

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

## Issued by the Chief Inspector

|                            |                         |
|----------------------------|-------------------------|
| Name of designated centre: | Thurles Respite Service |
| Name of provider:          | RehabCare               |
| Address of centre:         | Tipperary               |
| Type of inspection:        | Announced               |
| Date of inspection:        | 02 March 2022           |
| Centre ID:                 | OSV-0002658             |
| Fieldwork ID:              | MON-0027595             |

## About the designated centre

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

Thurles Respite Service is a designated centre operated by Rehab Care. This designated centre provides a respite service to adults, male and female, with a disability. The centre has capacity to accommodate up to four adults at a time in the house. The respite service is funded for 182 nights per year and provides a service to a total of 20 respite users. At the time of the inspection, the centre was providing a respite service and was identified for use as an isolation facility, if required, for the purposes of isolating respite users suspected or confirmed with the COVID-19 virus. The centre is located on the outskirts of a busy town in Co. Tipperary with access to a variety of local amenities including shops, pubs, clubs and parks. The centre is a two-storey house a residential housing estate. The centre consisted of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, two shared bathrooms, kitchen, dining room, utility room and living room. The designated centre is staffed by care workers and a team leader. The staff team are supported by the person in charge.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 0 |
|--|---|

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 2<br>March 2022 | 09:30hrs to<br>16:30hrs | Conan O'Hara | Lead |

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the dining room in the designated centre. The inspector ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the staff team and management over the course of this inspection.

On the day of the inspection, there were no respite users staying in the respite house as the centre was in the process of discharging one respite group and welcoming another. For this reason, the inspector did not have the opportunity to meet and spend time with respite users regarding their experiences of staying in the house. The inspector used conversations with key staff, observations and a review of documentation to form a judgment on the quality of care in the designated centre.

Four of the respite users completed questionnaires describing their views of the care and support provided in the centre. Overall, these 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 them. There was evidence that staff took measures to seek respite users views for their stay through respite users' meetings which discussed activities, menus and themes such as rights. The inspector also reviewed the designated centre's annual review and six monthly provider audits which contained positive feedback from families and respite users of the care and support in the centre. In addition, the inspector reviewed a book of memories capturing the respite users' views and activities through the COVID-19 pandemic.

The inspector carried out a walk through of the premises. As noted, the centre is a two storey house consisting of four bedrooms for respite users, a staff office/bedroom for staff to sleepover, kitchen/dining room, utility room and living room. The centre was decorated in a homely manner and was well maintained. However, some general upkeep and maintenance was required. For example, small areas of scratched paint were observed in rooms throughout the centre, the laminate on part of the kitchen presses was peeling, wooden floors in the bedrooms were worn from use and the back garden and patio area required some cosmetic maintenance work. This had been self-identified by the provider. In addition, the storage arrangements in place required review as the inspector observed items stored in a respite user's wardrobes and stacked upon each other under the stairs.

In summary, based on what was observed, it was evident that the respite users received a good quality of care and support while availing of the service. However, some improvement was required in training and development of the staff team,

personal plans, infection prevention and control and premises.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall, there was effective management systems in place to ensure that the service was suitably monitored. The inspector found that there were suitable arrangements in place to ensure staffing levels were appropriate to meet the needs of respite users. However, some improvement was required in the training and development of the staff team.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported by an experienced team leader. There was evidence of regular quality assurance audits taking place to monitor the service. These audits included the annual review and the provider unannounced six-monthly visits as required by the regulations. The audits identified areas for improvement and actions plans were developed in response.

There was an established staff team in place which ensured continuity of care and support to respite users. The respite service operated on a rolling basis with each established respite group availing of regular respite. From a review of the roster, it was demonstrable that there was sufficient staffing levels were in place to meet the needs of the respite group. It was evident that staffing levels adjusted depending the needs of the respite group.

The inspector reviewed a sample of staff training records and found that the staff team had up to date training in areas including fire safety, safeguarding, de-escalation and intervention techniques and infection control. 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. However, some improvement was required to ensure the staff team received supervision in line with the provider's policy.

## 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. The person in charge was responsible for three other designated centres and was supported in their role by three team leaders.

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staffing arrangements in place to meet the assessed needs of respite users. The person in charge maintained a planned and actual roster. There was a core staff team in place which ensured continuity of care and support to the respite users. The rosters demonstrated that the staffing levels were in place in line with the needs of the respite users. It was evident that the staffing levels changed in line with the needs and group size of the adults availing of the service.

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 had up-to-date training in areas including fire safety, safeguarding, de-escalation and intervention techniques and infection control. There was evidence that refresher training was booked as required. This ensured that all staff had up to date information to provider care and support to the respite users.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. A supervision schedule was in place for the upcoming year. The inspector reviewed a sample of the supervision records. The records demonstrated that the staff team received regular supervision. However, some improvement was required to ensure the staff team received supervision in line with the provider's policy.

Judgment: Substantially compliant

## Regulation 22: Insurance

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

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 reported to the regional operating officer, who in turn reported to the director of care. The centre was managed by a full time person in charge who was appropriately qualified and experienced. The person in charge was responsible for the governance of three other designated centres and were supported in their role by allocated team leaders. This arrangement ensured effective governance and oversight of the designated centre.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the respite users' needs. These audits included the annual review for 2021 and the provider unannounced six-monthly visits as required by the regulations. In addition, there were systems in place to monitor and audit aspects of the service including personal plans and health and safety. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

## Quality and safety

Overall, the registered provider ensured that the adults availing of the respite service in this centre received a good quality service that was in line with their assessed needs. However, some improvement was required in the premises, personal plans and infection prevention and control arrangements.

