



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:	Announced
Date of inspection:	01 October 2024
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0035772

About the designated centre

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

Re Nua is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to eight adults with a disability. The designated centre is situated located on the grounds of a community hospital in a rural town in County Tipperary with good access to the the local community and amenities. The centre comprises of a large bungalow which can accommodate five residents and a row of three individualised apartments adjacent to the bungalow which can accommodate three residents. The centre is staffed by the person in charge, clinical nurse manager 1, staff nurses, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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How we inspect

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
Tuesday 1 October 2024	09:40hrs to 17:20hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. Overall, the inspector found that the residents in this designated centre were safe and well cared for.

The inspector met with seven of the eight residents who live in the designated centre as they went about their day. Some residents used verbal communication while others used alternative and augmentative methods of communication and did not verbally share their views with the inspector. The inspectors endeavoured to determine the resident's views through observation of non-verbal communication, monitoring care practices and reviewing documentation.

On arrival to the large bungalow, the inspector was warmly greeted by one resident as they were exercising. In the afternoon, they were observed engaging with staff in cooking and spending time in various parts of the centre. A second resident was observed listening to the radio in the dining room and showed the inspector their room. They stated that they had recently got a double bed and had plans to paint the room. The inspector then met with a third resident in the dining room as they were supported to have breakfast and prepare for the day. A fourth resident was observed relaxing in their room and mobilising around the centre throughout the inspection. The fifth resident welcomed the inspector and noted that they were happy in the service. Residents were observed accessing the community to go shopping and take part in activities.

The inspector also visited the three individualised apartments and meet with two of the three residents who lived here. The inspector did not have the opportunity to meet one resident as they were out in the community in the morning and attending training in the afternoon. The first resident welcomed the inspector to their apartment and were observed preparing to go swimming. They appeared content and comfortable in their home. They communicated that they wanted to go swimming and this was respected. The inspector had a cup of tea with the second resident who showed the inspector their apartment. They noted that they were happy living in the centre and spoke positively about the care and support they received.

Overall, the inspector found that residents appeared to be comfortable and content in their home.

The inspector completed a walk through of the designated centre. As noted Re Nua comprises a large bungalow and a row of three individualised apartments located on the grounds of a community hospital. Previous inspections identified aspects of the premises presented as institutional in nature and not promoting a homely environment, including an office-like reception area, canteen like design of the dining room, external and internal painting required, flooring required replacement

and inappropriate layout of the apartments as the living area and sleeping areas were not connected.

The provider had since the last inspection addressed the office-like reception area by removing it and modernised and reconfigured the individualised apartments. The provider had made efforts to address the institutional design of the dining room by installing new blinds and flooring and decorating the environment with homely furniture. The provider outlined plans in place to address the layout of the dining room including removing the hatch to the kitchen to make the kitchen more accessible to residents. Also, areas of the internal and external premises had been recently painted.

Notwithstanding the work completed, areas remained in need of attention, including areas of worn flooring which has been identified as needing attention since 2021. In addition to other areas that still required completion such as, some areas of painting, some surface areas of the bathrooms, updating radiator covers and the continued progress in reconfiguring the dining room.

The inspector also reviewed six questionnaires completed by the residents with the support of staff and one questionnaire completed by a resident's representative. The questionnaires described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, one questionnaire noted that some aspects of the meals could be improved.

Overall, based on what the residents, staff and a management communicated with the inspector and the care and support that was observed, the inspectors found that residents received a good standard of care in this centre. However, improvement was required in the governance and management, premises, fire safety and personal plans.

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 management system in place which ensured a good systems of oversight of the care delivered in the designated centre were in place. On the day of the inspection, the provider had ensured suitable staffing levels to meet the assessed needs of residents. However, some improvement was required in the effectiveness of the governance and management systems.

