



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

## Issued by the Chief Inspector

Name of designated centre:	Tús Álainn
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0005731
Fieldwork ID:	MON-0033017

## About the designated centre

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

Tús Álainn is a designated centre operated by Saint Patrick's Centre, Kilkenny. The designated centre is a detached bungalow located in the suburbs of Kilkenny city and ideally located for residents to engage with local amenities, to promote and support their social inclusion and integration with the local community. The designated centre has a capacity for three adult residents, and the provider has decided that the centre is for female gender only. Tús Álainn designated centre provides full-time residential services for people with intellectual disabilities and complex health care needs. This individuals living in this designated centre are supported by a staff team comprising nursing, social care worker and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

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 10 August 2022	11:00hrs to 15:15hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed while restrictions related to the COVID-19 pandemic remain in place. As such the inspector ensured that they took precautions in line with national guidance to keep the residents and staff team safe. This included the wearing of personal protective equipment (PPE), regular use of hand hygiene and maintaining social distance.

This centre is a large bungalow with its own garden in a residential area on the outskirts of the city, in close proximity to shops, churches, restaurants and recreational areas. The centre is registered for a maximum of three residents and is home to three ladies. The inspector met all three residents over the course of the inspection.

On arrival, one resident was being supported to enter a vehicle parked to the front of the centre as they were leaving to go to their day service for a few hours. The inspector was told that another resident was already at their day services. One resident was being supported in their personal care in the centre and the inspector observed a staff member helping them to dry their hair and select clothes to get dressed.

All residents returned to the centre for their lunch and the inspector observed staff supporting residents over the course of the day to also have drinks and snacks as they wished. The day of inspection was hot and sunny and two residents were observed to spend time in the shade in their garden, one sat on a blanket on the lawn and the other used a swinging bench to relax. A third resident was supported to relax in the living room to the front of the house which was cool and shaded.

The inspection was facilitated by members of the staff team on duty and the person participating in the management of the centre as the person in charge was on unexpected leave. The registered provider had notified the Chief Inspector about the period of leave however, the provider had not indicated that this leave period was now extended. As a result on arrival the inspector had not been aware that the centre remained with the cover arrangements in place. In addition due to COVID-19, a number of the core staff team were absent on the day of inspection and these short term staffing shortfalls created challenges that were acknowledged and understood by the inspector.

The inspector completed a review of documents in an office area which also contained a sofa. A resident entered the office on a number of occasions over the course of the day and sat quietly exploring sensory objects which staff left in the office for the resident as they enjoyed being in that room.

The staff were observed to support residents to go for a walk in their local area, to ensure they were prepared for activities that had been selected and planned for the day and gave the residents opportunities to relax and have time on their own if they

choose to do so. At all times the inspector heard the staff team engage in a positive and respectful manner. Some members of staff working on the day of inspection were not familiar with the residents and they were supported and guided by a member of the team who knew the residents well.

Overall the residents who met with the inspector appeared content and comfortable in their home and the staff team were observed supporting the residents in a caring manner. However, a number of improvements were identified as required within this designated centre. These included governance and management arrangements, staffing and infection prevention and control. On the day of the inspection, a number of the staff team were absent due to COVID-19 and the inspector acknowledges that this was outside of the providers control, and they were utilising their centre specific contingency plan. In addition the centre was currently without a person in charge on duty and this is discussed further later in the report.

The next two sections of the report outline the inspector's findings and the impact of governance and management arrangements on the quality and safety of care.

## Capacity and capability

Overall, the findings of this inspection were, that while a number of improvements were required, the residents were in receipt of a safe service. The management systems required review however, to ensure that the oversight of the quality of care remains of a good standard. There were systems in place to ensure that staff were trained to ensure they were aware of, and competent to carry out their roles and responsibilities in supporting residents in the centre however, these also required review. In addition there were a number of staff vacancies which needed to be filled in order to ensure there were the right number of staff employed in the centre to meet residents' needs.

While the inspector reviewed evidence that the person in charge had systems in place to monitor the quality of care and support provided to residents these were, as a result of leave not currently being completed as required. The person participating in management was present weekly with staff reporting that they knew how to contact them for support however, they did not have capacity to fully monitor the service as required.

