



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

## Issued by the Chief Inspector

Name of designated centre:	Knocklofty Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0042773

## About the designated centre

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

Knocklofty Residential Service is a residential service operated by The Rehab Group. The centre has the capacity to provide a residential service to up to 11 adults with an intellectual disability. The designated centre is located in a rural setting in County Tipperary within a short drive to a town with access to facilities and amenities. The designated centre consists of three houses including a one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 18 April 2024	10:00hrs to 17:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

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

Overall, the inspector found that the provider had responded to the findings of the previous inspections and addressed most areas for improvement. While, areas of improvement in the premises remained, it was evident that the provider was actively addressing these issues.

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

During the course of the inspection, the inspector had the opportunity to meet with nine of the ten the residents. On arrival to the designated centre, four residents had already left to attend their day service, two service users were attending planned appointments and two residents were observed being supported to leave the centre to attend their day services. Two residents decided to spend their day in the service.

In the morning, the inspector visited the detached two storey house. The inspector met and had a cup of coffee with one resident as they listened to music. The resident told the inspector about their plans for the day which included bingo and carrying out a errands in the afternoon. They informed the inspector that they liked their room which had been recently redecorated. In the afternoon, the two other residents of this house returned home from day services. They appeared content in their home while speaking with the inspector about their activities for the day and plans for dinner. Overall, they noted that they liked living in their house.

Later in the afternoon the inspector met with four of the five residents of the bungalow with attached self-contained apartment. The inspector met with the residents as they returned from day services and attending appointments. The residents were relaxing in their home and discussed plans for the weekend which included attending a concert.

The inspector also met with the two residents living in the individualised apartments who spoke positively about their home. One resident noted planning for an upcoming significant birthday. The second resident informed the inspector that about an upcoming graduation ceremony for a course they had recently completed.

The previous inspections identified that improvement was required in the premises. This included the design and layout of the centre which did not appropriately meet a resident's evacuation and privacy needs. This had been self-identified by the provider and the resident as an area for improvement for a number of years. The inspector observed evidence of funding approval and plans in place to meet the residents needs. This remained ongoing at the time of inspection. In addition, areas of worn flooring and painting required some improvement. This had also been previously identified and the plans in place for the painting of areas of the internal and external premises and addressing areas of worn flooring. However, this remained ongoing at the time of the inspection.

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

Overall, this inspection found that the registered provider had made sufficient levels of progress to move this centre into compliance. The governance and management systems in place in the designated centre ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

There was a defined governance structure in place. The centre was managed by an appropriately qualified and experienced person in charge. Quality assurance audits were taking place to assess and monitor the service including the annual review and six-monthly provider audits. These audits identified areas for improvement and developed actions plans to address same. The inspector found that most of the areas for improvement identified on the previous inspections had been addressed. However, the areas of improvement in relation to premises remained ongoing.

The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. Overall, the registered provider had systems in place to ensure staffing arrangements met the assessed needs of the residents.

## Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably experienced. The person in charge was responsible for this designated centre alone.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an established staff team in place which ensured continuity of care and support to the residents. On the day of the unannounced inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. For example, during the day, the ten residents were supported by four residential staff members. At night, two waking-night staff and one sleep over staff were in place to support the 10 residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The centre was operating with 1.5 whole time equivalent vacancies. This was managed through the existing staff team and the use of regular relief staff. The inspector was informed that the provider was actively recruiting to fill the vacancies. In addition, the provider had submitted a business case to their funder for increased staffing levels following the change in needs of a resident. At the time of the inspection, this staffing support was currently being provided within the staff team.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the majority of the staff team had up-to-date mandatory training including safeguarding, de-escalation and intervention techniques and manual handling. Where members of the staff team required refresher training, this had been self-identified and plans were in place to address same.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed the supervision schedule and a sample of supervision records and found that staff received supervision in line with the provider's policy. Overall, the training and development systems in place ensured all staff had up-to-date skills and knowledge to support the residents with their assessed needs.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2023 and six-monthly provider visits. In addition, local audits were taking place of the designated centre. These audits identified areas for improvement and action plans were developed in response. There was evidence that the provider had addressed or was actively addressing the areas for improvement identified in previous inspections.

Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

## Quality and safety

Overall, the governance and management systems in place ensured quality care and support was provided to residents at all times. However, improvements were required in the premises.

The inspector found that residents were found to be in receipt of a good standard of person-centred services. The provider had addressed a number of areas identified in the previous inspections. For example, in relation to residents' finances, clear plans were in place to support residents to control and safeguard their finances.

However, the premises remained an area for improvement. While, it was evident that the provider was actively addressing the design and layout and areas of maintenance. This remained ongoing at the time of inspection.

### Regulation 12: Personal possessions

The previous inspection of this centre had identified that the provider's policy and systems in place to support residents to manage and protect their finances required some improvement. This had been addressed in line with the provider's compliance plan.



The provider had revised and updated the residents' finance policy. The inspector reviewed a sample of residents finances and found that financial support assessments had been completed with residents. Where residents were supported with their finances by others, plans were in place to ensure appropriate oversight arrangements were in place and residents' finances were protected.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was decorated in a homely manner and was generally well maintained. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

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

There was a proposed reconfiguration of the premises which would support the resident to have a en-suite bedroom which would meet their evacuation and privacy needs. Funding had been approved for this reconfiguration and there was evidence of continued engagement with construction companies to implement same. This remained ongoing at the time of the inspection.

There were also areas of worn flooring and painting which required attention. This was identified on the previous inspection and developed plans were in place to address same. In addition, the external patios in two houses required review as they were uneven. This had also been self-identified by the person in charge and plans were in the early stages to address same.

Judgment: Not compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content in their home and spoke positively about living in the designated centre. There were safeguarding plans in place for identified safeguarding concerns.

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 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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Knocklofty Residential Service OSV-0003637

Inspection ID: MON-0042773

Date of inspection: 18/04/2024

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• One resident had previously requested to move to a larger bedroom with ensuite facilities. A proposal, agreed with the resident, involved a move from one house onsite to the other house and renovation works to meet the expressed need and preference of this resident. Plans were prepared and consultation with builders commenced. However, the resident changed their mind in 17-04-2024 and advised the PIC that they no longer wanted to move to the other house, citing a preference to stay in her current residence. As a result, the PIC, the Head of Operations &amp; Regional Manager met with the Capital Programme Manager to review other renovations options within the resident’s current house that could possibly be carried out within budget to meet the resident’s need &amp; preference to stay in her current residence. To advance this the Builder &amp; the Capital Programme Manager were on site on the 9/5/2024 to review the existing environment with a view to drafting revised plans in line with funding to meet the evacuation and privacy needs of the resident. The project now needs to be redesigned &amp; tendered again in line with the resident’s preference. Delivery date of works expected by early quarter 1, 2025. It is important to note the resident can be evacuated at all times in under 3 minutes in line with the resident’s PEEP.</li> <li>• Repairs to external patios in the two houses were completed on 7/5/2024.</li> <li>• Fitting of new flooring due to commence on the 27/5/2024, fitters have stated this will be completed by 29/5/2024</li> <li>• External painting has been referred to the Housing Association for inclusion on a schedule of works. Quotations have been requested. External painting to be completed by December 2024.</li> </ul>	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/01/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2024