



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

Issued by the Chief Inspector

Name of designated centre:	Knocklofty Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	15 September 2021
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0030824

About the designated centre

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

Knocklofty Residential Service is a residential service operated by The Rehab Group. The centre has the capacity to provide a residential service to up to 11 adults with an intellectual disability. The designated centre is located in a rural setting in County Tipperary within a short drive to a town with access to facilities and amenities. The designated centre consists of three units including a one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Wednesday 15 September 2021	9:50 am to 5:00 pm	Conan O'Hara	Lead

What residents told us and what inspectors observed

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

The inspector had the opportunity to meet with all ten residents of the designated centre over the course of the inspection, albeit this time was limited.

On arrival to the designated centre, the inspector visited the two storey house and observed two residents engaging in activities of daily living including preparing food, tidying up and going for walks. One resident was attending day services and returned in the afternoon. The residents showed the inspector around their home and spoke positively about the staff team. The residents discussed their plans for the day and told the inspector that they liked living in the centre and their bedrooms.

The inspector visited the two residents in the two individual apartments. The residents warmly welcomed the inspector and proudly guided the inspector around their homes. The residents spoke positively about their life in the centre and the staff team. The residents discussed their interests including such as their favourite band, recent news and independently accessing the community.

In the bungalow with attached self-contained apartment, the inspector met with four residents. One resident communicated that they did not wish to engage with the inspector and this was respected. Some residents showed the inspector their bedrooms and one resident proudly showed the inspector their certificates achieved for courses recently completed. Another residents spoke with the inspector about their interest in farming and tractors and discussed upcoming plans for a family members birthday. In addition, the inspector observed one resident actively working on fitness goals and out walking. This resident highlighted their plans to go skiing again when possible.

Overall, the residents appeared content in their home. The residents spoke positively about the care and support they received in the centre. The inspector observed positive interactions between residents and members of the staff team throughout the inspection. Also, the inspector observed that the staff team were responsive to the residents needs.

The inspector carried out a walk-through of all areas of the designated centre accompanied by the person in charge. As noted the designated centre consists of one detached two storey house, a bungalow with attached self-contained apartment

and two supported living apartments. The houses are located on large well-maintained grounds. Overall, the houses of the centre were well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre. However, some improvement was required in the maintenance of areas of the designated centre including flooring and painting in areas of the centre. This had been self-identified by the provider and the person in charge noted that plans were in place to address same. In addition, the person in charge informed the inspector of additional plans to improve the design and layout of the premises in order to meet the residents' needs by creating an accessible en-suite in one bedroom. This was in the early stages at the time of the inspection.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there was three areas for improvement which included the comprehensive assessment of need, premises and fire containment.

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

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by two experienced team leaders. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. In addition, local audits were taking place including personal plans reviews and medication management audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established care staff team in place and a regular relief and agency panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge was supported in their role by two experienced team leaders. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Staff spoken with demonstrated a good knowledge of the residents and their needs. The person in charge maintained a planned and actual roster which demonstrated that there was a core staff team in place which ensured continuity of care and support to residents. While the centre was operating with vacancies, continuity of care was ensured by the use of regular relief and agency staff. The inspector was informed that the provider was actively recruiting to fill the vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

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.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose which was up to date. The statement of purpose accurately described the service provided in the designated centre and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre provided person-centred care in a homely environment. The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, improvement was required in the comprehensive assessment of need, premises and fire containment.

The inspector reviewed a sample of residents' personal files and found that an up-to-date assessment of need had been completed for each resident. However, the inspector found that the assessment of need required improvement as it did not comprehensively assess all of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the

staff team in supporting the resident with their needs.

