



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Supported Accommodation
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	02 March 2022
Centre ID:	OSV-0002653
Fieldwork ID:	MON-0027026

About the designated centre

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

Nenagh Support Accommodation is a designated centre operated by RehabCare. The designated centre provides community residential services to six adults with a disability. The designated centre is located in a town in Co. Tipperary and consists a five bed two storey house and an adjacent self-contained apartment. The two storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five individual resident bedrooms and shared bathrooms. The apartment accommodates one resident and consists of a kitchen/living room, bathroom and bedroom. The centre is staffed by the person in charge, care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 2 March 2022	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was announced and the inspector had the opportunity to meet with all six residents living in the house on the day of inspection. The inspection was carried out to assess compliance with the regulations following the provider's application to renew registration of the designated centre. The COVID-19 pandemic was ongoing on the day of inspection and therefore staff and the inspector wore personal protective equipment throughout the inspection day in line with national guidance for residential care facilities.

Residents greeted the inspector to their home on the morning of the inspection and some residents showed the inspector around their home and showed the inspector their bedrooms. These were all well maintained and personalised to suit the residents preferences. The premises is a two storey house which accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five individual resident bedrooms and shared bathrooms. There is also a self contained apartment attached to the house and this accommodates one resident and consists of a kitchen/living room, bathroom and bedroom. The inspector noted the environment was warm and homely. There were bunches of fresh flowers observed around the centre and pictures of the residents and their families. One resident had recently celebrated their birthday and the residents birthday cards were noted in the living areas.

Residents appeared relaxed and comfortable in their home. Some were heading out for the day to day services on the day of inspection and some were going out with staff to do individual activities. The inspector observed an exercise bike and some musical instruments in the centre that residents regularly enjoyed using. Activities records evidenced that residents regularly enjoyed personalised activities including trips, arts and crafts, going to the gym, shopping, sporting events, swimming, gardening, computers, meals out and classes. Some residents also regularly enjoyed visits home to their families.

The staff team comprised of support workers and care workers. Residents had full time staff support. There was a full time person in charge who shared their role with one other centre and divided their time evenly between the two centres. The person in charge was also supported by a team leader in the centre. Staff were seen to be familiar with residents individual needs.

Residents were regularly consulted regarding their experience of the service provided. The house held weekly residents meetings and this was used to discuss the meal plan for the week ahead and to discuss any important issues or topics. The inspector noted a notice board in the kitchen where residents could add topics for discussion to the agenda for the following weeks meeting. All six residents had completed satisfaction questionnaires prior to the inspection day. The inspector reviewed these and found that, in general, residents communicated high levels of satisfaction with the service provided. This included satisfaction in areas such as

staffing, premises and meals. One resident commented that they are very happy in the house and another communicated that they liked their bedroom. Another resident wrote that staff were very nice and helpful.

In summary, both the findings on the inspection and the feedback received from the residents, were positive. Residents met with on the day of inspection appeared comfortable and relaxed in their home and in staff's presence. Residents were being supported and facilitated to maintain contact with family members and to participate in activities. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents were receiving a good quality service and that there were sound governance and management arrangements in place which supported the delivery of the service. The provider had appropriately addressed any actions from the centres most previous inspection. Some improvements were required in relation to fire safety as detailed under regulation 28.

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred. Overall this was a well-managed centre with established governance and management systems in place to monitor the quality and safety of the care and services provided for residents.

The residents appeared to enjoy full time support from a regular staff team who were familiar with their individual needs and preferences. The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care.

The person in charge ensured that staff had access to necessary training and development opportunities. This included training in mandatory areas such as fire safety and safeguarding. Staff had each received training in these key areas as well as additional training specific to residents' assessed needs such as epilepsy management. There were established supervision arrangements in place to monitor staff development.

Regulation 15: Staffing

The staff team comprised of support workers and care workers. There were appropriate staffing levels in place to meet the assessed needs of the residents. There were no staff vacancies on the day of inspection.

A staff rota was well maintained and this reflected staff on duty during the day and night. The inspector noted there was a picture schedule in place of staff on duty on the wall in the centre available to residents. General day and night tasks were allocated daily to different staff on a set list. Staff team meetings took place monthly and these were used as an opportunity to discuss any important issues in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in areas including fire safety, safeguarding, manual handling, infection control, medication management and epilepsy management. The person in charge regularly reviewed staff training records. The service also had a training department, where a training report for staff was regularly generated and reviewed.

Staff experienced regularly one to one supervision with their line manager. These were used as an opportunity to discuss training needs, or any goals or actions required.

Judgment: Compliant

Regulation 23: Governance and management

There was a full time person in charge who shared their role with one other centre and divided their time evenly between the two centres. The person in charge was also supported by a team leader in the centre. Any actions from the centres most previous inspection had been appropriately addressed by the registered provider.

There were robust systems in place for regularly auditing and reviewing the service provided. The centres team leader completed weekly audits in areas including residents daily notes, staff handovers, accidents and incidents, safeguarding, complaints, restrictive practices and petty cash. Monthly checks were also being completed on residents support plans, staff training records, medication management, risk documentation and health and safety. A six monthly unannounced inspection had been completed by a person nominated by the provider and an annual review of the service provided had also been completed by a senior manager. The person in charge used a set document to regularly feedback to

senior management on the running of the centre and the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear system in place for the management of complaints and a designated person nominated to manage any complaints made in the service. All six residents had completed satisfaction questionnaires prior to the inspection day. The inspector reviewed these and found that, in general, residents communicated high levels of satisfaction with the service provided. Contact details of advocacy services were observed on the wall of the centre.

