



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

Issued by the Chief Inspector

Name of designated centre:	Kenmare Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	28 November 2022
Centre ID:	OSV-0007809
Fieldwork ID:	MON-0029345

About the designated centre

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

Kenmare Accommodation Service consists of a detached bungalow located in a rural setting but within a short driving distance of a nearby town. The centre operates a short breaks service or a COVID-19 isolation unit if required for residents of the provider's other designated centres. It can support a maximum of two residents over the age of 18 of both genders with intellectual disabilities and Autism. There are two individual resident bedrooms in the centre and other facilities include bathrooms, a dining room, a sitting room, a kitchen and utility room. Residents availing of this centre are supported by care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

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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
Monday 28 November 2022	09:10hrs to 12:20hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to the person in charge, residents occupying this centre would be offered an appropriate service tailored to their individual needs and preferences while they were isolating due to suspected or confirmed COVID-19 or in the event they were availing of respite services in this centre. Some improvements were required in fire safety procedures, premises and written policies and procedures.

There were no staff or residents present on the day of this inspection, apart from the person in charge. The inspector adhered to the use appropriate personal protective equipment (PPE) during this inspection. On arrival to the centre, the inspector was met by the person in charge and directed to a hand hygiene station near the front door and was requested to complete a visitors log.

The centre comprises a detached bungalow located in a rural area with a large garden and back yard area. There were two bedrooms available for the use of residents and one staff office/sleepover room. There was also a kitchen and dining area, utility room, shower room, toilet room and comfortable sitting-room. An open fire place in the sitting room had been covered up and the inspector was told that this was not in use and there were no plans to use this. The house was noted to be warm and there was an appropriate heating system operating. Window vents provided trickle ventilation in most rooms and windows were unrestricted and opened and closed freely to allow for further ventilation when required.

On the day of this inspection the centre was seen to have the facilities to provide accommodation to two residents as set out in the statement of purpose. Due to the nature of the service that could be provided in this centre, the overall centre and resident bedrooms were not personalised but were seen to be adequately decorated and furnished with storage space available for residents to store their belongings if desired. Suitable bedding and linen was available for the use of residents if required. Bedrooms were seen to be bright with large windows for natural light. The inspector noted an odour was present in one bedroom. On bringing this to the attention of the person in charge it was noted that a window vent was closed and this was rectified on the day of the inspection. The person in charge committed to monitoring this issue to ensure that, in the event that this additional ventilation was not effective in remedying the odour issue, appropriate action could be taken.

Residents had access to a large accessible shower room with toilet facilities. A separate toilet room was also available. The toilet in this room was leaking on the day of this inspection and the person in charge had made arrangements to have this repaired. Some minor painting and maintenance works were seen to be required. Most of these had been identified prior to this inspection and the person in charge told the inspector about the plans in place to have these works completed.

Closed circuit television (CCTV) recording devices were noted in the centre.

However, these had been disconnected and were not in use. There were no other restrictions in place at the time of the inspection.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents would be afforded safe services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There was a clear management structure present and this centre was found to have management systems in place that would ensure that overall the service provided was safe and appropriate to residents' needs. The inspector found that some improvements were required in relation to the fire doors that were in place in the centre and some maintenance works needed to be completed in the centre.

This announced inspection was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. Some additional information was requested on the day of the inspection in respect of the renewal of the registration of the centre and the person in charge committed to submitting this.

This centre was unoccupied at the time of this inspection and had been occupied only once for a short period since the previous inspection in 2021. The centre continued to offer a respite facility or a COVID-19 isolation facility for up to two adults at a time. The statement of purpose set out the staffing arrangements in place for the centre.

A person in charge had been appointed to the centre and was present in the centre on the day of the inspection. This person had the required experience and qualifications and had oversight over the centre. Reporting structures were clear and there were organisational supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level.

The person in charge told the inspector that they visited the centre regularly to carry out checks and complete routine water flushing as a preventative measure against Legionnaire's. Audit schedules and records available in the centre verified this. The person in charge was identifying ongoing routine maintenance works that were required and taking action in relation to any issues that arose.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed.

Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. A COVID-19 local response plan was in place. This meant that there were plans in place that would protect the residents, and support continuity of care for them. A number of standard operating procedures and other documents to guide staff were viewed and documentation in respect of the centre was maintained in good order. These were made available to the inspector on the day of the inspection. An annual review and six monthly audit had been completed and actions identified were being addressed. As the centre had not been occupied in the previous 12 months resident consultation was not included in this.

The inspector viewed records relating to the policies and procedures that were in place in respect of the centre. All of the required policies were seen to be in place. Some provider policies including the policy relating to the provision of personal intimate care and the policy in relation to the recruitment, selection and Garda vetting of staff were seen to be in place but were overdue review. The schedule in place indicated an infection prevention and control policy with a review date of July 2022 had been recently reviewed and was due to be signed.

A statement of purpose was viewed in respect of this centre. This document set out the facilities and services that could be provided in the centre and the arrangements in place in relation to the governance and management and staffing of the centre.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

An appropriate application had been received in respect of the renewal of registration of this centre, including the prescribed fee.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was viewed in the centre on the day of the inspection. This document included details of past residents of the centre as set out in Schedule 3 of the regulations. The person in charge was committed to ensuring that this was updated as required.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance was in place and evident of this had been submitted as part of the renewal of registration application submitted by the provider.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre and local governance arrangements were in place to provide oversight of the centre. An annual review and six monthly review had been completed in respect of the centre. Audit schedules were in place to identify any issues at a local level and issues identified were being addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre's statement of purpose had been submitted to the chief inspector as part of the application to renew the registration of the centre and was updated as required. This document contained all of the required information as set out by the regulations and described the facilities and services to be provided in the centre. The inspector also viewed a copy of this document in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

There had been no incidents that had occurred in this centre since the previous inspection. The registered provider had notified the chief inspector of this fact on a six monthly basis as required by the Regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the Regulations and these were available in the centre. Four of these policies had not been reviewed in line with best practice.