The previous inspection identified that areas of the premises required attention. The inspector found that some areas had been addressed including replacing the carpet on the stairs. However, some works remained outstanding including areas of paint scratched, the laminate on parts of the kitchen presses was peeling and the back garden and patio area required some cosmetic maintenance work. This had been self-identified by the provider and plans were in place to address same.

There were systems in place for the prevention and management of risks associated



with infection. The provider had prepared contingency plans for COVID-19 in relation to staffing and the respite users. The inspector observed sufficient access to hand sanitising gels and personal protective equipment (PPE) through-out the centre. Staff were observed wearing PPE as required. However, some improvement was required in the infection control systems in place. For example, on review of a sample of respite users files, it was not evident that COVID-19 pre admission questionnaires was consistently completed for all respite users before admission.

The inspector reviewed a sample of the respite users' personal plans and found that they were person-centred. Each respite user had an assessment of their health, social and personal needs which informed the respite users' personal care plans. The personal plans in place guided staff in relation to the supports the respite users required while availing of the service. However, two plans reviewed required review in order to appropriately guide staff in supporting respite users with an identified need.

### Regulation 17: Premises

Overall, the premises was designed and layout to meet the needs of respite users accommodated there. The premises was observed to be clean and suitably decorated. The centre is a two storey house which had a homely appearance. However, there was evidence of some wear and tear in the centre in need of review. For example, the laminate on the kitchen presses was peeling in places. This could present a potential infection control risk. The inspector observed areas of painting scratched and some flooring in the centre was worn. The back garden of the premises required some updating and cosmetic work to ensure it was a suitable and pleasant space for respite users to spend time in. These had been self-identified by the provider and plans were in place to address same. In addition, the storage arrangements in the centre required review as the inspector observed items stored in respite users wardrobes and under the stairs.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. There was an up to date risk register in place which identified a number of risks. The risk register outlined the controls in place to mitigate the risks. Each respite user had a number of individual risk assessments on file, where required, which were up-to-date and guided the staff team.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. The premises was visibly clean on the day of inspection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the respite users. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required and were observed wearing face coverings at all times. Staff had undertaken training on infection control measures including training about hand hygiene and PPE.

There were systems in place for the prevention and management of infection including temperature checks and cleaning schedules. The centre had developed a cleaning schedule which included deep cleans between respite users stays. The provider had developed a questionnaire for respite users to complete before availing of respite in the centre. However, some improvement was required as it was not evident on the day of inspection that this had been completed for all respite users before their stay.

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 evacuation drills taking place and the learning from these fire drills being put into practice. Each respite user had a Personal Emergency Evacuation Plan (PEEP) in place to guide staff in supporting respite users to evacuate.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each respite user had an up-to-date assessment of need which appropriately identified the respite users' health, personal and social care needs while availing of respite. The assessments informed the respite users' personal support plans. The inspector found that personal support plans reviewed were up-to-date and guided the staff team in supporting the respite user with their assessed needs. However,

two plans required review to accurately guide the staff team in supporting two respite users with identified needs.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider and person in charge had systems to keep the respite users in the centre safe. The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. Documentation and questionnaires reviewed outlined positive feedback from respite users of their experience of the respite service. There was evidence of compatibility being considered when offering respite to groups.

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                                      | Substantially compliant |
| Regulation 22: Insurance   | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 17: Premises  | Substantially compliant |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 27: Protection against infection  | Substantially compliant |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 5: Individual assessment and personal plan                              | Substantially compliant |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for Thurles Respite Service OSV-0002658

Inspection ID: MON-0027595

Date of inspection: 02/03/2022

## 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 16: Training and staff development   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• All staff supervision is now up to date and schedule in place for the remainder of the year. This was complete by 30/03/2022.</li></ul>   |                         |
| Regulation 17: Premises   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• Quotations for new kitchen presses and doors have been requested by PIC, once approval is received works will be planned.</li><li>• A plan will also be put in place for the premises to be fully painted internally and the wooden floors to be refurbished as appropriate.</li><li>• External decorative work will be completed in garden when weather permits.</li><li>• All works will be completed within the current calendar, service will need to be closed for approximately 1 week for works to be completed.</li></ul> |                         |

|   |                         |
|---|-------------------------|
| 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"> <li>• Pre Admission Questionnaires have now been completed for all Residents. The need to complete pre-admission questionnaire completed will be discussed further at the next team meeting. This will be completed by 30/04/2022.</li> </ul> |                         |
| 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:</p> <ul style="list-style-type: none"> <li>• Resident's health care plans will be reviewed to ensure guidance for staff practice is clear for all staff. Revised guidance will be discussed at April Team Meeting. This will be completed by 30/04/2022.</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 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.   | Substantially Compliant | Yellow      | 30/03/2022               |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow      | 31/12/2022               |
| Regulation 17(7)    | The registered provider shall make provision for the matters set out in Schedule 6.  | Substantially Compliant | Yellow      | 31/12/2022               |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures                   | Substantially Compliant | Yellow      | 30/04/2022               |



|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.   |                         |        |            |
| 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 | 30/04/2022 |