Judgment: Compliant

Quality and safety

The governance and management arrangements had ensured that a safe and quality service was delivered to residents. The provider had ensured that the delivery of care was person centred, with residents directing the care and support they received. While there was some improvement required in relation to fire safety, overall it was found that the centre had the resources and facilities to meet residents' needs. The inspector reviewed a number of areas to determine the quality and safety of care provided, including the premises, risk management, fire safety, safeguarding, infection control and positive behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person-centred care and support for residents living in the designated centre.

The inspector examined a sample of residents personal plans and found them to be well-written and informative on how to assist residents. Plans were based on a needs assessment and were reviewed regularly. There were systems in place to ensure residents were protected from abuse. This included staff training and care plans for personal and intimate care.

Risk management systems were in place in the centre and mitigating measures were implemented as appropriate to promote the residents safety. Safety measures in place included fire safety systems, behavioural support plans, safeguarding measures and infection control protocols.

Active efforts were being made by staff and management to protect residents from COVID-19. During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and

temperature monitoring. A contingency plan was also provided for this centre which had been recently reviewed and provided guidance for how to respond in the event that COVID-19 related concerns arose. Staff were also observed wearing personal protective equipment (PPE) throughout the inspection day.

Regulation 17: Premises

The premises was well maintained internally and externally and designed to meet the needs of the residents. The premises was a two storey house which accommodated five residents and consisted of a living room, kitchen/dining room, utility room, staff bedroom, five individual resident bedrooms and shared bathrooms. There was also a self contained apartment attached to the house and this accommodated one resident and consisted of a kitchen/living room, bathroom and bedroom. All residents had personalised the centre, including their bedrooms to suit their individual preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place in the centre for the assessment, management and ongoing review of risk in the centre. Health and safety audits were completed regularly in the centre. Residents all had individual risk assessments in place and these included details of potential hazards, control measures and persons responsible. Residents had been assessed for the risk of falls and mitigating measures were implemented as appropriate. There was a local safety statement in place which was regularly reviewed.

A log was maintained of all general potential risks in the centre. This included risks associated with food safety, adverse weather conditions and COVID-19. The service used an online system for the recording of accidents and incidents. The system included a record of actions taken and any escalation required following an adverse incident.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems and protocols in place to protect residents from healthcare associated infections. The centre was visibly very clean on the day of inspection. Cleaning schedules were in place allocated to both day and night staff and there

was a color coded system in use for equipment used to clean different areas of the centre such as bathrooms and the kitchen. All areas of the centre were subject to regular cleaning schedules and this included the regular cleaning of all high touch points in the centre, such as door handles. Signage was noted around the centre, identifying infections prevention and control measures. Clear systems were in place for the management of laundry in the centre. Residents all had separate baskets for managing their individual laundry.

The registered provider had developed a COVID-19 outbreak management plan and local response plans. This included escalation pathways, symptom checking protocols and isolation procedures. Up-to-date COVID-19 guidance was readily available to staff. Staff and residents continued to complete and record regular temperature checks.

The inspector queried one waste management procedure on the day of inspection, as some bins were noted as not being foot pedal operated. The person in charge communicated that some residents had expressed that this was their preference so that they could access their bin easier. Additional measures were being implemented to reduce infection control risks when this was used.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and drill records that residents could be evacuated in an efficient manner in the event of a fire. All residents had personal emergency evacuation plans in place. Daily and weekly fire safety checks were being completed by staff and these included checking the centres fire panel, escape routes, fire fighting equipment and alarm systems. The centre had access to a fire safety specialist who regularly attended the centre and serviced the equipment.

A review of fire doors in the house found that there were some issues with the safety of containment measures in the centre on the day of inspection. The service was in the process of reviewing fire safety and containment measures in the centre to ensure compliance with up-to-date fire safety guidance for designated centres.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had individual assessments of need and personal plans in place. Plans

included individual needs assessments, support plans, annual reviews and key working reports. Needs assessments included a review of the residents care needs in areas including personal care, health and well-being, challenging behaviors, and life skills. Residents plans included pictures of residents completing different goals and activities including trips, arts and crafts and classes.

All residents had personal goals in place. Key workers completed monthly reports on the residents they were working with which reviewed the residents achievements over the previous month and what was planned for the month ahead. These reports were reviewed regularly by the centres team leader and person in charge.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had appropriate access to multi-disciplinary support when required for management of their mental health. Some residents had positive behavioural support plans in place and these identified antecedents and behavioural triggers and ways to manage these. Behavioural support plans were subject to regular review with a behaviour therapist and were read and signed by all staff working in the centre.

There were very minimal restrictive practices in place in the centre and rationale for these were clear on supporting risk documentation. The use of restrictive practices were checked on a weekly basis and were being notified on a quarterly basis to the chief inspector.

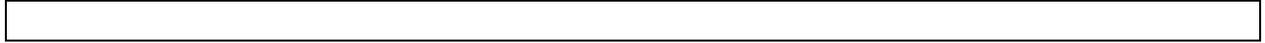
Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices. Regular audits and checks were being completed on residents financial records and an inventory of residents belongings was maintained to protect their personal possessions.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nenagh Supported Accommodation OSV-0002653

Inspection ID: MON-0027026

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 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• A fire safety expert has been engaged and will complete a full assessment of the house. This will be completed by 11th May 2022. The resulting works identified from the assessment will be completed by 8th July 2022 to ensure compliance with up-to-date fire safety guidance for designated centres.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/07/2022