



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0003420
Fieldwork ID:	MON-0035363

About the designated centre

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

Nenagh Residential Service is a designated centre operated by The Rehab Group. It provides a community residential service for up to four adults with a disability. The designated centre is located on the outskirts of an urban area in County Tipperary with access to local facilities and amenities. The designated centre is a two-storey house which comprised of a kitchen/dining room, sitting room, utility room, office, four individual bedrooms (two of which were en-suite) and a number of shared bathrooms. To the rear of the premises was a outdoor patio and garden area which residents could access as they wished. The designated centre is staffed by a team leader and 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:	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
Wednesday 17 July 2024	09:30hrs to 17:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration.

The inspector had the opportunity to spend time and speak with the three of the four residents as they went about their day. One resident was spending time with family members at the time of the inspection.

On arrival to the designated centre, the four residents had left the centre to attend their day services. The inspector completed a walk through the house accompanied by the person in charge. The designated centre is a two-storey house which comprised of a kitchen/dining room, sitting room, utility room, office, four individual bedrooms (two of which were en-suite) and a number of shared bathrooms. The house was decorated in a homely manner with photographs and residents possessions throughout the house. To the rear of the premises was a outdoor patio and garden area which residents could access as they wished. The provider had self-identified areas for improvement in the premises including painting the exterior of the house and some areas of the interior paint which required attention. Plans were in place to address same. Overall, the inspector found that the premises presented in a homely manner and was well maintained.

In the afternoon, the three residents returned from their day service and appeared happy to be home. The inspector observed the three residents settling in, spending time in the kitchen putting away their belongings and talking to staff about their day. The residents appeared happy to be in their home and comfortable in the presence of the staff team and management. Later in the afternoon, two residents were involved in getting dinner ready and preparing the table while one resident was supported to attend an appointment.

The inspector also reviewed four questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, some residents noted that at times peers could be kinder and involvement in decisions that are made about routines and the home could be better supported. This was highlighted to the person in charge.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received good quality of care and support in the designated centre. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in restrictive practices and residents finances.

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 clear management structure present and which ensured that the service provided was safe, consistent, and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents assessed needs.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including an annual review 2023 of the care and support in the centre and six-monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspector reviewed a sample of the staff roster which demonstrated that there was an appropriate staffing level and skill mix to meet the residents' needs. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for the training and development of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

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 person in charge was employed on a full-time basis and was suitably qualified and experienced. The person in charge also had management duties in one of the provider's respite services. The person in charge was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The four residents availed of local day services during the day and were supported by three staff members in the afternoon. At night, two sleepover staff supported the four residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. At the time of the inspection the centre was operating with one temporary vacancy which had been recently recruited for. A regular relief panel was in place to cover any gaps in the roster. This ensured continuity of care and support provided to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were 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, positive behaviour supports, administration of medication and safeguarding.

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

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to an Regional Manager, who in turn reports to the Head of Operations. 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 2023 and six monthly provider visits as required by the regulations. In addition, a number of local audits had been completed including personal finances. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function was up-to-date 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 accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a safe and homely environment. However, some improvement was required in restrictive practices and residents finances.

The inspector reviewed a sample of the residents personal files. Each resident had an up to date comprehensive assessment of their personal, social and health needs. These informed the personal support plans which were found to be up-to-date and suitably guiding the staff team in supporting the resident with their needs. However,

the inspector found an area for improvement in residents finances.

There were effective systems in place for safeguarding the residents. 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 and content in their home.

There were systems in place to identify, manage and review the use of restrictive practices. However, one restrictive practice, which was not in use on the day of inspection, required review.

Regulation 12: Personal possessions

Overall, the inspector found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre by the staff team. In addition, each resident had their own financial account and there was evidence of regular oversight of these financial accounts.

However, one practice required review. One resident paid for a TV service which was available on the TV in the shared area of the house which all residents use. At the time of the inspection, it was unclear how the resident decided and consented to this arrangement.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The house was decorated in a homely manner with the residents possessions and pictures of people important in their lives. While, there were some areas which required attention including external painting, areas of internal painting and flooring in one residents bedroom, inspector found that the premises was well maintained. The provider had self-identified the areas which require attention and plans were in place.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a resident's guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable 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 a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could safely evacuate the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the administration, documentation and disposal of medicines. There were appropriate arrangements in place for the safe secure storage of medication. An assessment for each resident to self-administer their medication had been completed within the last year.

The inspector reviewed the medication, prescription and administration sheets for a sample of residents and found that it contained all the the relevant information including photo, name, name of medication, dose and route. The medication records demonstrated for the sample reviewed that medication was administered as prescribed. In addition, the inspector reviewed a sample of the residents' medication and found that it was readily available and in-date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs, supports and goals. Overall, the inspector found that the plans in place were up-to-date and suitable guided the staff team in supporting the residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The health care plans appropriately guided the staff team in supporting the residents with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support guidelines were in place which guided staff in supporting the residents as appropriate. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

However, the inspector observed a bedroom door alarm in place on a resident's bedroom door which required review. The inspector was informed that it was not in use at the time of the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The inspector also observed that residents appeared content and comfortable in their home and in the presence of the staff team and management. All staff had up-to-date safeguarding training.

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	
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
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nenagh Residential Service OSV-0003420

Inspection ID: MON-0035363

Date of inspection: 17/07/2024

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none">• Key working session completed on 20.07.2024. Resident choose to cancel their sky subscription. Subscription has now been cancelled.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none">• Electrician has been contacted to disconnect the door alarm, this is scheduled to take place on 06.08.2024.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	20/07/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	06/08/2024