



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

## Issued by the Chief Inspector

Name of designated centre:	Nenagh Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 February 2024
Centre ID:	OSV-0002653
Fieldwork ID:	MON-0041487

## About the designated centre

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

Nenagh Support Accommodation is a designated centre operated by RehabCare. The designated centre provides community residential services to six adults with a disability. The designated centre is located in a town in Co. Tipperary and consists a five bed two storey house and an adjacent self-contained apartment. The two storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five resident bedrooms and shared bathrooms. The apartment accommodates one resident and consists of a kitchen/living room, bathroom and bedroom. The centre is staffed by the person in charge, care workers and support workers.

**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 (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
Monday 12 February 2024	08:30hrs to 16:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This designated centre comprises a five bed two storey house and an adjacent self-contained apartment and is home to six residents. The two storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five resident bedrooms and shared bathrooms. The apartment accommodates one resident and consists of a kitchen/living room, bathroom and bedroom.

On arrival to the centre the inspector met staff and one resident who was preparing their breakfast. The resident and staff explained that the day service had a planned closure and that alternative plans were scheduled for the resident, the resident described how they were going for brunch later in the morning. The remaining residents were enjoying a sleep in due to the planned closure.

The inspector had the opportunity to meet with each resident over the course of the day. Some residents showed the inspector around their home and showed the inspector their bedrooms. These were all well maintained and personalised to suit the residents preferences. The inspector noted the environment was warm and homely. Residents met with on the day of inspection appeared comfortable and relaxed in their home and in staff's presence.

Residents were being supported and facilitated to maintain contact with family members and to participate in activities of interest. It was evident residents self directed and were given opportunities to make decisions about their lives. Residents spoke about their paid employment, their upcoming plans for valentines day, birthdays and holiday plans. Since the previous inspection, the provider had reviewed the day service arrangements for one resident and were seen to respond to the wishes of the resident.

The staff who spoke to the inspector were knowledgeable regarding residents' needs. Staff spoke about residents' individual needs and preferences and how they as staff respond.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there were some areas for improvement which included the management of personal possessions, medication and pharmaceutical services and governance and management. Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection.

The next two sections of the report present the findings of this inspection in relation to 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

The inspection was facilitated by a residential services manager and also by the team leader who was involved in the running and operation of the centre. A person in charge had been appointed to the centre in December 2023, however the inspector was informed that on the day of inspection the person in charge was not currently involved in the running of the centre. The centre was overseen by a residential service manager who was the previous interim person in charge.

The inspector found that overall care was provided to a high standard, however, improvements were required in relation to personal possessions, medication and pharmaceutical services and governance and management.

There was appropriate staffing arrangements in the centre to meet the assessed needs of the residents. The inspector reviewed a sample of the staff roster and found that there was sufficient staff in place to meet the assessed needs of the residents and appropriate arrangements in place to ensure continuity of care and support. The inspector observed positive interactions between the residents and the staff team on the day of inspection.

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

## Regulation 15: Staffing

There was an appropriate number and skill mix of staff present in this centre. The staff team was established and the inspector found staff to be professional, knowledgeable in their roles and very caring towards the residents. The staffing ratios and rosters in the centre were reviewed and found to be meeting residents needs. The provider was seen to be responsive to resident needs and had accommodated a recent change in one resident's day activity programme.

Judgment: Compliant

## Regulation 23: Governance and management

On the day of inspection the management structure within the centre was not clearly defined, while a person in charge was appointed to the centre in December 2023 the inspector was informed the previous manager remained in post in the centre. It was unclear what the future arrangements were for the centre in terms of

reporting structure and responsibilities.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements. Improvements were however required in the oversight of resident personal possessions and finances, resident finances were not managed as per the providers policy. In addition, medicine management and administration was not carried out as per the providers policy and best practice guidelines. For example, controlled medication was administered by one staff member and not two as indicated by policy. Auditing systems within the centre had not identified this concern.

Judgment: Not compliant

### Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. Incidents were appropriately managed and reviewed to enable effective learning and reduce recurrences.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of risk management, individual assessment and personal plans, protection, personal possessions and medication and pharmaceutical services . The provider was for the most part identifying and responding to areas that required improvement.