Positive behaviour support plans were in place to support residents to manage their behaviour. The inspector reviewed a sample of these plans and found that they were up to date and appropriately guided the staff team. The residents were supported to access health and social care professionals as appropriate including psychology and psychiatry. Whilst a restrictive free environment was promoted, on the day of the inspection, some restrictive practices were in use. The previous inspection found that improvement was required in the review and guidance of restrictive practices. This had been addressed. The provider had systems in place to identify and review restrictive practices

There were effective systems in place for safeguarding the residents. The previous inspection found that some improvement was required in the provision of clear guidance in place to support residents in a consistent manner with an identified safeguarding concern. This had been addressed. From a review of records, plans were in place to manage identified safeguarding concerns. In addition, the inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable in their home and told the inspector they liked living in the designated centre.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. However, the measures in place for the containment of fire required improvement.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre located in a busy town in County Tipperary and consists of three units: one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. The centre was decorated with residents' personal possessions and pictures of important people in their lives throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, there were some areas of paintwork and flooring in the hallway of one unit which required attention. This had been self-identified by the provider and plans were in place to address same. In addition, some improvement was required in the layout and design of one unit of the designated centre to meet the needs of all residents. This had also been self-identified by the provider and plans were in place to address same.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. The residents had number of individual risk assessments on file, where required. These risk assessments were also up-to-date and reflective of the controls in place.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The premises were observed to be clean and the inspector observed a cleaning schedule in place. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and the residents had a personal emergency evacuation plan (PEEP) in place. From a review of fire evacuation drills, it was demonstrable that the provider was learning from the drills and implementing improvements where required.

However, the arrangements in place for containment of fire required improvement. For example, the inspector observed the self-closing mechanism on one fire door requiring repair. In addition, one fire door was observed to be held open by a chair as there was no mechanism to support keeping the door open. This negated the function and purpose of the door. This was identified to the person in charge and the chair was removed. The inspector was informed that this would be reviewed by

a fire officer the day after the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place. The personal plans were found to be up-to-date, person-centred and appropriately guided the staff team. However, the assessment of need required review as it was not comprehensive in assessing the residents needs. The inspector was informed that a new comprehensive assessment was in the process of being developed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The residents were supported to manage their behaviours and positive behaviour support guidelines were in place which appropriately guided staff in supporting the residents. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed.

There were some restrictive practices in use in the centre on the day of the inspection. From a review of records, it was evident that it was appropriately identified and reviewed on a regular basis by the registered provider.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear content in their home and told the inspector they liked living in the designated centre. There was evidence that incidents were appropriately managed and responded to. Formal plans were in place to manage identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Knocklofty Residential Service OSV-0003637

Inspection ID: MON-0030824

Date of inspection: 15/09/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Painting of interior walls where required will be completed as per schedule of works, availability of painter is impacting on timeline. This will be completed by 28.02.2022. • Replacement of flooring in hallway of one house will be completed by 31.12.2021. • Floor Plans are being reviewed to address the building requirements to meet the individual needs of resident as current plans do not allow for the most effective evacuation possible building works required. This will be completed by 31.05.2022. • Landscaper will be employed to address the external areas in need of attention; landscaper has been on site on 01.10.2021 to price the works. This will be completed by 28.02.2021. <p>Application also submitted to HSE for sensory garden 07.10.2021.</p>	
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"> • Self-closing mechanism on one fire door was repaired on 16/09/2021 however this was then removed completely as the resident was not finding the mechanism suitable to their individual needs, the door remains in the closed position. • A new self-closing mechanism has been fitted to the second door that was being held open with a chair on the day of inspection. This was completed on 16/09/2021. • Walkie Talkies have been purchased and are in use as an interim measure to alert staff 	

in each house should there be a requirement for assistance in the event of an emergency evacuation.

- Upgrade of the existing fire alarm panels to allow for connected alert system in each house is being explored with fire alarm company as a longer-term measure, Initial review of system completed on 14/10/2021, quotation has been received it is expected that works will be completed by 30/11/2021.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Provider is currently reviewing the Assessment of Need process to ensure a robust annual assessment of need can be facilitated for residents. This will be completed by 30/11/2021.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2021

Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2021
------------------------	---	-------------------------	--------	------------