There was a defined governance and management structure in place. The centre was managed by a suitably qualified and experienced person in charge. There was evidence of quality assurance audits in place including the annual review 2023 and a

recent six monthly unannounced provider visit carried out in July 2023. However, some improvement was required in the effectiveness of the governance and management systems to address identified areas for improvement. For example, the flooring in the centre has been identified as an area in need of attention since 2021. On the day of the inspection, while there was evidence of new flooring being explored and priced, there was no clear time line for the flooring to be addressed.

The inspector reviewed a sample of the staff roster and found that the staffing arrangements were appropriate in line with the assessed needs of the residents. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for the training and supervision of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

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 person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for this centre alone and was supported in their role by a clinical nurse manager.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. The centre was operating with six vacancies at the time of the inspection. One vacancy was covered by a regular agency staff member and another vacancy had recently been recruited for and awaiting a start date. The remaining vacancies were managed through the staff team and the use of regular relief and agency staff. The inspector was informed that the provider was in the process of recruiting to fill the remaining vacancies.

<p>The five residents in the bungalow were supported by five staff during the day and by three waking night staff at night. The three residents living in the individualised apartments were supported by three staff during the day and three waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>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 had up-to-date training in areas including manual handling and safeguarding. The inspector noted that some staff required refresher training in areas including fire safety and de-escalation and intervention techniques. However, this had been identified and managed by the provider and there was evidence that training had been scheduled.</p> <p>There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy. A supervision schedule was in place.</p>
<p>Judgment: Compliant</p>
<p>Regulation 22: Insurance</p>
<p>There was written confirmation that valid insurance was in place including injury to residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>There was a clearly defined management structure in place. The person in charge reported to the Director of Nursing, who in turn reports to the General Manager. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review for 2023, which included consultation with residents and their representatives and six-monthly provider visits as required by the regulations. In addition, local audits were in place for areas including medication, personal plans and finances. The audits identified areas for improvement and action plans were</p>

developed in response.

However, some improvement was required in the effectiveness of the governance and management systems to address areas identified for improvement. For example, the flooring in the centre has been identified as an area in need of attention since 2021. The previous compliance plan noted that the flooring would be addressed by March 2024. In addition, the previous compliance plan noted that reconfiguration of the dining room would be completed by June 2024. On the day of the inspection, there was no clear time line for the flooring and dining room to be addressed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations.

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 Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home which provided a good standard of person-centred care and support to the residents. However, improvement was required in the design of the premises, fire safety and personal plans.

The inspector reviewed a sample of the residents' personal files which contained a comprehensive assessment of the residents' personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. However, one support plan required review to ensure the staff team were appropriately guided in

supporting one resident at night.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, some improvement was required in the fire safety evacuation drills.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate systems in place to provide oversight of resident finances. For example, local systems included day-to-day ledgers, storage of receipts, reconciliation with financial institution statements and regular checks on the money held in the centre by the staff team.

The previous inspection identified improvements were required in ensuring residents had access to their finances in a timely manner. This had been largely addressed. At the time of the inspection, the provider was in the process of reviewing the systems in place for one resident and developed plans were in place.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised a large bungalow type building that could accommodate five residents and a row of individualised apartments to accommodate three residents located on the grounds of a community hospital in County Tipperary.

The previous inspections identified that the design and layout of some areas of the centre were institutional in nature and did not promote a homely environment. The provider has made continued progress in making the environment more homely. For example, the office-like reception desk with glass window facing the foyer at the entrance had been enclosed and the glass screens removed. The resident bedrooms were personalised to the residents tastes and preferences with pictures and personal belongings. In addition, the individualised apartments had been reconfigured and modernised.

As noted the dining room was laid out in a canteen type manner with one side a wall of glass and was connected to the kitchen via a large hatch, which can be closed off with a metal shutter. The dining room had been reviewed and efforts were made to upgrade the dining room including installing appropriate blinds, installation of new flooring and the purchase of new furniture. However, the institutional aspect of the dining room required further review as it did not provide a homely environment in terms of design and layout. The inspector was informed that the dining room had been identified as a key priority by the provider and plans were

in place to address same.