The inspector reviewed a sample of residents' personal files which comprised of a comprehensive assessment of residents' personal, social and health needs. Personal support plans required review to ensure they were up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

The residents were protected by the polices procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home.

Relevant risks were discussed with the inspector on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Improvements were required to ensure appropriate oversight of residents' finances, finances had not been managed as per the provider's policy and guidance.

In addition, medicine management and administration was not carried out as per the providers policy and best practice guidelines.

### Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. However, where residents were supported with their finances by others, bank account statements were not readily available to the provider for review and complete reconciliation. The provider had identified this and was currently engaged with external parties in order to resolve the issue. In addition, residents' personal property lists had not been accurately maintained and details of policies were unknown to the provider at the time of inspection.

Judgment: Not compliant

### Regulation 13: General welfare and development

Residents were found to be supported to engage in various social activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities. For example, music, art, paid employment and attend various local social groups.

Judgment: Compliant

### Regulation 26: Risk management procedures



The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were for the most part up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were systems in place for the ordering, receipt, prescribing, storing, disposal and administration of medication. However, the inspector found that practices within the centre were not in accordance with the providers policy and best practice guidelines. For example, controlled medication was administered by one staff member and not two as indicated by policy. The local medication audit had not accounted for controlled medication and the enhanced measures which are required.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. On review residents' personal plans required review to ensure plans guided the staff team in supporting residents with identified needs, supports and goals. The team leader and manager informed the inspector that plans were currently being reviewed, however this was not complete at the time of inspection.

Judgment: Substantially compliant

### Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. When residents presented with significant health care needs ,the provider

was seen to be proactive and ensure additional supports were provided as indicated. Residents were facilitated to access appropriate health and social care professionals as required. Residents were assisted to participate in national screening programmes and were provided with knowledge and education as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Staff were observed to respectfully engage with residents. Notwithstanding issues raised in regulation 12, residents were seen to be consulted regarding how the centre was run with regular discussion.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nenagh Supported Accommodation OSV-0002653

Inspection ID: MON-0041487

Date of inspection: 12/02/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• An NF30A was submitted on 08/03/2024 advising HIQA that a new PIC has been assigned to the service while the permanent PIC is on leave.</li> <li>• The PIC will facilitate team meetings and provide daily support to the Team Leader and staff.</li> <li>• The PIC will ensure the local service weekly, monthly and medication audits are completed and are effective including ensuring that organizational policies are implemented. This will be further verified by the provider’s six monthly internal audit.</li> </ul>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• One resident’s representative has provided copy of recent bank statement and will provide copies going forward.</li> <li>• The PIC has clarified contributions and rent paid by residents in the service.</li> <li>• The contract of care has been updated to accurately reflect contributions and rent being paid by residents in the service. All residents have been provided with a new copy of the contract of care and signed to indicate that they are happy with same.</li> <li>• PIC and Team Leader have been in contact with the County Council to arrange for an increase to resident’s rent allowance, this was completed on 05/03/2024.</li> </ul>	

- Each residents has been provided with an updated copy of their tenancy agreement and they have signed to say they are in agreement with it.
- Personal property lists have been updated, this was completed on 20/03/2024.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Two staff are now signing the MAR for controlled drug. This will be checked by the Team Leader as part of the weekly Team Leader audit.
- Medication audit has been conducted in the service by the PIC & Team Leader, this audit highlighted actions for completion. Team Leader is currently in the process of completing the identified actions. PIC will monitor progress of this plan until all actions are completed. It is expected that all actions will be completed by 29/03/2024.
- PIC will continue to do monthly medication audits in the service until the required standards are consistently achieved.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Resident's documents are in the process of being reviewed to ensure all documents are updated and provide guidance for the staff team in supporting residents with identified needs, supports and goals. This will be completed by 15/04/2024.
- Team Leader is providing coaching for staff in terms of updating resident's files.



## 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.	Not Compliant	Orange	20/03/2024
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	08/03/2024
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	05/03/2024



	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	29/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and	Substantially Compliant	Yellow	15/04/2024

	new developments.			
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