



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

Issued by the Chief Inspector

Name of designated centre:	Kenmare Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Short Notice Announced
Date of inspection:	30 April 2021
Centre ID:	OSV-0007809
Fieldwork ID:	MON-0032360

About the designated centre

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

Kenmare Accommodation Service consists of a detached bungalow located in a rural setting but within a short driving distance of a nearby town. The centre operates a COVID-19 isolation unit if required for residents of the provider's other designated centres. It can support a maximum of two residents over the age of 18 of both genders with intellectual disabilities and Autism. There are two individual resident bedrooms in the centre and other facilities include bathrooms, a dining room, a sitting room, a kitchen and utility room. Residents availing of this centre are supported by care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Friday 30 April 2021	11:00hrs to 12:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This designated centre was intended to operate as a COVID-19 isolation centre and had only been in use for a short period early in 2021. As such at the time of this inspection, the centre was unoccupied and the inspector did not meet any residents. However, there were no indications that residents were being supported in a manner that was inconsistent with the centre's statement of purpose.

The arrangements for supporting any residents in this designated centre were outlined in this statement of purpose. This indicated that residents would be involved in the day-to-day planning of their personal routines, activities and meals. Given the nature of the designated centre, the statement of purpose indicated that visiting was restricted in line with national guidance however provision was made for this to be arranged for depending on the circumstances. Community based activities were also restricted but recreational activities within the centre were provided for.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that appropriate governance arrangements were in place to oversee the running of this designated centre.

The premises of this designated centre was previously used by the provider for a former designated centre which the provider closed in November 2019. However, following the onset of the COVID-19 pandemic, the provider applied to register this premises to serve as a COVID-19 isolation centre for those from the provider's other designated centres that was only to be used if required. Given HIQA's prior knowledge of the premises and following review of documentation submitted by the provider, the registration application was granted until May 2023. The purpose of this inspection was to monitor compliance in this designated centre.

The services to be provided in this designated centre were explicitly set out in the statement of purpose submitted to inform the registration application. This governance document clearly outlined that this centre was only to be used as a COVID-19 isolation centre. It was also seen that it contained the information as required by the regulations including details of the staffing arrangements, a description of the rooms in the centre, the information included in the centre's

certificate of registration and the organisational structure in place.

This organisational structure provided for lines of accountability and reporting from front-line staff to the provider's boards of directors. Included within this structure was this designated centre's person in charge. This person in charge had the necessary skills, experience and qualifications to meet the requirements of the regulations and it was noted that the running of this centre was also supported by a person participating in management. The person in charge held this role for this centre only but it was noted that since this centre was registered, they had taken on a larger national role with the provider.

The provider was aware of their responsibilities to maintain oversight of this designated centre. For example it had ensured that health and safety checks were carried out in the centre during 2021. To ensure that any residents availing of this designated centre were adequately supported, the provider made sufficient staffing available as evident from the staff rosters that had been maintained for the times when the centre had been in used. In addition, a directory of residents, detailing key information relating to residents who had availed of this centre, had also been correctly maintained.

Regulation 14: Persons in charge

The assigned person in charge for this centre met the requirements of the regulations in terms of their skills, experience and qualifications.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements had been in place to support the residents who had used this centre while planned and actual staffing rosters were maintained.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was available which included key details related to residents such as their names, their dates of birth and details of their next of kin.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place which supported the running of the centre. The provider had also ensured that the centre was appropriately resourced when in use with monitoring arrangements in operation.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre's statement of purpose contained all of the information required by the regulations and described the services to be provided. The statement of purpose was noted to have been recently reviewed.

Judgment: Compliant

Quality and safety

The inspector noted that residents' safety had been maintained when availing of this designated centre.

This designated centre comprised of a detached bungalow which included of a kitchen, a sitting room, a dining room and bathroom facilities while any resident availing of the centre would have their own individual bedroom. This supported the operation of the designated centre as a COVID-19 isolation centre but on the day of inspection it was noted that the premises provided did require some maintenance to give it a more homely feel. In particular, parts of the internal walls were in need of repainting. The inspector was informed that the provider was in the process of obtaining quotes for such works.

It was seen that the premises was equipped with appropriate fire safety systems to ensure the safety of residents in the event that a fire took place. These systems included fire extinguishers, a fire blanket, fire doors, a fire alarm and emergency lighting. Such measures were being serviced at regular intervals by external companies to ensure that they were in proper working order while internal staff checks were also carried out when the centre had been in use. It was observed though that one of the fire doors present in the centre required review to ensure

that it operated as intended to prevent the spread of fire and smoke.

The fire safety measures in place were intended to protect residents from the risk of fire. To further ensure that residents were appropriately protected from all risks, the designated centre was being operated under the provider's overall risk management policy. This provided a framework for the identification and monitoring of risks in the centre. It was seen that risk assessments relating to the centre had been developed and that an overall risk register was provided for which was noted to have been recently reviewed.

Given the purpose of this designated centre, the approach to risk had been influenced by COVID-19. This was referenced in multiple risk assessments in place and there was evidence that the provider had followed proper infection, prevention and control procedures in line with national guidance when this centre had been occupied. These includes daily temperature checks for staff, regular cleaning, and adequate stocks of personal protective equipment (PPE). It was also seen that staff who worked in this centre had undergone relevant training in hand hygiene and PPE while training in other areas to ensure residents' safety such as safeguarding had also been provided.

Regulation 17: Premises

Some maintenance was required for this centre particularly re-painting of some internal walls.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and appropriate measures in place to manage risk in his centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had followed proper procedures to ensure infection prevention and control measures were adhered to in line with national guidance when this centre had been in use. Relevant training was also provided for staff.

Judgment: Compliant

Regulation 28: Fire precautions

The designated centre was equipped with fire safety systems which were being regularly serviced but it was noted that one of the fire doors present in the centre required review to ensure that it operated as intended.

Judgment: Substantially compliant

Regulation 8: Protection

Staff who had worked in this designated centre had undergone 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 - 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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kenmare Accommodation Service OSV-0007809

Inspection ID: MON-0032360

Date of inspection: 30/04/2021

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
Outline how you are going to come into compliance with Regulation 17: Premises: The walls will be painted and general decor upgraded by 30/06/2021.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door in kitchen to be brought in to compliance by 30/06/2021.	

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 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	30/06/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2021