Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 June 2023
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0035785

About the designated centre

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

Re Nua is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to eight adults with a disability. The designated centre is situated located on the grounds of a community hospital in a rural town in County Tipperary with good access to the the local community. The centre comprises of a large bungalow which accommodates six residents and a row of self-contained units adjacent to the bungalow which accommodates two residents. The centre is staffed by the person in charge, clinical nurse manager 1, staff nurses, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 12 June 2023	09:40hrs to 17:45hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection undertaken to monitor on-going compliance with the regulations.

The inspector had the opportunity to meet with six of the seven residents over the course of the inspection. Some residents used verbal communication while others used alternative and augmented methods of communication and did not verbally share their views with the inspector. The inspector endeavoured to determine the resident's views through observation of non-verbal communication, monitoring care practices and reviewing documentation.

On arrival to the bungalow, the inspector met with four residents who were being supported with breakfast and prepare for the day. One resident chose to stay in bed and was met later in the day.

Two residents who lived in the self-contained units had left the centre to attend their day service and engage with their daily routine. The inspector had a cup of tea with the residents and observed positive interactions between residents and the staff team. For example, the staff team were observed communicating with a resident using Lámh (sign language). The inspector was informed that the staff team had been trained to use Lámh to communicate with the resident who had recently been admitted.

The inspector observed a busy staff team in the morning and was informed that the centre was below the identified staffing complement with two shifts unfilled. This negatively impacted on the ability of the staff team to support residents to engage in meaningful activities for parts of the day.

In the afternoon, the staff team were observed striving to ensure that all residents were supported to access the community and engage in activity such accessing local shops and going for drives. The inspector also briefly met with a resident returning from their day services. They appeared comfortable in the centre and in the presence of the staff team.

The inspector reviewed four family questionnaires collected to inform the upcoming annual review of quality and safety. These contained positive feedback about the care and support provided in the centre.

As noted, the centre comprises of a large bungalow and a row of self-contained units located on the grounds of a community hospital. The centre was originally built to provide rehabilitative care. In 2010, the function was altered to provide residential care to people with disabilities. The inspector completed a walk through of the designated centre. While the centre was designed and laid out in a clinical manner, the inspector observed that the provider had tried to decorate the centre in a homely manner through the use of pictures, artwork, soft furnishings and

personalising residents' bedrooms.

The bungalow accommodates a maximum of six residents and consists of a entrance area, dining room/kitchen, sitting room, quiet room, sensory room, laundry room, activity room, kitchenette, staff room, a number of shared bathrooms and six resident bedrooms. At the time of the inspection, a number planned changes were occurring to change the function of some rooms. For example, the office and clinical room were being converted.

The previous inspection identified aspects of the premises as institutional in nature and not promoting a homely environment.

There was evidence that this had improved and works had been completed on the entrance of the centre where the foyer had been reconfigured to remove the reception desk. However, the areas for improvement remained in the dining room. As noted in the previous inspection, the dining room was laid out in a canteen type manner with a semi circle of large windows at one end and a large hatch at the other connecting the dining room to the kitchen, which can be closed off with a metal shutter. There was evidence that the dining room had been reviewed by the provider and privacy film had been installed on the dining room windows and a wooden shutter had been placed around the metal shutter. However, the inspector found that the institutional aspects of the premises required further review and had not been fully and appropriately addressed following the previous inspection.

In addition, other premises areas of the centre required attention such as broken radiator covers in the dining room, flooring in the hallway and dining room and painting/refurbishment in a number areas of the centre. The inspector was informed that plans were in place to address areas of damaged painting and flooring, when building works were completed.

The external premises of the centre also required review as the paint was stained and peeling in places. The entrance of the centre was found to be unwelcoming as was observed with cobwebs, damaged surfaces and areas of worn and flaking paint.

The row of self-contained units are located adjacent to the bungalow. The self-contained units accommodated two residents. At the time of the inspection, each resident occupied two adjacent units - one as a living area and one as a sleeping area. However, the two units were not interconnected which meant residents had to walk outside to go between their living area and bedroom. This did not provide a homely environment and was not designed and laid out to meet the needs of the residents. The inspector was informed of established plans to reconfigure the units to connect internally which were due to reportedly commence, shortly following the inspection.

