



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

## Issued by the Chief Inspector

Name of designated centre:	Rapla Rise
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	02 February 2023
Centre ID:	OSV-0005572
Fieldwork ID:	MON-0029993

## About the designated centre

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

Rapla Rise is a residential home located near a large town in Co. Tipperary. The centre caters for up to 4 adults, both male and female, with an intellectual disability over the age of 18. The service operates on a 24 hour 7 day week basis ensuring residents are supported at all times. The staff team consists of social care workers and support workers and the service facilitates residents in all aspects of their daily life as assessed within their personal plan. The premises is a large detached two storey building with five bedrooms, three of which are en-suite. One bedroom is used a staff office and sleepover room. The premises provides the residents with a homely environment decorated to their individual preferences. Local amenities include shops, café's and restaurants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Thursday 2 February 2023	10:00hrs to 16:30hrs	Miranda Tully	Lead
Thursday 2 February 2023	10:00hrs to 16:30hrs	Conan O'Hara	Support

## What residents told us and what inspectors observed

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration. Two inspectors completed this inspection over one day. The inspectors had the opportunity to meet with each resident that lived in the centre. In addition to speaking with residents, the inspectors observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted it was a well-maintained home located in a rural setting close to a town in Co. Tipperary. The designated centre, internally was for the most part well kept, warm and clean. Each resident had their own bedroom which was individualised. Residents had access to a kitchen, sitting room and conservatory area. The centre was surrounded by a large well maintained garden which had equipment such as swings and a trampoline.

Some improvements were required regarding the upkeep of the property such as chipped paint on doors and walls, worn flooring, rust to a radiator and repairs to the patio area outside. For the most part this was self-identified by the registered provider and plans were being put in place to ensure this designated centre would meet the requirements of regulation. For example, there were plans in place to complete internal painting in the days following the inspection and also some renovation works to the external patio.

In the morning of the inspection, residents were observed engaging in their routines and preparing for the day. Residents were observed listening to a staff member sing and play guitar. Another resident was observed listening to music on their iPad while other residents were engaging with staff members. Residents appeared very comfortable in staff and each others company. The residents had a busy day planned, which included going swimming and bowling. Staff spoken with noted residents had a good quality of life.

As this inspection was announced, the residents' views had also been sought in advance of the inspectors' arrival via the use of questionnaires. Four residents with the support of a relative or friend used these documents to provide information on the care and support being provided within the centre. Residents and their representatives expressed they were happy and satisfied with the quality of care and support being provided. Residents expressed satisfaction with areas such as meal times, activities and their bedrooms. In addition residents' representatives commented that they felt supported and that there was good communication between them and the staff team.

In summary, it was evident that the residents received a good quality of care and support. However, the upkeep of the premises was identified as an area for improvement.

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 was a clearly defined management system in place which ensured the service provided quality, safe care and was effectively monitored.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for a local day service and was supported in their role by a team leader and two day service supervisors. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were sufficient numbers of staff on duty to support residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspectors reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for a local day service. They were supported in their role by a team leader in the centre and two day service supervisors. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

## Regulation 15: Staffing

The inspectors reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The service ensured staff ratios were flexible to respond to resident's needs also, for example the service was implementing a day service model of support which promoted residents ability to engage in social activities at varying times throughout the day and evening. During the day, the four residents were supported by five staff members. At night, one waking-night staff and one sleep over staff were in place to support the four residents. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the regional manager, who in turn reported to the regional operating officer. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. For example, the statement of purpose described a blended day service model in the local community, day service, and also the home environment. This was observed on the day of inspection and evident through review of schedules and staff rosters. In

addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection. The inspectors found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to the maintenance of areas of the premises.

The inspectors reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

There were effective systems in place for the safeguarding of residents. The inspectors reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

The inspectors found that the service provider had 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 the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

## Regulation 12: Personal possessions

The provider and person in charge were supporting residents in ensuring their personal possessions were respected and protected and the residents' living areas contained items that were personal and important to them.

Inspectors found that established systems were in place to support residents to manage their financial affairs. For example, an assessment was completed for each resident's ability to manage their financial affairs and supports where needed were identified. A sample of residents' financial records were reviewed which

demonstrated day to day management of finances through recording of receipts and regular reconciliation. In addition, each resident had their own bank account.

Judgment: Compliant

### Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. Some of these facilities were in need of renovation but there was a plan in place for the necessary work. For example, during the inspection areas of worn carpet on the upstairs landing, rust to a radiator in the upstairs bathroom and also damage to plaster in the kitchen area were observed. The registered provider had identified areas for improvement such as painting to the interior and work was due to commence on the day following the inspection. In addition the provider identified works required to the septic tank and external pavement.

The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed

through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

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 inspectors observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of rooms and some personal equipment. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. For example, escape routes were clear from obstruction and sufficiently wide to enable evacuation, taking account of residents' needs. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. For example, on return

from a social outing a staff member discussed with other staff members how the resident appeared to communicate a wish to change activity and how this was facilitated for the resident.

Judgment: Compliant

### Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspectors reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support guidelines were in place as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rapla Rise OSV-0005572

Inspection ID: MON-0029993

Date of inspection: 02/02/2023

## 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> <ol style="list-style-type: none"><li>1) Appropriate floor covering to be sourced and fitted to replace worn carpet on landing. This will be completed by 31.05.2023.</li><li>2) Repairs to Plaster in Kitchen area has been completed by maintenance. This was completed by 06.03.2023.</li><li>3) Painting and decorating scheduled for the service and will be complete by 31.05.2023.</li><li>4) Radiator will be replaced. This will be completed by 31.05.2023.</li></ol> <p>The external works required have been raised with the Provider's Property Department, an external contractor will be secured to complete the works. It is anticipated that the works will be completed by 31.11.2023.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/11/2023