



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

Issued by the Chief Inspector

Name of designated centre:	Thurles Residential Service
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	02 November 2020
Centre ID:	OSV-0002657
Fieldwork ID:	MON-0029582

About the designated centre

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

Thurles Residential Service is a two storey semi detached house located in Co, Tipperary. The ground floor of the property is currently utilised for the service user with their living spaces decorated in accordance with their personal taste and interests. The upstairs of the property is utilised for staff purposes including the sleep over room and office. The mission of Thurles Residential Service as stated within their statement of purpose is "*Helping the people we serve to be more independent; helping them to contribute to and be more included in their communities; empowering them with the skills and confidence to be active in the workforce; and supporting them to be in charge of their health and wellness*". One resident currently resides within the centre, which has a capacity for two adults over the age of eighteen years whom present with an intellectual disability. Staffing supports are afforded 24 hours 7 days a week. Two staff provide this support during the day: with one waking and one sleeping staff at night. The governance needs of the centre are overseen by an appointed person in charge and team leader. Supports provided by staff are based on the assessed needs of the resident and clearly laid out within the individualised personal plan.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Monday 2 November 2020	10:30hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspector met with the resident and had the opportunity to talk to them during the course of the inspection. The resident was very articulate and was able to speak openly with the inspector. They stated that they were very happy in the centre and loved their new home. The resident made reference to where they had lived previously and said they had not been happy living there. The resident offered the inspector a cup of coffee and was very proud to do so in their home. Although the resident was happy to converse with the inspector they did not want the inspector to enter their bedroom; this was respected by the inspector. The resident had been out for the morning with staff walking and going to the shop. When asked about the outing the resident said they had enjoyed it. There were personal photographs of family and friends displayed around the house indicating the regular contact the resident had with their family. The resident told the inspector they received good support from staff who were very kind to them, they also said they had favourite staff whom they could talk to. When asked the resident said they felt safe in their home. The resident was very positive when speaking about their new home and the staff who supported them.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the resident was to a good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents' assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs. For example a staff member had spoken to the resident in advance of the inspector visiting as the resident experiences anxiety when unfamiliar people are in their home.

The person in charge had a training matrix for review and the inspector noted that

all staff had received mandatory training. It was noted by the inspector that there was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and control Training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service and a review of the quality and safety of service was carried out in January 2020. This audit included residents' views and also reviewed staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. Some areas identified for review were: for staff to complete training, review medication administration records and to support the resident to buy new bed linen. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were resolved to the satisfaction of the complainant.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and was employed on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis in June 2020 and an annual review of the quality and safety of service was carried out in January 2020.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in an accessible format.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the resident in the centre and found it to be of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the resident. The assessment of needs included review of the residents' behaviour support needs and communication supports. The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary. The behaviour support plan began with an outline of the residents positive qualities, strengths and contributions, this had the effect of creating a positive culture toward the residents behaviours within the staff team. There was also a functional analysis completed by the psychologist which gave a very clear overview of the function of residents' behavior. This meant that there was clear guidance for staff on how to support the residents and as a result behaviours that challenge had reduced in number. The staff were able to tell the inspector of the supports and strategies put in place for the resident and how they were implementing such supports.

As part of the assessment of need a circle of support was convened, this included relevant professionals involved in the care of the resident such as the residents key worker, the psychologist, psychiatrist and members of the residents family. This resulted in a comprehensive plan of care been developed to support the resident to achieve the best possible health and well being. On the previous inspection it was noted that there had not been an appropriate transition plan for a resident moving into the centre. On this inspection the inspector viewed a comprehensive transition plan for this resident and noted that they had received appropriate support as they transitioned from another service.

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. For example staff members with whom the inspector spoke were clearly able to outline the residents' needs in regards to healthy eating and how they could support the resident with their weight loss plan. A visual menu was on display in order to support the resident to make healthy choices. The resident had access to a GP and other health care professionals. For example the resident had attended an audiologist and a dentist referral had also been made for a dental check up.

Appropriate user friendly information with visuals was provided to the residents to

support their understanding of COVID-19 and the restrictions in place. Other visuals in place included a visual rota and menu and visual information on how to make a complaint or report alleged abuse.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents' belongings. There were beautiful family photos in the sitting room of the resident with their siblings and parents at family weddings. The residents' bedroom was decorated to their specific tastes with a large Manchester United Logo painted on the bedroom wall. A sofa in the sitting required replacing however the person in charge was already addressing this.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the resident was still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out three times annually and found that they indicated that all residents could be safely evacuated in one minute.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the team leader regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

Regulation 10: Communication

Appropriate user friendly information with visuals was provided to the resident to support their understanding of COVID-19 and the restrictions in place. The residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

A transition plan was in place for the resident and they had received support as they transitioned from another service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for

infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of 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