



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

## Issued by the Chief Inspector

Name of designated centre:	Nenagh Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 January 2025
Centre ID:	OSV-0002653
Fieldwork ID:	MON-0037294

## About the designated centre

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

Nenagh Support Accommodation is a designated centre operated by RehabCare. The designated centre provides community residential services to six adults with a disability. The designated centre is located in a town in Co. Tipperary and consists a five bed two storey house and an adjacent self-contained apartment. The centre is staffed by the person in charge, care workers and support workers.

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

Number of residents on the date of inspection:	5
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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
Thursday 23 January 2025	09:00hrs to 17:15hrs	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. This inspection was completed by one inspector over one day.

The inspector had the opportunity to met with the five residents in their home throughout the inspection as the they went about their day. Overall, the inspector found that the residents received good quality person centred care and support in this designated centre. However, some improvement was required in oversight of finances. In addition, the fire safety arrangements in place required review.

On arrival to the centre the inspector met with the four residents in the kitchen as they prepared for the day. The first resident spoken with said that they liked living in the house and told the inspector about their plans for the to attend day services. The second resident noted that they were going shopping in town. The third resident welcomed the inspector and was observed preparing to go to day services. The fourth resident spoke of their interests in the Special Olympics before leaving the service to attend day services for the morning and work in the afternoon.

The inspector carried out a walk through of the house accompanied by the person in charge. The two storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five resident bedrooms and shared bathrooms. The inspector found that the centre was decorated in a homely manner with resident personal belongings and pictures of the residents and their family. In general the house was clean, well maintained and in a good state of repair.

Later in the morning, the inspector went into the adjoining apartment and met with the fifth resident. They were enjoying a cup of tea in their kitchen with staff. The inspector had a cup of coffee with the resident and discussed life in the centre. The resident spoke about people important to them and noted they were working towards plans to go on holidays. Later in the morning, the resident then left to access the community.

The apartment was decorated in line with the tastes of the resident. There was posters, pictures and personal belongings of the resident throughout the apartment. However, mal-odour of heating oil was observed in the hot press of the apartment. Following the inspection, the provider submitted assurances that this had been recently reviewed by an appropriate professional, was safe for the resident and would be addressed within a short timeline. In addition, the inspector observed one fire door wedged open which negated the purpose and function of the fire door. This was highlighted to the person in charge and addressed on the day of inspection.

The inspector also reviewed three questionnaires completed by the residents with

the support of staff. 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.

Overall, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in oversight of finances 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

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined management structure in place. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and one other centre operated by the provider. They were supported in their role by an experienced team leader. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the residents needs and actions taken to address areas identified for improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as safeguarding and escalation and intervention techniques.

## 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 the day-to-day operation of one other designated centre operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by a team leader in this designated centre. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

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 previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection the centre was operating with three whole time equivalent staff on approved leave. The roster demonstrated that this was covered by fixed term contracts. Where additional cover was required regular agency and a relief staff panel was in place. This ensured continuity of care and support to the residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The four residents in the two story house were supported in the morning by one staff member and in the evening by two staff members. At night, one sleep over staff supported the four residents. In relation to the apartment, the resident was supported by one staff during the day and by a waking night staff at night.

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 the training records, it was demonstrable that the staff team had up-to-date training in fire safety, medication, manual handling, safeguarding and deescalation and intervention techniques.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

Judgment: Compliant

## Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. The person in charge reported to Regional Manager, who in turn reports to the Head of Accommodation.

The person in charge was responsible for two designated centres and effective oversight and management systems were in place. For example, a team leader was in place in this designated centre to support the person in charge carry out their duties.

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 six-monthly provider visits and the annual review 2024. The annual review included evidence of consultation with the residents and/or their representatives as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, the audits identified areas for improvement in areas of the premises including flooring and painting. There was evidence that these had been addressed.

On the day of the of the inspection, the inspector sought assurances in relation to two items - fire safety and the malodour (fuel) in the apartment. The assurances were submitted by the provider in a timely manner post inspection.