Judgment: Substantially compliant

Quality and safety

The inspector saw that appropriate arrangements were in place to ensure that any residents admitted to this centre would be provided with a safe and good quality service in line with the statement of purpose.

Overall, the centre was seen to be well maintained and this was ongoing. Recent painting works had been completed in the centre and arrangements had been made for maintenance work to be completed to the exterior of the centre. Some areas of the premises required some general upkeep and repair works as discussed under Regulation 17 and in the previous section of this report. A maintenance log was viewed that showed the person in charge had arranged for a number of these tasks to be completed. Risk management procedures were in place to ensure that any risks identified were mitigated against.

A stock of dried and canned foods was seen to be stored in the centre for the use by any residents that were admitted on an emergency basis and these were all noted to be in-date and stored appropriately. Cooking and food preparation appliances and equipment were clean and crockery and utensils were available.

Fire safety equipment such as a fire alarm system and fire extinguishers were viewed in the centre and records showed that this equipment was being appropriately serviced and checked at regular intervals. Some fire doors were seen to have gaps underneath the door and this could reduce their effectiveness in the event of an outbreak of fire in the centre. Some damage was noted to a fire door in the kitchen and while it was not clear if this would impact on its effectiveness arrangements had been made to replace this door prior to this inspection taking place. A new door had been ordered and was due to be fitted in the weeks following the inspection. It was observed that most doors had automatic closure mechanisms that meant they would automatically shut in the event that the fire alarm was activated. It was seen that one bedroom door did not close fully when these were activated although it was possible to manually close this door fully.

The centre was seen to be overall clean and kept in a hygienic manner. Laundry facilities were available to residents. As mentioned in the previous section of this report the 'Preparedness planning and infection prevention and control assurance

framework for registered providers' self-assessment tool had been completed in this centre. Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments. There were plans in place to take account of changing circumstances and updated public health guidance. This meant that there were plans in place that would protect the residents, and support continuity of care for them. A number of standard operating procedures and other documents to guide staff were viewed during this inspection. Appropriate signage was viewed in the centre which included information about colour coding systems and the donning and doffing of PPE. The disinfection and cleaning guidance was displayed in the utility room and 'clean' areas had been identified in the event that the centre was used as an isolation hub. Daily cleaning schedules were viewed for the period that the centre had been occupied the previous year and weekly cleaning tasks were completed by the person in charge during their routine visits to the centre.

Regulation 17: Premises

Overall, the premises was suited to the purpose of this centre at the time of the inspection and was of a sufficient size and layout to meet the needs of residents that would be accommodated there. Some areas required attention. Some rust was present on a handrail at the door to the centre and also on a radiator in the shower room. A toilet cistern required repair. The floor in the shower area of the shower room was observed to be buckled in the corner. This could prevent effective cleaning. The back garden of the premises was undergoing some maintenance works to ensure it was a suitable and pleasant space for residents to spend time in. A ventilation issue was rectified by the person in charge on the day of the inspection. The person in charge had identified most of these issues and there was a plan in place to make the required improvements to the premises.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents guide was available and contained all of the required information. This was viewed in the centre on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a local risk register in place. This identified a number of risks and was being regularly reviewed. Risks associated with the centre being unoccupied had been identified. For example, the risk of Legionnaires while the centre was unoccupied had been considered and there were arrangements in place to mitigate against this risk. The provider had in place a risk management procedure and this was in date.

Judgment: Compliant

Regulation 27: Protection against infection

Overall this centre was observed to be clean and appropriately maintained. Some minor maintenance issues identified are dealt with under Regulation 17. A colour coded system was in place for cleaning equipment such as mopping systems and cloths. Cleaning schedules were in place and equipment such as pedal operated bins was present in the centre. An ample stock of PPE was viewed in the centre and this was observed to be in date. Risk assessments relating to infectious diseases had been completed by the provider and the provider had a contingency plan in place around the COVID-19 virus. Hand cleaning and washing facilities were available to staff and residents and there were appropriate laundry facilities available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire detection and containment measures in place in this centre included fire doors, fire fighting equipment and an appropriate fire alarm system. Appropriate annual and quarterly checks had been completed by a competent fire safety professional and weekly fire safety checks were completed by the person in charge during their routine visits to the centre. There was emergency lighting throughout the centre. Some fire doors required maintenance/review to ensure they operated correctly to prevent the spread of smoke or fire. For example, two doors did not have appropriate seals on the bottom of the doors and one automatic-release bedroom door did not close fully without manual intervention. Damage to a fire door between the kitchen and sitting room had been identified prior to the inspection by the person in charge and the inspector was told that a new fire door had been ordered to replace this door. The person in charge had completed fire safety awareness training.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Kenmare Accommodation Service OSV-0007809

Inspection ID: MON-0029345

Date of inspection: 28/11/2022

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The IPC policy has now been reviewed and was circulated in December 2022. The remaining three policies will be reviewed by 28/02/2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The minor works identified in the report (rust on handrail, rust on radiator and flooring in the shower area) will be rectified by 10/02/2023. The works in the back yard will be completed by 07/05/2023. The issue of poor ventilation in the bedroom remains a problem and will require a more comprehensive solution. This will be addressed by 07/05/2023 also.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Corrections, repairs and adjustments to fire doors will be completed by 17/02/2023.</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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	07/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/02/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	28/02/2023

	in accordance with best practice.			
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