



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:	Short Notice Announced
Date of inspection:	05 August 2021
Centre ID:	OSV-0002658
Fieldwork ID:	MON-0033759

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 located in Co. Tipperary which affords a respite service to four adults at a given time. The service is provided to adults over the age of eighteen, both male and female, whom present with an intellectual disability. The centre is funded to provide 182 nights a year, with additional funding required should nights exceeding this be required. The centre's staffing levels are received and altered depending on the needs of the individuals availing of respite. Whilst on respite service users are encouraged to participate in a range of social and community activities. Supports required for each individual are set out in an individualised personal plan with an emphasis on maintaining the person's independence. During the COVID-19 pandemic the residents that attend this centre are being supported in another respite service run by the provider and this centre is currently identified for use as an isolation facility for the purposes of isolating residents suspected or confirmed with the COVID-19 virus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 - 2015 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 5 August 2021	10:30hrs to 17:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

During the COVID-19 pandemic this centre had been identified by the provider as providing isolation facilities for individuals that used their services that were suspected or confirmed to have the COVID-19 virus. The residents that previously attended this centre on a respite basis were being offered supports in another respite service run by the provider. From what the inspector observed, residents occupying this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences while they were isolating due to suspected or confirmed COVID-19. Management systems in place in the centre were ensuring that for the most part a safe and effective service was being provided to residents. Some improvements were required in the local management procedures, fire safety procedures and risk management procedures in place to ensure that potential future residents were safe in the centre. Some amendments were made by the provider to the statement of purpose following this inspection.

There were no residents occupying the centre on the day of this inspection. The centre had been occupied by a single occupant for the purposes of isolation on a total of six occasions at the time of this inspection. The majority of these residents had spent two to three nights in the centre while awaiting the results of COVID-19 tests. One resident had spent a period of almost three weeks in the centre. During the periods the centre had been occupied the ground floor only had been utilised by residents, with staff occupying the first floor during sleepover shifts. One person also utilised the centre for day services when it was not in use as an isolation facility. The day service that operated from this centre was not operational on the day of this inspection.

The centre was located in a quiet residential area on the outskirts of a large town. The premises comprised a two-storey house in a residential housing estate. On the ground floor there were living areas including a kitchen, dining-room and sitting-room and also bedroom and bathroom facilities suited to one individual with additional mobility needs. The first floor contained bedroom and bathroom facilities that could accommodate three residents and a staff member. The inspector saw that while the premises could accommodate up to four residents at a time, if residents were required to isolate from one another the capacity would be reduced due to some shared bathroom facilities and the size and layout of communal areas. This was discussed with the person in charge and the inspector was satisfied that suitable arrangements were in place to ensure that residents were admitted in a planned and considered fashion that took this into account. Residents had access to the internet and telephone access while occupying the centre to support them to maintain contact with important people in their lives and the inspector viewed a number of social stories and easy-to-read documents about COVID-19 and isolating during COVID-19 that were available to residents.

Overall, the premises was homely and provided residents with a comfortable space. Bedrooms were suitably decorated considering the purpose of the centre at the time of the inspection. Some general upkeep and maintenance was required. For example, a stairs carpet was seen to be faded and there was some rust viewed on radiators and laminate on kitchen presses was peeling. Residents had access to an enclosed back garden and patio area. This space was seen to require some cosmetic maintenance work. An area of the centre had been identified to be used by staff entering and exiting the centre as a donning and doffing area for personal protective equipment (PPE). Ample PPE stocks were viewed in the centre and there were appropriate hand washing and hand sanitisation facilities available. Appropriate laundry facilities were present. Some issues were identified with part of the premises that could present a potential risk to future residents. This area, located on the first floor of the centre, was not in regular use at the time of the inspection due to the low occupancy levels in the centre. Two fire doors were not operating correctly and the risk of Legionnaires had not been fully mitigated against while this part of the centre was unoccupied. These issues did not impact on the residents that had up to this time occupied the centre as an isolation facility-all of those residents had been accommodated on the ground floor of the centre which was in regular use as a day service.

Overall, this inspection found that there was evidence of good compliance with the regulations and that this meant that residents were being 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 be providing a responsive and good quality service to the residents living there. Management systems in place were ensuring that overall the service provided was safe, consistent, and appropriate to residents' needs. The inspector found that some improvements were required in relation to the local auditing and monitoring systems in place to ensure that the service continued to provide a safe service for residents. This inspection also found that the statement of purpose in place required review to ensure that it accurately reflected the services being provided in the centre at the time of the inspection.