Judgment: 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. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents occurring in the centre for the previous year and found that the person in charge had notified the Chief Inspector of all incidents as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the resident in a homely environment. However, improvements were required in oversight of residents finances and fire safety.

The inspector reviewed 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, the oversight of resident finances required improvement.

The systems in place for fire safety management required improvement. For example, one bedroom presented as an inner room and required review by a person competent in fire. The provider submitted assurances post inspection that this would be completed.

## Regulation 12: Personal possessions

The previous inspection found that improvement was required in the oversight of resident finances. While work had been completed, further improvement was required to ensure appropriate oversight of residents finances were in place. For example, two residents were supported with their finances by others. On the day of the inspection, one resident did not have access to statements for a financial account in which was used in relation to their money. In relation to the second resident, the financial account statements were not readily available to the provider on the day of the inspection. These meant that statements were not available for review and reconciliation.

There were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

Judgment: Not compliant

## Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre is comprises of a two storey house and an adjoining apartment. The two-storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five individual resident bedrooms and shared bathrooms. The apartment accommodates one resident and consists of a kitchen/living room, bathroom and bedroom. Overall, the designated centre was well maintained and decorated in a homely manner with resident picture and belongings.

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. However, the fire safety and evacuation arrangements in the apartment required review.

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. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

The bedroom in the apartment presents as an inner room as the resident would have to pass through an internal hallway and kitchen/sitting room before exiting the premises. The provider submitted assurances following the inspection noting that:

- fire compliance was reviewed in 2022 and areas identified for improvement were addressed,
- the evacuation arrangements would be reviewed by a person competent in fire shortly following the inspection, and
- any areas for improvement identified would also be addressed.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the receipt and administration of medications. The staff team had completed training in medication management. The provider had completed self-medication assessments for each of the residents and supported two of the residents to manage their own medication. Overall, the inspector found that medication administration practices in this centre were held to a good standard.

The provider had secure practices in place for the storage of medication. Medication was stored in a secure medication press and residents who were self-administering medication were provided with secure storage for their medication. Schedule 2 (controlled medication) was stored in line with the provider's policy on medication management and the Health Service Executive's (HSE) National Framework for Medicines Management in Disability Services.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

In addition, the personal plans identified meaningful goals that the staff team were supporting residents achieve including holidays, concerts and relationships.

Judgment: Compliant

## Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans and hospital passports were in place and appropriately guided the staff team in supporting the residents with their health needs.

The residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed general practitioners, dentists, opticians and relevant consultants as required. There was evidence that the residents were involved in decisions about their care and clear guidance in place regarding the supports required.

Judgment: 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 in line with the provider's policy.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. There was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The residents were observed to appear content and comfortable in their home. Residents spoken with noted that they liked their living in their home.

Judgment: Compliant

## Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Weekly meetings were held with residents which discussed plans and activities for the upcoming week. The provider had also supported residents with access to education and support regarding relationships and sexual health where appropriate.

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>	
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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Nenagh Supported Accommodation OSV-0002653

Inspection ID: MON-0037294

Date of inspection: 23/01/2025

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The following is now in place in respect of supporting two of the residents with their finances: <ul style="list-style-type: none"><li>• For one resident who requires support with their finance, bank statements for their second bank account are now available within the service. This will ensure that going forward appropriate oversight of resident's finances is in place. This has been in place since 28/02/2025</li><li>• For one resident that manages their finances independently the resident has access to on line banking and all statements come through e statements. This resident has agreed to let staff support them with oversight of statements going forward. This will be implemented by 14/03/2025.</li></ul>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"><li>• On the 17/02/2025 a fire engineer assessed the apartment and recommended a new fire exit door from the bedroom directly to the exterior be installed.</li><li>• The builders have confirmed work to complete the recommendations from the fire engineer will start before the end of May 2025 and it is anticipated that these works will be completed by 30/06/2025.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	28/02/2025
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2025