



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

## Issued by the Chief Inspector

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 November 2023
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0041118

## 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. The centre comprises of a large bungalow which can accommodate six residents and a row of self-contained units adjacent to the bungalow which can accommodate two 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:

7

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 9 November 2023	10:45hrs to 18:45hrs	Conan O'Hara	Lead
Thursday 9 November 2023	10:45hrs to 18:45hrs	Miranda Tully	Support

## What residents told us and what inspectors observed

This was an unannounced inspection conducted by two inspectors to monitor on-going compliance with the regulations.

As noted Re Nua comprises of a large bungalow and a row of self-contained units located on the grounds of a community hospital. At the time of the inspection, the row of self-contained apartments were in the latter stages of being reconfigured and modernised.

The inspectors met with the seven residents of the designated centre as they went about their day. Some residents used verbal communication while others used alternative and augmented methods of communication and did not verbally share their views with the inspectors. 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 inspectors were warmly greeted by one resident as they were exercising. The resident later was observed listening to the radio in the dining room. A second resident who communicated non verbally, was interested in the inspection process observed the inspectors as they walked through the centre. The resident then showed the inspectors their bedroom which was decorated in line with their preferences. They appeared content in centre and the presence of staff team. The inspectors observed the resident communicating with the staff team and their requests being responded to in a timely manner. The inspectors then met with the third residents as they were supported to prepare for the day. In the afternoon, the three residents were observed to be supported to go into the community for lunch. In the evening, two other residents returned to the centre from day service and appeared happy to be returning to the centre. Overall, positive interactions were observed between the residents and the staff team.

The inspectors also met with the two residents in the newly modernised and reconfigured self-contained apartments. One resident showed the inspector around their apartment and said that they liked the new apartment and living in the centre. The second resident briefly met with inspectors but communicated that they wanted to access the community and this was respected. Overall, the apartments were decorated in a homely manner with residents possessions and pictures.

The inspectors completed a walk through of the designated centre. Previous inspections identified aspects of the premises as institutional in nature and not promoting a homely environment, including an office-like reception area, a canteen like design to the dining room and inappropriate layout of the self-contained apartments where the living area and sleeping areas were not connected. A number of these areas had been addressed or were in the process of being addressed including the office-like reception area and layout of the self-contained apartments. On this inspection, the inspectors observed that the provider had made efforts to

decorate the centre in a homely manner through the use of pictures, artwork and new furniture in the dining area. However, notwithstanding the work completed in the premises to date, continued work was required in relation to areas of the premises including the design and layout of the dining room and the areas of flooring and painting which required attention.

Overall, based on what the residents, staff and a management communicated with the inspectors 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 premises, finances, governance and management, 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 level of oversight of care delivery in the designated centre. 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 on-call arrangements.

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 June 2023. The previous inspection found that the on-call arrangements required review to ensure appropriate oversight arrangements were in place for this centre at all times. The inspectors were informed that this had been reviewed but new systems had yet to be implemented.

There was evidence of ongoing work being completed in areas of the premises. This included previous work in addressing the office-like reception desk with glass window facing the foyer at the entrance had been enclosed and the glass screens removed and current work in modernisation and reconfiguration of the apartments which was in the latter stages of completion on the day of inspection. In addition, there was evidence of some internal areas being painted and developed plans for the flooring to be replaced. However, some work remained outstanding including long term plan for the dining area and external painting and upkeep.

The previous inspection found that improvements were required in staffing arrangements. From a review of rosters, the inspectors found that this had been addressed.

## 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 previous inspection found the improvements were required in the staffing arrangements. From a review of staffing rosters, it was demonstrable that appropriate staffing levels were in place to meet the assessed needs of the residents. During the day the five residents in the bungalow were supported by five staff members. At night, three staff members supported the five residents. In the apartments, the residents were supported on a one to one basis throughout the day and night.

The centre was operating with one whole time equivalent vacancy for the clinical nurse manager post and one and a half whole time equivalent vacancy for staff nurses. These roles were actively being recruited for at the time of the inspection and covered by the staff team and regular agency and relief staff. In addition, there was one health care assistant vacancy which had been recently been successfully recruited for. The inspectors 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.

In addition, since the last inspection, a resident who was admitted on an emergency basis was supported to transition to a suitable long-term placement and one resident was admitted. The staffing levels had been amended in line with the needs of the new admission. Overall, with these changes there had been a reduction in reliance on agency staffing to maintain the staffing complement.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for this designated centre alone. 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 and six-monthly provider visits. The audits identified areas for improvement and action plans were developed in response.

However, the previous inspection found the on-call arrangements required review to ensure appropriate oversight arrangements were in place for this centre at all times. The new on-call arrangements had yet to be finalised and implemented.

In addition, while a number of premises works had been completed, continued work was required to address the outstanding premises works including the layout of the dining room, flooring and areas of painting. The actions to address the premises issues were within the timeline of the compliance plan submitted by the provider to the previous inspection.

Judgment: Substantially 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, finances, fire safety and personal plans.

The inspectors 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, some improvement was required in the timeliness of reviewing the assessment of need.

The policy in relation to the management of residents finances required review. While there were good local systems in place, the policy did not ensure that residents had access and control to their finances at all times.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. The previous inspection found that it was not demonstrable that the containment and evacuation measures in place were adequate. This had been addressed. However, some improvement was required in the fire safety procedures.