Overall, based on what the residents, staff and a management communicated with the inspector and the care and support that was observed, the inspector found that residents received a good standard of care in this centre. However, there were also a number of areas for improvement including staffing, governance and management, premises and fire safety.

The next two sections of the report present the findings of this inspection in relation to 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

There was a defined governance and management structure in place. The centre was managed by a suitably qualified and experienced person in charge. The person in charge was on annual leave on the day of this unannounced inspection and the inspection was facilitated by the Clinical Nurse Manager 1 and Head of Service.

There was evidence of quality assurance audits in place including the annual review 2022 which included feedback from residents and their families as required by the regulations. However, the timeliness of the six monthly unannounced provider visits required improvement to ensure that they were completed in line with the regulations. In addition, the on-call arrangements required review to ensure appropriate oversight arrangements were in place for this centre at all times. Furthermore some previous areas identified for improvement to this provider, such as premises works, remained outstanding.

The inspector found that improvements were required in the staffing allocated arrangements. On the day of the inspection, the staffing levels were observed to be below the assessed staffing complement. The centre was operating with a high reliance on agency staff in order to meet the staffing complement, which at times meant that the staffing complement was not always in place nor consistent. This impacted on the care and support available to residents.

Regulation 15: Staffing

The person in charge had a planned and actual staffing roster in place. At the time of the inspection, the centre was operating with three staff on various types of leave and a number of vacancies. The inspector reviewed a sample of the roster which outlined that during the day the eight residents were supported by seven residential staff members. At night, five waking-night staff were in place to support the eight residents.

However, on the day of the inspection, the registered provider had not ensured that there were sufficient staffing levels to meet the assessed needs of the residents. For example, two shifts were not covered on the day of inspection.

Overall, there was a reliance on agency staff to meet the assessed staffing complement. For example, over a three-week period, there were 83 shifts covered by agency staff. It was evident that the provider was attempting to ensure

continuity of care and support through the use of regular agency staff but this was a challenge. The assessed and required staffing complement was not always in place. For example, from a review of rosters of the previous two weeks, the inspector identified that staffing levels were below the assessed complement on three other days as well as on the day of inspection. This meant the centre was not operating in line with its assessed staffing requirement which negatively impacted residents care and support.

The inspector was informed that recruitment was ongoing and a business plan had been developed for a local recruitment campaign to fill these vacancies.

Judgment: Not compliant

Regulation 23: Governance and management

There was a defined governance and management structure in place which was managed by a 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. These audits included the annual review for 2022 which included resident and families views as required by the regulations. However, timeliness of the six monthly unannounced provider visits required improvement to ensure that they were completed in line with the regulations. For example, the last provider unannounced six-monthly visits was carried out in November 2022.

In addition, the inspector was informed that the person in charge was on-call while they were on annual leave. This did not ensure that effective governance and oversight systems were in place for out of hours cover.

The inspector also found that the provider had not fully improved various parts of the centre since the previous inspection in terms of premises renovations. The responsibility for this lay with the registered provider's governance and management team.

Judgment: Not compliant

Quality and safety

Overall, the centre strived to provide person-centred care. However, improvements were required in the premises and fire safety arrangements.

Overall, the inspector found that the the design, layout and maintenance of the premises required improvement. For example, the dining room was laid out in a canteen type manner with one side a wall of glass and was connected to the kitchen

via a large hatch, which can be closed off with a metal shutter. While, the dining room had been reviewed and efforts were made to upgrade the dining room, the institutional aspects of the premises required further review. In addition, the layout and design of the self-contained units required improvement. The inspector acknowledges advanced plans were in place to address same shortly following the inspection.

The previous inspection identified an institutional practice of residents' meals being prepared off-site and delivered to the designated centre. This had been addressed and meals were now prepared by the residents and staff team in the designated centre.

There were suitable systems in place for fire safety management. These included fire safety equipment and the completion of regular fire drills. However, a night time drill had not been completed within the last year and required review.

Regulation 17: Premises

The designated centre comprised a large bungalow type building that could accommodate six residents and a row of self-contained units to accommodate two residents located on the grounds of a community hospital in County Tipperary.

The previous inspection identified that the design and layout of some areas of the centre were institutional in nature and did not promote a homely environment. This was partly addressed. For example, the office-like reception desk with glass window facing the foyer at the entrance had been enclosed and the glass screens removed.