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 three other designated centres also. Records viewed showed that this person maintained good contact with staff and management of the designated centres that residents were admitted from to ensure that residents were admitted and supported in a manner that best suited their

needs. The person in charge reported to a regional operating officer, who reported to a director of care. 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. Some audits had been completed in respect of the centre and the person in charge continued to maintain an oversight presence in the centre during periods when the centre was unoccupied, with regular checks of the premises for example. Some audits had been completed in respect of the centre. The inspector saw that while there were some plans and checklists in place and organisational guidance was good regarding admitting and supporting a resident suspected or confirmed to have the COVID-19 virus, local practices required some further improvement to ensure consistency of approach and that all staff are fully aware of their responsibilities with the centre. Some of these required improvements had been identified in audits completed in the weeks leading up to the inspection and the person in charge told the inspector about plans to address these deficits. For example, it had been identified that staff working in the centre during periods when it was occupied were not regularly completing important daily checks such as fire safety checks. The person in charge was updating documentation that provided guidance for staff in this area on the day of the inspection. Staff members had the support of an on-call management team at all times and there was also access to a dedicated case management team if required.

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. 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. An annual review and six monthly audit had been completed and actions identified were being addressed.

The centre was seen to be suitably resourced to serve its purpose as an isolation facility. Ample stocks of PPE were available to staff, arrangements for the appropriate storage of waste were in place and the inspector viewed an invoice that provided evidence that a professional deep clean of the premises had been completed following a period where a resident with confirmed COVID-19 had occupied the premises.

A statement of purpose was viewed in respect of this centre. This document required some amendments to ensure that it accurately reflected the intended use of the centre during the COVID-19 pandemic, and the arrangements in place to support residents where they differed from the usual respite arrangements. For example, the statement of purpose was not clear on visiting to the centre during the pandemic. On the day of the inspection, the person in charge gave a commitment that the statement of purpose would be revised and resubmitted to the office of the Chief Inspector. The inspector was subsequently provided with an updated version of this document.

The statement of purpose also set out the staffing requirements in the centre. However, the staffing arrangements set out in the statement of purpose reflected the arrangements in place for when the centre was used as a respite service. The person in charge updated the statement of purpose to reflect accurately the staffing arrangements that would be in place when the centre was utilised as an isolation hub.

Staff working in this centre during periods when it was occupied for the purposes of isolation were redeployed from the originating designated centre of the residents. This ensured that residents were afforded continuity of care and were supported at a potentially difficult time in their lives by staff that were familiar to them and aware of their specific needs and communication styles. Staff training records were viewed for the staff that had worked in the centre. Staff were seen to be appropriately trained in areas such as fire safety and safeguarding and all staff had received training in important areas such as hand hygiene, infection prevention and control and the donning and doffing of personal protective equipment (PPE).

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.

Regulation 15: Staffing

The registered provider had ensured that there was a sufficient number of staff on duty in the centre to meet the residents assessed needs when this centre was occupied. Residents were provided with continuity of care and were supported by familiar staff. The provider had in place contingency plans to ensure that staffing levels were maintained in the event that there was a decrease in staffing levels or an increase in the needs of residents. Staff rotas were maintained in respect of the periods when the centre was occupied.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were viewed in respect of staff that had worked in the centre while it was operating as an isolation facility. Staff had completed up to date training in required areas including fire safety and safeguarding. Staff had also completed training in hand hygiene, infection prevention and control and the donning and doffing of PPE. Guidance in respect of the COVID-19 virus and associated precautions was available to staff. There was sufficient evidence available to the inspector to determine that staff were appropriately supervised and supported while working in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre. Inspectors had sight of this and found it to be accurately maintained. This document included details of past residents of the centre as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were overall seen to be appropriate. The centre was adequately resourced and appropriate plans were in place at a provider level to manage and mitigate against the risk of the COVID-19 virus during the ongoing pandemic. Some improvements were required to ensure that the local systems in place in the centre provided staff with appropriate guidance to ensure that the service provided was safe and effective at all times. The person in charge outlined the plans in place to ensure that these improvements were put in place and had a good awareness of their role and responsibilities in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose available in the centre on the day of the inspection did not fully set out the intended function of the centre as an isolation facility and the altered services that were being offered in the centre during the COVID-19 pandemic. The person in charge subsequently provided the inspector with an updated copy of the statement of purpose that included the required changes.

Judgment: Substantially compliant

Quality and safety

Evidence viewed by the inspector indicated that the wellbeing and welfare of residents that occupied this centre was maintained by a good standard of evidence-based care and support. Good quality, person centred supports were being provided to residents that availed of isolation facilities in this centre. This was achieved by maintaining strong links with the staff and management of the centres that they had transferred from, ensuring continuity of care was provided to residents and that the transition to and from this centre was well planned and took into account residents individual needs.

The inspector viewed a document titled "Resident in Isolation Preparedness Checklist". This included a list of documents required or that would require updating for each resident admitted and provided good guidance to staff to ensure that oversight of each resident's stay in the centre was maintained.