Also, the previous inspections identified areas for upkeep including replacement of radiator covers, areas requiring painting and replacement of flooring. This was also found as an area for improvement on this inspection. While some areas of painting had been completed and new flooring installed in the dining room, there continued to be areas of painting and flooring in need of attention.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable 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 evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate.

The previous inspection found that further review was required of fire safety procedures such as break glass units in the apartments. This had been addressed and also thumb turns had been installed as appropriate.

There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. However, the hour of darkness drill required some improvement to demonstrate that the arrangements in place at night-time were appropriate to

evacuate the highest numbers of residents from the designated centre in a timely manner.. For example, the hour of darkness drill completed in the bungalow did not include the highest number of residents and lowest number of staffing. In addition, an hour of darkness drill completed for one individualised apartment took five minutes and required further review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up to date assessment of need which informed the residents' care plans. The previous inspection found that the assessment of needs had not been completed within the last year as required by the regulations. This had been addressed.

Overall the care plans appropriately guided the staff team in supporting the residents. However, one plan regarding the checking of one resident at night required review to ensure it was required and appropriately guided the staff team.

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. There was evidence that 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. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. Residents were found to be safe and well protected in this centre. There was evidence that incidents were appropriately reviewed, managed and responded to. Incidents were reviewed on a quarterly basis to identify possible trends or patterns. The inspector also observed

that residents appeared content and comfortable in their home and in the presence of the staff team and management.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider had systems in place to promote and protect resident's rights including staff training and weekly resident meetings.

The provider had made a number of changes to promote and protect resident's rights including encouraging staff to park their vehicles away from the apartments to reduce noise. The provider had installed privacy fences between the gardens of the apartments. In addition, the recently modernised individualised apartments were homely and there was a demonstrable positive impact on the quality of life of residents. For example, one resident spoke highly of their apartment and their life in the centre. Another resident who previously displayed behaviours of concern had their behaviours significantly reduce since moving to the apartment. The residents care plans noted that the behaviours were no longer evident.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0035772

Date of inspection: 01/10/2024

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The areas for improvement have been escalated within internal HSE structures and escalated to Priority 1 for funding and completion. It is anticipated that this work will be completed by 30 September 2025.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A meeting was held on 12.11.24 with a site survey completed. In attendance: Fire officer, contracted engineer, maintenance manager, PIC & PPIM. Design proposal to be developed and follow up meeting to finalise proposal scheduled for 19.11.24 for submission and allocation of funding. Considerations discussed under building regulations, fire regulations and service user needs. It is anticipated that this work will be completed by 30 September 2025. Areas identified include access and egress for residents, reconfiguration of worktop space for meal preparation and cooking suitable for resident's participation, removal of shutter/hatch and installation of fire doors as an alternative. Review held on 12.11.24 with maintenance manager, onsite technical services, PIC & PPIM. The following timelines and staged plans have been agreed: <ul style="list-style-type: none">• Radiators/covers for restoration – agreed completion of 32 radiator covers by 31 Jan 2025 with funding committed.• Flooring in laundry room and bedrooms 1, 2 & 4 will be completed by 31 December 2024.	

Replacement flooring in corridors has been tendered and quotations received by technical services. This will be done in three stages to minimize disruption:

Stage 1

Front Corridor (Foyer and Wing corridor)

Stage 2

Top Corridor

Stage 3

Bottom corridor

Timeframe: 31 March 2025

- Remaining rooms requiring flooring will be completed by 31 May 2025

Areas for painting will be completed in conjunction with new flooring.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Review of hour of darkness fire drill in the bungalow and identified 1 further drill to be completed before year end. Guidelines developed around fire drill procedure for hours of darkness and will include two night time fire drills per year. Method of recording time of drills will be included in the guidelines.

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:

Risk assessment completed in respect of night time welfare checks for one resident, and associated care plan updated to reflect same.

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	30/09/2025
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.	Not Compliant	Orange	31/05/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care	Substantially Compliant	Yellow	30/09/2025

	and support is in accordance with standards.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2024