The dining room was laid out in a canteen type manner with one side a wall of glass and was connected to the kitchen via a large hatch, which can be closed off with a metal shutter. While, the dining room had been reviewed and efforts were made to upgrade the dining room including installing privacy film on the windows and placing a wooden shutter around the metal shutter, the institutional aspects of the premises required further review as it still did not provide a homely environment in terms of design and layout.

In addition, the layout and design of the self-contained units required improvement. For example, each resident occupied two adjacent units - one as a living area and one as a sleeping area. However, the two units were not interconnected which meant residents had to walk outside to go between their living area and bedroom. The inspector acknowledges advanced plans were in place to address same shortly following the inspection.

In addition, the previous inspection identified areas for upkeep including areas of internal painting and flooring. This was also found as an area for improvement on this inspection despite previous assurances this work would be prioritised. For example, broken tile in the kitchen, broken radiator covers in the dining room, worn flooring in the hallway and dining room and areas of internal and external painting

requiring attention.

Judgment: Not compliant

Regulation 18: Food and nutrition

The previous inspection noted a historical and institutional practice of residents' meals being prepared off-site and delivered to the designated centre. This was addressed and meals were now prepared in the designated centre. On the day of the inspection, food was observed being prepared in the kitchen by the staff team and residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate. There was evidence of regular fire drills taking place. However, on the day of inspection, there was no evidence of a fire drill/simulation occurring within the last year with the lowest compliment of staff on duty e.g. simulating a night time evacuation.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Re Nua OSV-0002440

Inspection ID: MON-0035785

Date of inspection: 12/06/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: An emergency admission into Re Nua in February is due to transition to another designated centre providing a more permanent residence. This transition is due to be completed by Friday 21.07.23. This will see a significant improvement on staffing resources and reduce the over-reliance on agency staffing. The Person in Charge has identified required staffing levels in line with the needs of the residents. An assessment of WTE's has been submitted to the service manager for escalation to progress recruitment processes. The Person in Charge has also identified staffing requirements for planned transition of a resident to Re Nua in the coming months. This has been submitted to the service manager for escalation to progress recruitment processes. The Person in Charge has completed a follow up enquiry with NRS, SECH Recruitment & CPL recruitment agency to identify live panels for recruitment and presented to the senior management team to devise a plan for local recruitment campaigns for nursing, social care workers and health care assistants. The Person in Charge will identify a pool of regular, familiar agency staff to bridge the recruitment gap in the service as a short term measure.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The six monthly unannounced inspection was carried out by Sandra Moriarty, PIC Leeside, on Tuesday 27th June. The annual review was completed by Charlie Thompson, PPIM, on 30th June. A Director of Nursing has been appointed in the service and in position since Monday 3rd	

July.

The senior management team have developed a service plan for on call/out of hours cover – all managers are partaking in on call duties and this system will be communicated to the staff teams for clear reporting procedures.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Person in Charge & PPIM have requested estates to engage an architect in the review and redesign of the kitchen/dining room as one entry/exit room. Awaiting date for same. This will then be escalated by the PPIM for funding approval. Plans to be drawn for full renovation of the kitchen/dining to include:
- Removal of the canteen style hatch
- New fitted kitchen install – including pantry and countertops
- New Flooring & Painting
- Review of functionality of the large rounded windows.

Priority of kitchen/dining room works identified on service excel template as P2 priority with an amber rating. This will be escalated to P1 priority with a red rating.

The Person in Charge will arrange for the removal of the privacy film and décor applied to the large windows in the dining room. Request sent to maintenance department to construct a wooden fencing around the entrance of Re Nua for a more homely, garden like aesthetic.

Works due to commence in the self-contained units on 07th August 2023. Contractors have commenced measuring and ordering of materials. First phase due to be completed by 28.08.23

Areas for internal and external painting have been identified by the Person in Charge and sent to maintenance department. A plan of works is currently been developed between the maintenance foreman and PIC.

Flooring replacement throughout the house is due to commence in August 2023.

General maintenance works have been requested by maintenance department, including external drives/paths, window/door cleaning. This will also be included in the plan of works.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Full night time evacuation fire drill was carried out on 18th June @2300hrs. Record of same on file.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	30/06/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Orange	31/12/2023

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	31/07/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	27/06/2023
Regulation 28(3)(d)	The registered provider shall	Substantially Compliant	Yellow	18/06/2023

	make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			