The inspector found that while the provider had their service wide systems in place to complete audits and reviews, annual and six-monthly reviews were not being completed as required by the regulations.

Throughout the inspection warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available for residents should they require any support, and to encourage residents to be independent around their home where indicated, and to make choices about what they wanted to do.

## Regulation 15: Staffing

The inspector found that as a result of the unplanned leave due to COVID-19 the provider was endeavouring to cover gaps on the roster through the use of core relief staff and agency staff. During the day residents are assessed as requiring the support of two staff at a minimum with a third rostered where possible. One staff member had been lone working for the first two hours of the day of inspection until two relief staff members were identified. This level of cover was discussed by the inspector and the provider and it was found that this was not usual and was a result of unplanned leave and assurances were provided that this was a short term presentation.

However, the person participating in management confirmed that there were two whole time equivalent vacancies on the staff team and the direct support hours that the person in charge provided were also not currently available. These gaps were observed by the inspector on the centre roster. This posed challenges on an ongoing basis in providing consistent support for the residents' assessed needs. While the provider did use regular relief staff to try and ensure consistency there was also a significant amount of agency staff used with the inspector finding 23 shifts assigned to agency staff with one month on the rosters reviewed.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All staff had completed mandatory training in line with the organisation's policy. There was a system in place to track staff training needs however, with the absence of the person in charge this was an area where follow up was required with staff to ensure that refresher training was completed as required. From a review of the current training matrix for the centre the inspector found that one member of relief staff who was frequently on the roster and providing resident care and support had been due to complete manual and patient handling refresher training since 2021. In addition two staff were due their medication training and a number of staff had not completed infection prevention and control refreshers including the use of personal protective equipment.

Staff were not in receipt of supervision and support as required by the provider's policy to support them in carrying out their roles and responsibilities. This was the inspector was told due to the absence of the person in charge and the demands on time for those providing governance cover.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider had ensured that lines of accountability and authority were in place in the centre however, as stated some of these positions were currently vacant and while the covering arrangements in place were providing a measure of oversight some areas were found to require improvement.

The registered provider had last completed an annual review of the quality and safety of care and support for this centre in 2020 and the most recent six monthly unannounced visit to the centre had been completed in April 2021. These reviews and audits are required by the regulations and inform improvement action plans. The person participating in management of the centre had ensured that other audits were being completed by named members of the staff team with responsibility however, outcomes from these audits are not being consistently identified and followed up.

The quality and safety of the day to day care of residents was found to be good on the day of inspection however, the lack of oversight and day to day support staff placed the safety and quality of support at risk.

Judgment: Not compliant

## Regulation 3: Statement of purpose

This is an important governance document that outlines the service to be provided in the centre. The inspector reviewed the up-to-date statement of purpose which was most recently updated in August 2022 and found that it contained all information as required in Schedule 1.

Judgment: Compliant

## Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of their responsibility to notify the Chief Inspector of the period of time when a person in charge was absent from a centre and had submitted the required notification. However, the expected date of return had passed and the provider had failed to notify the chief inspector that the dates had been extended and that the absence was continuing.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that the residents lived in a warm, comfortable and relaxed home. Their day was individualised with a variety of activities both in the community and at home offered and available.

The inspector found that while the provider had systems in place to audit and monitor the quality and safety of the care and support provided to residents these systems were not being consistently implemented at provider and at centre level. The centre presented as visibly clean, well maintained and well decorated. In areas of the centre there was limited storage that led to cluttered surfaces which posed a challenge for staff in completing some infection prevention and control tasks.

Throughout the inspection, evidence was seen that the residents were treated respectfully and were involved in meaningful activities. The core staff on duty supported those less familiar with the residents to ensure that resident's communicative efforts were identified and interpreted as appropriate. Residents were supported to enjoy the best possible health and were facilitated to access health and social care professionals, GPs and specialist healthcare services.

## Regulation 17: Premises

The centre comprises a large bungalow set in a quiet residential area with its own garden and ample space to park to the front. Each resident had their own bedroom, one of which was fully accessible with an overhead hoist and a large en-suite bathroom. Resident's bedrooms contained personal items and were decorated in a manner that was individualised. There was a large sunny kitchen-dining room that opened into the garden to the rear and a communal living room for all residents to use.

