



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

Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	11 January 2023
Centre ID:	OSV-0003639
Fieldwork ID:	MON-0029994

About the designated centre

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

Shalom is a designated centre operated by The Rehab Group. It provides a community residential service to five adults with an intellectual disability. The designated centre is a two story house in County Tipperary. It is located on the outskirts of a large town adjacent to a day service and another designated centre located with access to local facilities and amenities. The designated centre consists of two open plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. The designated centre is staffed by social care workers and care staff. 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:	5
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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
Wednesday 11 January 2023	10:10hrs to 17:30hrs	Conan O'Hara	Lead
Wednesday 11 January 2023	10:10hrs to 17:30hrs	Miranda Tully	Support

What residents told us and what inspectors observed

This was an announced inspection carried out by two inspectors. The inspection was conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspectors had the opportunity to meet the five residents over the course of the inspection. On arrival, the inspectors were welcomed by one resident as they were heading out to access to community. One resident showed the inspectors around their home and informed them of their interests and involvement in local sporting teams. In the afternoon, three residents returned from day services and spoke positively of living in the centre. They discussed areas of interest including recording their diary and spoke about people important in their lives including family members. Overall, the residents appeared happy and comfortable in their home.

The inspectors also reviewed five questionnaires completed by the residents or their representatives describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. However, some representatives highlighted areas they would like to see improvements including a review of some assistive equipment and activities. This was discussed with the person in charge.

As noted, the designated centre consists of two open plan kitchen, living and dining areas, a lounge, five individual resident bedrooms, one staff room/office and a number of bathrooms. This meant that there was the potential for a self-contained apartment in the centre, but at the time of this inspection, this space was amalgamated with the main house and used by all residents. There was a large well maintained garden to the rear of the designated centre which contained garden furniture and raised beds. From a walk-through of the designated centre, the inspectors found that the centre was decorated in a homely manner with residents' personal possessions throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and support. The residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were areas for improvement identified including oversight

of finances, health care plans, medication practices, infection prevention and control practices and fire safety.

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

Overall, there was a clearly defined management system in place which strived to ensure that the service provided was safe, consistent and appropriate to residents' needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

The provider had ensured that there was sufficient staffing levels in the centre to meet the assessed needs of residents at all times. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspectors observed positive interactions between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced

person in charge to the centre. The person in charge was also responsible for one other designated centre and day service. They were supported in their role by two team leaders and day service supervisors.

Judgment: Compliant

Regulation 15: Staffing

The designated centre maintained a planned and actual roster. From a review of the roster, it was evident that the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The inspectors found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. At the time of the inspection, the centre was operating with four whole time equivalent vacancies. The inspectors were informed that the provider was in the process of recruiting to fill these vacancies.

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 staff team in the centre had up-to-date training in areas including prevention and control, fire safety, safeguarding and manual handling.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which contained all of the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Integrated Service Manager, who in turn reported to the Regional Operating Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022 and six monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the governance and management arrangements in place ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. However, some improvement was required in oversight of resident finances, the fire safety arrangements, medication management practices, infection prevention and control practices and health care plans.

The inspectors reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. Overall, residents were supported to engage in activities in the wider community including attending concerts, going to restaurants and maintaining positive relationships with their family members.

However, some improvement was also required in health care plans to ensure the staff team were appropriately guided on the current supports in place for residents health care needs. For example, the inspectors identified one health care record had not been reviewed following a recent General Practitioner (GP) visit.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, improvement was required in ensuring the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time, were appropriate.

The inspectors found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection. However, some improvement was required in assuring that the guidance for mask wearing was in line with the national guidance for residential care facilities.

Regulation 12: Personal possessions

The inspectors reviewed a sample of residents' finances. The inspectors found that the day-to-day practices were appropriate. However, the arrangements in place for the general oversight of residents finances required improvement. For example, where residents were supported in the management of their finances by others, improvements were required in the transparency of systems in place and support plans to ensure residents money was protected and ensured residents had full access to their own funds.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19. The staff team were observed wearing PPE throughout the inspection. However, the provider's infection prevention and control guidance required review to ensure that it was consistent with national guidance.

Overall, the interior of the premises were observed to be visibly clean. Some areas required review as they posed a barrier to effective infection prevention and control. For example, the flooring in the dining room was observed to have large gaps, there were areas which required painting and the laminate was observed to be peeling on some kitchen presses.

Judgment: Substantially 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. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

However, improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time. For example, from a review of fire drills completed in the last year, inspectors found that the fire drills did not demonstrate that all residents could be safely evacuated at night time with the lowest number of staffing. The previous inspection also identified that improvement was required in night-time fire drills.

Judgment: Substantially 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 inspectors found that some documentation and practices in the management of medication required review. For example, some prescribed medication identified on the medication scripts were not included on the medication administration record. In addition, for one medicine, the dose recorded on the medication administration record differed from that recorded on the script. It was also observed that some medicines did not have a date of opening documented, to ensure they were disposed of as specified on the medicine. A medicines audit had been completed in December 2022, however this audit had not identified the discrepancies.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspectors reviewed health care plans and found that they appropriately guided the staff team in supporting the residents. It was evident that residents were supported to access allied health professionals as required.

However, one health care plan required review. For example, the staff team were supporting a resident with a recent health care need. The support plan had not been reviewed in line with the change in assessed need.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices.

Judgment: 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 and comfortable in their home. The staff team demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shalom OSV-0003639

Inspection ID: MON-0029994

Date of inspection: 11/01/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Current supports in respect of resident's finances will be reviewed by the PIC by the 28/02/2023. • Arrangements for managing finances will be clearly documented in each individual's finance records and support plans by 30/04/2023. • Arrangement in place for the management of resident's finances will be on the agenda for all Resident's PCP meetings and discussed with individuals and their families, this will be completed by the 30/04/2023. • Process to ensure that residents have their own bank accounts and are in receipt of their disability allowance will be commenced by the 30/04/2023 and completed by the 31/12/2023. This process will be informed by the will and preference of each resident and supports provided in this regard will be done so in line with the resident's will and preference. • All Resident's finances, accounts and assets will be documented in the service by the 30/04/2023. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The provider is currently completing a review of mask wearing guidance to ensure consistency with national guidance, this will be completed by 18/02/2023. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Nighttime fire drill with all residents present was completed on the 16/01/2023, with minimum staff present. Evacuation was completed within the required timeframes. • A minimum of two nighttime fire drills with all residents present will be completed annually. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Individual medication administration record was amended on the 13/01/2023 to correspond with the prescription. • Labels put on have been put on two prescribed creams to identify date of opening; this was completed on the 13/01/2023. • Medication audit completed by the PIC and TL on the 31/01/2023 and monthly audit will be completed by both at the end of each month, with actions identified and actioned within 7 days. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Follow up appointment written up on health record sheet for one resident on the 13/01/2023. The individual's support plan was updated on the 13/01/2023 to include new condition and corresponding prescribed medication. • The health record and support plan will be updated as required, following review appointment on the 21/02/2023. 	

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.	Substantially Compliant	Yellow	31/12/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	28/02/2023

	infections published by the Authority.			
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	16/01/2023
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.	Substantially Compliant	Yellow	31/01/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	21/02/2023