



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:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0002658
Fieldwork ID:	MON-0037399

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 The Rehab Group. This designated centre provides a respite service to adults, both 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 provides a service to a total of 18 respite users. The centre is a two-storey house located in a residential housing estate on the outskirts of a town in Co. Tipperary with access to a variety of local amenities including shops, pubs, clubs and parks. 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:	3
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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 4 February 2025	09:30hrs to 16:30hrs	Conan O'Hara	Lead
Friday 7 February 2025	16:00hrs to 17:00hrs	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 two days.

Overall, the inspector found that the respite users received good quality of care and support when they availed of the service.

On the first day of the inspection, there were no respite users availing of the service so the inspector reviewed documentation, spoke with the management team and carried out a walk through of the premises. On the second day of inspection, the inspector spent time with three respite users as they arrived to avail of the service for the weekend. The inspector had tea with the three respite users in the sitting room. The respite users appeared content and two respite users noted that they were looking forward to their weekend. Positive interactions were observed between the respite users and staff team. The respite users noted that they planned to have a takeaway and go swimming and bowling.

The inspector carried out a walk through of the house accompanied by the person in charge. The house was a two storey house which 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 inspector found that the centre was decorated in a welcoming and homely manner. In general the house was clean, well maintained and in a good state of repair. The fence in the back garden was observed to need some repair. This had been self-identified by the provider and a hedge had been planted in order to address this.

The inspector also reviewed four questionnaires completed by the respite group who had availed of respite the weekend before the inspection. 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. In addition, the inspector reviewed feedback meetings completed with everyone who availed of the service in December 2024 which highlighted positive views of the care and support provided.

Overall, based on what the respite users communicated with the inspector and what was observed, the respite users received good quality of care and support. The respite users 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 governance and management, personal plans 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 the respite users' needs. On the day of inspection, there were sufficient numbers of staff to support the respite users 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 three other centres operated by the provider. They were supported in their role by an experienced team leader and staff team. There was evidence of regular quality assurance audits taking place to ensure the service provided was appropriate to the respite users needs and actions taken to address areas identified for improvement. However, demonstrating consultation with respite users as part of the annual review required review.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with respite users' 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.

Overall, the inspector found that a good standard of care and support was provided to the respite users.

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 three other designated centres operated by the provider. There was effective management and oversight arrangements were in place and the

<p>person in charge was supported in their role by an experienced team leader in this designated centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 15: Staffing</p>
<p>The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the respite users.</p> <p>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 a full staffing complement which ensured continuity of care and support to the respite users. The inspector observed staff treating and speaking with the respite users in a dignified and caring manner.</p> <p>The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the respite groups. For example, in general, the four respite users would be supported by two staff during the day and by a sleepover staff at night. However, from a review of the roster, there was evidence of the size of the respite group reducing, where required, to ensure staff levels were appropriate.</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 the training records, it was demonstrable that the staff team had up-to-date training in fire safety, manual handling, safeguarding, medication and de-escalation and intervention techniques. Where refresher training was required there was evidence that it had been scheduled.</p> <p>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.</p>
<p>Judgment: Compliant</p>

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the building, contents and the respite users 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. The person in charge reported to an integrated service manager, who in turn reports to the regional operations manager.

The person in charge was responsible for four designated centres and effective oversight and management systems were in place. For example, an experienced 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. While the annual review included evidence of consultation with a respite user and one representative as required by the regulations, it did not demonstrate comprehensive consultation with respite users on the care and support provided in the service. 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 fencing in the garden. There was evidence that these had been addressed or were in the process of being 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. 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 preceding year and found that the Chief Inspector was notified of all incidents as required by Regulation 31.

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 fire safety and personal plans.

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. However, one plan reviewed required clarity on the supports in place.

There were suitable systems in place for fire safety management. These included suitable fire safety equipment and the completion of regular fire drills. However, the night-time fire drills required review to ensure it reflected the maximum number of respite users and the minimum level of staffing.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the respite users. Overall, the designated centre was decorated in a homely manner and generally well maintained. The fence in the back garden of the premises required some repair. These had been self-identified by the provider and a hedge had been planted to address same.

The previous inspection found some areas for improvement including worn kitchen surfaces and damaged grouting in the upstairs bathroom. The inspector observed a new fitted kitchen in the premises and areas of damaged grout addressed.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk to ensure respite users were safe during their respite stay. 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. For example, there were up to date risk assessments in place in relation to fire, self-administration of medication, falls, specific health care conditions and behaviour. All risk assessments were reviewed by person in charge on a regular bases of sooner if required

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. Personal Emergency Evacuation Plans (PEEP) were in place to guide staff in supporting respite users to evacuate, where appropriate. There was evidence of regular fire evacuation drills taking place. However, night-time fire drills required review to ensure they reflected night time arrangements. For example, the maximum number of respite users and the minimum number of staff. The person in charge submitted assurances shortly following the inspection that this would be addressed.

Judgment: Substantially 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, one epilepsy management plan required review to clarify the supports in place.

Judgment: Substantially compliant

Regulation 6: Health care

The respite users health care needs were suitably identified and assessed. The health care plans appropriately guided the staff team in supporting the respite users with their health needs while they were availing of respite. There was evidence of the provider regularly seeking updated information on the respite users health care needs to ensure health care needs were met during the respite stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

The service operated a restraint free environment and no restrictive practices were in use on the day of inspection. The provider had a restrictive practice policy and review committee in place to review and reduce any identified restrictive practices. The person in charge demonstrated an awareness of restrictive practices and the systems in place to identify and review same in line with the provider's policy. The staff team had up-to-date training on intervention and de-escalation techniques.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard the respite users. The inspector reviewed a sample of incidents and accidents occurring in the designated centre which demonstrated that incidents were appropriately managed and responded to. All staff had up-to-date safeguarding training. Documentation and questionnaires reviewed outlined positive feedback from respite users of their experience of the respite service. The respite users were observed to appear content and comfortable in the service. In addition, 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
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 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Thurles Respite Service OSV-0002658

Inspection ID: MON-0037399

Date of inspection: 07/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Going forward to ensure the Annual Review demonstrates comprehensive consultation with respite users on the care and support provided in the service, a wider selection of residents and families will be consulted with in the annual reviews.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A 'night time' Fire Drill will take place with the maximum number of respite users and the minimum number of staff. This will be completed by 31/03/2025.</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:</p> <p>Epilepsy management plan will be reviewed to clarify the supports in place for one individual where a device has been fitted to support them in the event of seizure activity.</p>	

This will be completed by 31/03/2025.

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/10/2025
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	31/03/2025
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,	Substantially Compliant	Yellow	31/03/2025

	as assessed in accordance with paragraph (1).			
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