



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

Issued by the Chief Inspector

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0034490

About the designated centre

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

Renua is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to six adults with a disability. The designated centre is situated in a rural town in County Tipperary with good access to the the local community. The centre is a modern building and comprises of a reception area, dining room/kitchen, sitting room, quite room, sensory room, laundry room, activity room, kitchenette, staff room, a number of shared bathrooms and six resident bedrooms. The centre is staffed by the person in charge, staff nurses, social care workers, health care assistants and housekeeping staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 3 November 2021	14:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

The previous inspection found that the provider was in breach of a condition of registration and on foot that inspection a written warning was issued to the registered provider. This inspection was carried out to follow up on actions taken by the provider to address areas of non-compliance as identified in the last report.

From what the inspector observed, it was evident that the residents were comfortable in their home and received a good standard of person-centred care. Over the course of the inspection, the inspector had the opportunity to meet with five of the six residents. At the time of the inspection, one resident was attending a scheduled healthcare appointment.

On arrival to the centre, the inspector was greeted at the door of the centre by one resident who was being supported to go walking in the community. When the resident returned, they were observed to appear relaxed and comfortable in their home. The inspector met with a second resident who was enjoying watching TV in the sitting room. The resident showed the inspector items important to them which they kept close to them throughout the day. The inspector met with a third resident who said they liked living in the centre and were observed being supported to go shopping in the afternoon for ingredients to prepare dinner. The fourth resident was observed appearing content in their home and being supported in a person centred manner by the staff team. The fifth resident returned from day services and spoke of their past and interests. They said they liked living in the centre. The inspector observed and overheard the residents being offered meals, snacks and drinks regularly throughout the day.

The centre comprises a large modern bungalow that could accommodate six residents located on the grounds of a community hospital. The centre was originally built to provide rehabilitative care. In 2010, the function was altered to provide residential care. While the centre was designed and laid out in a clinical manner, the inspector observed that the provider tried to decorate the centre in a homely manner through use of pictures, artwork and personalising residents' bedrooms. However, aspects of the premises were institutional in nature and did not promote a homely environment. For example, at the entrance of the centre, there was a large office like reception room with glass window facing the foyer. The dining room was laid in a canteen type manner with a semi circle of large windows at one end and a large hatch at the other connecting the dining room to the kitchen, which can be closed off with a metal shutter. While the inspector was informed that there were

fire safety concerns in relation to removing the shutter, the institutional aspects of the premises required further review.

In addition, areas of the centre required attention such as flooring in the hallway and painting in areas of the centre. On the day of the inspection, the inspector observed a number of premises works underway in relation to fire safety, adapting the communal bathrooms in the centre and adapting one of the residents bedrooms to meet their changing needs. The person in charge noted plans were in place to address areas of damaged painting and flooring when building works were completed.

In summary, based on what the residents, staff and a management communicated with the inspector and the care and support that was observed, the inspector found that residents received a good standard of care in this centre. However, there were some areas for improvement including person in charge, premises, food and nutrition and fire safety.

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

There was a clearly defined governance and management structure in place which was managed by a suitably qualified and experienced person in charge. Local management systems in place ensured that the services provided within the centre were safe, consistent, and appropriate to residents' needs.

The previous inspection found that the registered provider put the ongoing registration of the centre at risk, in that they were in breach of a condition of registration and in addition had not submitted an appropriate application to renew registration within the required time-frames. At the time of this unannounced inspection these had been addressed. The inspector observed that the room which had been found to be used as an office space for an individual not connected with the designated centre had been returned to its stated purpose of a quiet/sitting room. In addition, the registered provider had submitted an appropriate application to renew the registration of the centre.

The provider had recently appointed a suitably qualified and experienced person in charge for the designated centre. However, it was not demonstrated that all matters in relation to regulation 14 had been met. The provider were required to review this and make appropriate arrangements to bring about compliance in this regard.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application for the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full time person in charge of the designated centre. The person in charge was found to be appropriately qualified and experienced. However, it was not demonstrated that all matters in relation to regulation 14 had been met. For example, while the person in charge had completed some online management courses it was not evident that the qualifications were at an appropriate level.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined governance and management structure in place which was managed by a suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The registered provider had appropriately addressed the breach of a condition of registration identified in the last inspection and also had submitted an appropriate application to renew registration.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and the inspector found that this centre provided person-centred care. However, some improvement was required in the premises, fire safety arrangements and food and nutrition.

There were systems in place for fire safety management. The previous inspection

identified that improvement was required in the arrangements in place for fire containment. On the day of the inspection, the inspector observed contractors on-site installing self closing devices. However, the inspector also observed two doors being wedged open. In addition, the arrangements in place for the evacuation of residents at night required review.

There were a number of restrictive practices in use in the designated centre. The inspector reviewed a sample of restrictive practices and found that they were appropriately identified and reviewed by the provider. However, mealtimes in the centre required improvement to ensure residents were always supported to buy, prepare and cook their own meals. The inspector noted a historical and institutional practice of residents' meals being prepared off-site and delivered to the designated centre. While residents were offered a menu with a choice of various meals and at times residents were supported to cook some of their own meals in the centre's kitchen, improvements were required to ensure residents were always supported to buy, prepare and cook their own meals.