## Regulation 12: Personal possessions

The inspectors found that there were good local systems in place including daily checks and storage of receipts. However, the management of residents' personal

monies required improvement. For example, a number of residents did not utilise personal bank accounts. Their income was deposited into a central fund, residents' bills were paid out of this fund and an application had to be made by staff for any money for their personal use. These applications were made on a weekly basis, and there were several days before the money was made available to residents. It was evident that the person in charge and staff team ensured that there was no shortage of spending money available to them by forward planning. In addition, the resident finances policy stated that requests for Christmas monies must be made by the end of November. This was inconsistent with the rights of residents to have access and control over their own finances.

Judgment: Substantially compliant

## Regulation 17: Premises

The designated centre comprised a large bungalow type building that could accommodate six residents and a row of self-contained units to accommodate two 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 had 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, on the day of the inspection the self-contained apartments were in the latter stages of reconfiguration and modernisation. Previously, each resident occupied two adjacent units - one as a living area and one as a sleeping area. However, the two units were not interconnected which meant residents had to walk outside to go between their living area and bedroom. The reconfiguration connected the units into one apartment and provided for a homely environment.

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 privacy film on the windows, placing a wooden shutter around the metal shutter and the purchase of new furniture. However, the institutional aspects of the dining room required further review as it did not provide a homely environment in terms of design and layout. The inspectors were informed that the dining room had been identified as a key priority by the provider and plans to address same were in the early stages of being developed.

Also, the previous inspections identified areas for upkeep including radiator covers, areas of painting and flooring. This was also found as an area for improvement on this inspection. For example, the inspectors observed worn flooring in the hallway and dining room and areas of internal and external painting in need of attention.

The person in charge noted that some areas of the designated centre had recently been repainted and new flooring was scheduled to be installed in early 2024.

Overall, while there had been significant improvements in areas of the premises to make it more homely, continued work was required in other areas as outlined above.

Judgment: Not 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, reflected the control measures in place and up to date.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate. There was evidence of regular fire drills taking place including a night-time evacuation with the lowest complement of staffing. However, further review was required of fire safety procedures. For example, the procedures noted that break glass units with keys should be available at external exits in residents' bedrooms. On observation, the break glass units were not in place nor were keys available to open the doors in the event of an emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files which contained an assessment of the residents' health, social and personal needs. The assessment informed the personal plans which guided the staff team in supporting the residents with identified needs and supports. While there was evidence that the care plans were regularly reviewed, the assessment of needs had not been completed within the last year as required by the regulations.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had systems in place to safeguard the residents. The residents were observed to appear happy and comfortable in their home.

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 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0041118

Date of inspection: 09/11/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Interviews for permanent CNM1 position have been completed and two successful applicants have been paneled. Following recruitment embargo within the HSE, a derogation has been authorized to proceed with offer and assignment of post. It is envisioned that this position will be in place early January 2024, with on call plan in full implementation by 31st January 2024.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>PPP Accounts active for 4 residents in Re Nua, residents have access to their money on a weekly basis with robust governance and oversight of withdrawal and expenditure. 3 residents have their own personal bank accounts under DHRS. There has been an application submitted for account transfer to PPP Accounts for these 3 residents, envisioned to be fully complete by 28th February 2024. This will ensure all residents have access to their finances in a timely manner, no longer than 5 days from date of request for larger once off purchases, and direct access to finances weekly.</p> <p>Local policy on management of resident’s personal possessions is currently under review and full development with implemented changes due to be completed by 28th February 2024.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Schedule of works outstanding reviewed by technical services manager/contractor and PIC on Wednesday 06/12/23. Schedule of works:</p> <ul style="list-style-type: none"> <li>• Dining room layout and design reviewed and works categorized based on design drawings. Installation of double fire doors between Kitchen and dining room for access to replace canteen hatch. Removal of two side doors. Installation of a dry goods pantry, extended worktop space and appropriate storage for small appliances. Flooring and painting of both kitchen and dining area. Removal of wooden radiator cover and ledges, with replacement covering to be installed.</li> </ul> <p>It is envisioned that this work will be completed by 30th June 2024.</p> <ul style="list-style-type: none"> <li>• Flooring in all areas in Re Nua due to commence in January 2024, completion of same has been communicated by contractor for 31st March 2024.</li> <li>• Internal painting has commenced, remaining internal areas for painting will be fully completed by 30th June 2024.</li> <li>• All radiator covers have been submitted to technical services for replacement – to be completed by 30th June 2024.</li> <li>• External painting identified by Maintenance foreman, to commence in January 2024 and fully completed by 30th June 2024.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Review of fire safety procedures completed following inspection. All external doors exiting to the garden areas have been fitted with thumb turn locks, 05.12.23, negating the requirement for key for emergency exit. Fire safety procedures have been updated for Re Nua and the adjacent apartments.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Annual reviews have been scheduled for all residents, commencing in January. This will include assessment of need, streamlining residents files to one filing template, resident,</p>	

team and family meeting, person centred planning and goals. This will be completed in full by 31st March 2024, and plan devised for future assessments/PCP.

## 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	28/02/2024
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	30/06/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/06/2024

	are of sound construction and kept in a good state of repair externally and internally.			
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.	Substantially Compliant	Yellow	31/01/2024
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	07/12/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	31/03/2024

	than on an annual basis.			
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