and homely environment to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of all risks in this centre. However, some risk assessments required further review to ensure these clearly identified the effective measures that the provider had put in place to mitigate against specific risks. Furthermore, even though protocols were available to guide staff on how to respond, should a resident abscond, these also required additional review to ensure these gave accurate guidance to staff on how to appropriately respond. In addition, although organisational risks were regularly monitored by the person in charge, further review was required to ensure associated risk assessments supported her in this process, for example, risks relating to fire safety.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider put a number of measures in place to maintain the safety and welfare of staff and residents. The provider also had contingency plans in place in response to an outbreak of infection at this centre and these plans were subject to on-going review.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety precautions were in place, including, fire containment arrangements, regular fire safety checks, emergency lighting arrangements and clear fire exits were also available throughout the centre. Fire drill records demonstrated that staff could effectively support residents to safely evacuate the centre. Although the provider had a fire detection system in place in the centre, this didn't include the garage area, which meant that should a fire occur here, staff would not be alerted to the fire. In addition, the centre's fire procedure required further review to ensure it gave additional clarity to staff on how to respond to fire at the centre and bring residents to a place of safety.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure that residents' needs were assessed for and that personal plans were developed to guide staff on how to

support residents with these needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents received the care and support that they required. All residents had access to a wide range of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Robust systems were in place to support residents requiring behavioural support. Clear behaviour support plans were available to staff to guide them on how best to support these residents and these were subject to regular multidisciplinary review. Restrictive practices were in use and these were also subject to regular review. However, some improvement was required to protocols in place supporting the use of chemical restraint to ensure these clearly guided staff on their appropriate use.

Judgment: Substantially compliant

Regulation 8: Protection

Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date in safeguarding. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with many of the daily operations being led by residents' assessed needs and capabilities. All efforts were made by staff to ensure residents' wishes and preferred routines were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Rua OSV-0007972

Inspection ID: MON-0033636

Date of inspection: 06/07/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none">• The PIC has ensured all protocols been reviewed to include specific guidance for staff on how to respond appropriately in the event if a resident should abscond. This was completed on 22/07/2021.• The PIC will ensure a full review of all service risk assessments associated with fire safety are completed and ensure it is assessed within the risk register for the service. This will be completed by 06/08/2021.	
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">• A full review of the fire procedures has been completed within the service. These procedures now include specific guidance for staff in the event of the outbreak of a fire during both day and night time evacuations and the specific needs of each resident. This was completed by 09/07/2021.• A fire detection system will be installed to alert staff in the event of a fire in the garage. This will be completed by 27/08/2021.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none">• The PIC will communicate with prescribing Doctor to ensure clear protocols are in place to guide staff with the appropriate use of the chemical restraint. This will be completed by 14/08/2021.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	27/08/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	09/07/2021

	designated centre.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	14/08/2021