Regulation 17: Premises

The designated centre comprised a large modern bungalow type building that could accommodate six residents located on the grounds of a community hospital in County Tipperary. At the time of the inspection, a number of premises works were underway in relation to one residents living room, communal bathrooms and fire safety. However, there were some areas which required improvement including areas of internal painting and flooring. This had been self-identified by the provider.

In addition, while it was evident the person in charge made efforts to personalise the centre and decorate in a homely manner, the design and layout of some areas of the centre were institutional in nature and did not promote a homely environment. For example, the dining room and kitchen were connected via a large hatch, which can be closed off with a metal shutter. Also, at the entrance of the centre, there was a large office like reception room with glass window facing the foyer. This required further review.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes in the centre required improvement to ensure residents were always supported to buy, prepare and cook their own meals. The provision of meals from the external source is an institutional practice and not in line with the centre's statement of purpose of providing a homelike environment.

Judgment: Not compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

However, improvement was required in fire safety arrangements. For example, the inspector observed two door wedges in place. This negated the purpose and function of the fire door. This was identified to the person in charge on the day of inspection and removed. As noted, on the day of the inspection, fire safety contractors were observed on-site installing magnetic door locks.

The night time fire evacuation arrangements in place in the designated centre also required further review. For example, night drills had been completed in the last year, a night time fire drill in May 2021 took 11 minutes to evacuate all persons. The follow up fire drills did not include the maximum number of residents and the lowest number of staff.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had systems in place to identify and review restrictive practices. The person in charge maintained a restrictive practices register and a review of a sample of restrictive practices demonstrated they were appropriately reviewed.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0034490

Date of inspection: 03/11/2021

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>the person in charge had completed some online management courses it was not evident that the qualifications were at an appropriate level.</p> <p>The provider and PIC are in the process of identifying and accessing an appropriate management course and will discuss the appropriateness of this training with the inspector prior to commencement. It is envisaged to have this training completed by 31/6/22.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>some areas which required improvement including areas of internal painting and flooring</p> <p>Areas requiring improvement have been identified and works gone to tender and have commenced in these areas – it is envisaged that these works will be completed by 28/2/22 – these works have paused due to ongoing construction works in a residents room which would impact painting/décor & flooring in the building. Once construction works are completed painting and replacement of flooring will recommence.</p> <p>some areas of the centre were institutional in nature and did not promote a homely dining room and kitchen were connected via a large hatch, which can be closed off with a metal shutter</p> <p>this area has been reviewed by estates and has gone to tender and proposals and plans</p>	

have been discussed with contractor and estates. It is envisaged that the metal hatch will be either be removed or substituted with a homely like timber shuttering which will be decorated with murals. It is planned to have this completed by 31/3/22

a large office like reception room with glass window facing the foyer.

This area will be assessed for feasibility of removal and construction of a permanent wall – to have this area fully enclosed and removal of glass screens. It is envisaged this assessment will be completed by 31/3/21 and works completed by 1/6/22 – as an interim measure the glass will be decorated in seasonal decorations to attempt to make a more homely environment.

Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Mealtimes in the centre required improvement to ensure residents were always supported to buy, prepare and cook their own meals. The provision of meals from the external source is an institutional practice and not in line with the centre's statement of purpose of providing a homelike environment.</p> <p>The PIC has already commenced a planned gradual introduction of all meals being prepared on the premises.</p> <p>At present Breakfast is prepared on site with the residents. There is a live recruitment campaign for 2 MTA's in Re Nua, with the plan of when these staff have been recruited that meal prep will be a major function of their job description. At present Supper/evening time meals are prepared regularly in Re Nua but the recruitment of the MTA's will allow for this to become a daily occurrence. It is envisaged this recruitment will be completed by 28/2/22</p> <p>Regarding Dinner times – it is planned for a gradual introduction of purchase and preparation of items for dinner on site. There is a process currently underway to set up a vendor account in a local supermarket for purchase of food. The PIC and keyworkers are in the process of developing nutrition care plans to include residents in the purchase, preparation and cooking of their dinners as a social activity. This is ongoing with an envisaged plan to have all meals prepared on site by 31/8/22</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: the inspector observed two door wedges in place.

All items that could be used as a wedge have been removed from the premises. All staff have been communicated to directly by the PIC re the dangers of the use of wedges. The PIC will actively monitor this to ensure this does not reoccur. Completed and ongoing.

a night time fire drill in May 2021 took 11 minutes to evacuate all persons.

A review of evacuation procedures is underway – this includes the assistance in the event of a nighttime evacuation of a staff member from Apt 8 which will reduce timeframe of evacuation. The physical/assistance needs of residents have changed in recent times and their PEEP's have been updated to include the use of fire evacuation sheets for 3 physically dependant residents. A repeat nighttime evacuation will be completed by 31/12/21.

follow up fire drills did not include the maximum number of residents and the lowest number of staff.

A new template for fire drills has been received which addresses the issues identifies re max number residents and minimum staff. Completed

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 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Substantially Compliant	Yellow	30/06/2022
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.	Substantially Compliant	Yellow	01/06/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	28/02/2022

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	31/08/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2021