A risk register was in place in the centre and there were a number of risk assessments in place that dealt specifically with the COVID-19 virus and the controls in place to ensure that residents and staff in the centre were adequately protected during the times the centre was operational. However, not all risks had been identified as appropriate in the centre. For example, the risk of Legionnaires while the centre was unoccupied had been identified by the person in charge the week prior to the inspection. While an appropriate water flushing schedule had been put in place for unoccupied areas of the centre once this was identified, there was no risk assessment present in relation to this risk and no arrangements had been made to have the water tested for the presence of Legionnaires, given that some parts of the centre had been unoccupied for a period of over a year. The person in charge committed to ensuring that this was completed in a timely fashion and communicated to the inspector following the inspection that arrangements had been put in place for this testing to be carried out.

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. High contact surfaces such as door handles were being sanitised on a regular basis when the centre was occupied and staff were guided by a number of standard operating procedures relating to infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). A sufficient stock of PPE was in place in the centre that included suitable PPE to allow for staff to adhere to full precautions while caring for residents who were suspected or confirmed with the COVID-19 virus. Staff had undertaken training in recent months on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE.

Posters were displayed in appropriate areas to guide staff on the correct use of masks and the processes of donning and doffing of PPE and there was a folder available to staff that included national guidance and local protocols in place during the COVID-19 pandemic. There was access to a dishwasher and appropriate laundry and waste facilities and staff had access to separate bathroom facilities and areas

that they could don and doff PPE as required when moving to and from 'clean' zones in 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 accommodated there. Some areas required attention. Some rust was noted on a bathroom radiator and the laminate on the kitchen presses was peeling in places. This could present a potential infection control risk. Also the carpet on the stairs and first floor on the centre was seen to be faded and in need of replacement. The back garden of the premises required some updating and cosmetic work to ensure it was a suitable and pleasant space for residents to spend time in.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents guide was updated by the person in charge on the day of the inspection to include details pertinent to the use of the centre as a COVID-19 isolation facility. The inspector viewed ample information available for residents about the COVID-19 virus and what to expect if they were confirmed or suspected to have the COVID-19 virus.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place. This identified a number of risks. Risk assessments relating to the COVID-19 virus had been completed by the provider and the provider had a contingency plan in place around the COVID-19 virus. However, some risks had not been identified or appropriately risk assessed. For example, the risk of Legionnaires while the centre was unoccupied had not been appropriately considered.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA.

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. There was emergency lighting throughout the centre. Two fire doors required maintenance to ensure they operated correctly. Fire safety checklists in place were not completed by staff during the periods when residents had occupied the centre. The person in charge had recently identified this issue and provided assurances that staff working in the centre would be provided with adequate information to ensure that they were aware of their responsibilities in relation to fire safety in the centre. A personal evacuation plan developed for a resident on admission to the centre was viewed by the inspector.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Thurles Respite Service OSV-0002658

Inspection ID: MON-0033759

Date of inspection: 05/08/2021

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> <ul style="list-style-type: none"> • PIC will ensure oversight of all local systems, in particular daily contact logs, fire safety, cleaning etc. • Pre-admission questionnaire will be completed for all admissions to Isolation Unit (or as soon as is practicable). This will include oversight of staff training and rosters, and discussion of staff duties while working in Isolation Unit. • Staff Handover/Daily Checklist will be revised and simplified to eliminate duplication and clarify staff responsibilities while working in Isolation Unit. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • Statement of Purpose was amended on the day of inspection to include provision for use of premises as an Isolation Unit. This was emailed to the inspector and HIQA registrations department. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection took place there have been residents using the Isolation Unit and it has been impractical to undertake any non-urgent maintenance works.</p> <ul style="list-style-type: none"> • Radiator will be painted at earliest opportunity. • As soon as there is an opportunity to undertake decoration and update of premises, this will be completed. Larger items such as carpets and update of kitchen presses require a longer lead-in time. These works will be completed by 31/03/2022. • Garden fencing and shed will be painted by 31/12/2021. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Weekly flushing is completed in the service. These records are being maintained by staff within Isolation Unit and overseen by PIC. • A Legionella water test was arranged for 26th August but was rescheduled due the Isolation Unit being in use. The test has been rearranged twice and is now scheduled for 20th September (subject to Isolation Unit being vacant). 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • PIC has implemented daily checklists which will be reviewed by PIC and management team of service using Isolation Unit. This includes all fire compliance checks. • Two upstairs fire doors (which are not in use while the premises is in use as an Isolation Unit) require minor maintenance to make them compliant with fire regulations. Maintenance contractor was scheduled to repair in August but this was rescheduled due to the Isolation Unit being in use. This will be completed by 30/09/2021. (subject to Isolation Unit being vacant). 	

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	31/03/2022
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/08/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	20/09/2021

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	05/08/2021