



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:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2020
Centre ID:	OSV-0002618
Fieldwork ID:	MON-0029525

About the designated centre

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

Re Nua provides full-time residential services to three male and female adults with a low to moderate intellectual disability over the age of 18 years. The centre is run by the Health Service Executive (HSE) and is located on the outskirts of a town in Co.Sligo. This centre comprises of a bungalow dwelling where residents have their own bedroom and also have access to a large kitchen dining room two sitting rooms, utility room and two bathrooms. Residents also have access to a well-maintained garden space both to the front and rear of the centre. Residents are supported day and night by staff working at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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
Tuesday 9 June 2020	10:20hrs to 13:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three residents who live at this centre and all three engaged with the inspector over the course of the inspection, in line with social distancing guidelines.

Residents spoke of how their daily routines had changed since the introduction of public health guidelines and of the various in-house activities that they had been taking part in, including, baking, gardening, knitting and relaxing in the back garden. Some residents had a keen interest in arts and crafts, with various art works created by them displayed in communal areas of the centre. One resident showed the inspector his folder, which contained various arts and craft work that he had completed.

Staff were observed to adhere to social distancing guidelines and appropriate use of personal protective equipment (PPE). They interacted meaningfully with residents and were able to communicate well with residents that had assessed communication needs.

Capacity and capability

The inspector found that this was a well-managed centre that ensured residents received a good quality and safe service.

The centre's staffing arrangement was subject to very regular review by the person in charge, ensuring all residents had access to the number and skill-mix of staff that they required. In addition to care staff, residents also had regular access to nursing staff. The inspector had some engagement with staff members who were on duty on the day of inspection and these staff members demonstrated good adherence to social distancing guidelines and were observed to interact very respectfully with residents. Due to the changing needs of residents and of the service, the provider was in the process of increasing the the centre's staffing arrangement and the person in charge said she was hopeful that these changes would be implemented in the weeks subsequent to this inspection.

The person in charge was responsible for the service and she was frequently present at the centre to meet with staff and residents. She knew the residents very well and was very aware of their changing needs and of the operational needs of the service delivered to them. She was supported by her line manager and staff team in the running and management of the service. As she was regularly present at the centre, staff were afforded multiple opportunities to raise and discuss any issues arising around the care and welfare of residents directly with her. She was

responsible for two other centres operated by the provider and told the inspector that current governance and management arrangements supported her to have the capacity to also effectively manage this centre.

The provider had ensured the centre was adequately resourced to provide residents with a good quality of service in areas such as transport, equipment and staffing. The provider had monitoring systems in place, including, an annual review of the service and six monthly provider-led visits. A quality improvement plan was also in place, which identified a number of time-bound improvements that the provider had completed and some that the provider was in the process of addressing. Due to recent public health guidelines, most management meetings were now occurring via teleconference. Instead of formal staff meetings, the person in charge now met individually with all staff through her regular visits at the centre and also used a communication book to ensure staff were maintained informed of any changes occurring.

A system was in place for the identification, response to and notification of incidents to the Chief Inspector of Social Services, as required by the regulations.

Regulation 14: Persons in charge

The person in charge was regularly present at the centre to meet with staff and residents. She had good knowledge of the operational needs of the service and of her regulatory responsibilities. She held responsibility for two other centres operated by the provider and told the inspector that the current arrangements supported her to also effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number and skill-mix of staff working at the centre met the assessed needs of residents. To meet the changing needs of the service, plans were in place to increase the centre's staffing arrangement in the weeks subsequent to this inspection, .

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured robust systems were in place for the oversight of care

delivered to residents. Suitable persons were appointed to manage the centre and regular engagement with staff was occurring, along with regular management team teleconferences. The provider had ensured the centre was adequately resourced in terms of transport, equipment and staffing. Six monthly provider led audits were occurring in line with the requirements of the regulations and where improvements were identified, quality improvement plans were put in place to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were reported, responded to and notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider ensured all systems and arrangements were maintained under very regular review, which meant residents were provided with a safe and familiar environment where they were supported by staff that knew them very well. This allowed for considerate and meaningful staff and resident interactions in terms of social care and personal development.

The centre comprised of one house located on the outskirts of a town in Co. Sligo. Residents had their own bedroom, shared bathrooms, large kitchen and dining area, two sitting rooms, utility room, staff office and well-maintained rear and front garden space. On the day of inspection, the centre was found to be clean, well-maintained and nicely decorated. Since the introduction of public health guidelines, the person in charge spoke of the various changes made to infection control and prevention measures at the centre. Cleaning was now completed on a more regular basis, including additional cleaning of regularly used surfaces and rooms. Social distancing, hand hygiene, visiting restrictions and cough etiquette were regularly practiced by staff and residents. The provider had ensured an adequate supply of personal protective equipment (PPE) was available and that all staff were aware of its appropriate use. In addition, the provider had contingency plans in place, should any outbreak of infection occur.

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required, particularly in the areas of falls management and respiratory care. Likewise, where residents required behavioural support, effective interventions were in place to guide staff on how best

to support these residents. Some residents who lived at the centre were visually impaired and the provider had ensured these residents also had access to the staff support they required on a daily basis. A sensory tactile system was in place in many rooms through the centre, which enabled these residents to identify what room they were in through the use of touch.

The management of risk at this centre was supported through the organisations' risk management system, ensuring all risks were identified, assessed, responded to and monitored. The timely identification and response to risk was largely attributed to by the centre's incident reporting system and regular communication between staff and management. However, some improvement was required to the assessment of risk to ensure assessments accurately identified specific control measures that the provider had put in place to mitigate against certain risks, for example, falls prevention. In addition, the risk rating of some risks required review to ensure ratings accurately reflected the effectiveness of measures put in place by the provider in response to risk at the centre.

Regular fire drills were occurring at the centre and a sample of records reviewed by the inspector, demonstrated that in the event of fire, all staff and residents could evacuate the centre in a timely manner.

Regulation 10: Communication

The provider had ensured that where residents had assessed communication needs that they received the care and support that they required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk at the centre. However, some improvement was required to the assessment of risk to ensure risk assessments accurately identified specific control measures that the provider had put in place to mitigate against certain risks. In addition, the risk rating of some risks required review to ensure ratings accurately reflected the effectiveness of measures put in place by the provider in response to risk at the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had effective infection and control precautions in place. In accordance with national public health guidelines, social distancing, cough etiquette and hand hygiene was regularly practiced. Cleaning protocols were revised to allow for additional cleaning of the centre. The provider was reviewing on a very regular basis, all arrangements to ensure an effective response to any outbreak of infection at the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed a number of fire drills, which demonstrated that all residents and staff could effectively evacuate the centre.

Judgment: Compliant

Regulation 6: Health care

Where residents presented with specific health care needs, the provider had ensured these residents received the care and support they required, particularly in the areas of falls management and respiratory care. Residents also had access to a wide variety of allied health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured these residents received the care and support they required. No restrictions were in use at this centre.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in safeguarding and safeguarding plans were in place to guide staff on how to further safeguarding residents, as and when

required.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Re Nua OSV-0002618

Inspection ID: MON-0029525

Date of inspection: 09/06/2020

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>In response to the area of substantially-compliant found under regulation 26:</p> <ul style="list-style-type: none"> • Resident’s individual risks have been updated to accurately reflect the specific control measures in place to meet their care and support needs in conjunction with allied health professionals • All risk assessments reviewed and updated to ensure ratings accurately reflect the effectiveness of measures in place in the centre 	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/06/2020