The centre was clean, well decorated and well maintained although some improvement was required in the provision of storage, with boxes of personal protective equipment observed stacked in the hall and staff belongings either left on the floor or covering counter space in the kitchen. The limited storage is reflected under the judgement against regulation 27.

Judgment: Compliant

## Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control procedures and policies in the centre. The centre was observed to be visibly clean although some surfaces were cluttered with items stored on them, for example, bottles and containers on a resident's shower trolley or objects including staff belongings on the kitchen counters with items not observed being moved for cleaning.

There was a cleaning schedule in place which detailed daily and weekly tasks. The inspector found that there were a number of gaps on the schedules with weekly tasks in particular such as cleaning the fridge not recorded as completed over a number of schedules reviewed. These gaps had not been identified or addressed given the reduced levels of auditing in place. In addition there was no evidence found that specific tasks such as cleaning of the hoist were completed as they were not recorded.

On arrival to the centre in the morning the inspector observed that a mop was left sitting in dirty water in a bucket left on the patio however, the inspector acknowledges that this was due to the reduced staff numbers in the centre during the morning period. As stated previously there were a number of positive cases of COVID-19 in the centre and the provider and person participating in management were following their contingency plan and endeavouring to ensure that there were staff present in the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. There were adequate means of escape and sufficient emergency lighting in place. There was a procedure for the safe evacuation of residents and staff, which was prominently displayed and had been reviewed in February 2022.

Each resident had a personal emergency evacuation plan in place which clearly identified the supports they required to safely evacuate. Fire drills were recorded as being completed however, they had not been happening in line with the provider's policy and the last recorded 'simulated night' drill with the minimum staff number and all residents in late 2021 had been completed in a time that was less than half the recorded time for a daytime drill where residents were supported on a one to one basis. The accuracy of drill recording required review as they did not provide assurance that the information recorded was accurate.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider ensured that resident's complex healthcare needs were assessed and provided for. Residents had access to a general practitioner and health and social care professionals as required with details from these appointments used to guide staff practice. Specialist health appointments were sought as needed and residents supported to attend these. The inspector found that all residents were linked to National health screening programmes if indicated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider promoted a positive approach in responding to behaviours that challenge. Residents were supported to experience positive mental health and had access to specialist services should these be indicated.

The use of restrictive practices were in place to promote the safety of the residents. The person participating in management was meeting the Quality manager to review restrictions in place on a regular basis. However, the inspector found that up-to-date documentation relating to the reviews of restrictive practice day to day use was not available in the centre and therefore not available to guide staff practice. This finding forms part of the judgement under regulation 23.

Judgment: Compliant

### Regulation 8: Protection

It was evident from the inspector's review that safeguarding concerns were treated seriously by the registered provider. Residents appeared to be living together compatibly and there were minimal safeguarding incidents occurring in the centre. All residents living in this centre required support with their personal care and there were detailed intimate care plans in place to guide staff practice.

Where residents had recently presented with some bruises that were unexplained, the provider had completed a robust review and notified the safeguarding and protection team in the Health Service Executive and safeguarding plans had been developed as an outcome. These were found to have arisen as a result of manual handling practices and a detailed protocol had been developed and was in place for staff to support them in responding to an unexplained bruise. Some staff had been provided with additional manual handling and hoisting training. The residents were protected where possible from the occurrence of further bruising in this manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents in this centre were supported in exercising their rights on a daily basis by the use of the supports in place in the centre by a caring staff team. Residents were observed to be consulted with and participated in choices on a daily basis regarding activities, food and clothing and relaxation options.

Resident meetings were taking place on a regular basis with a clear agenda set to guide staff on areas for discussion. Individual resident's communication skills were considered in ensuring everyone participated to their individual level. Staff practices were observed to be respectful of resident's privacy for example, staff knocking on resident's bedroom door prior to entering.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tús Álainn OSV-0005731

Inspection ID: MON-0033017

Date of inspection: 10/08/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: At present there is a vacancy of 2 WTE on the Tus Alainn staff team. SPC has implemented an ongoing recruitment strategy to aim fill the current vacancies. The PIC is covering vacant shifts at present with familiar relief and agency staff.</p> <p>A new PIC has commenced in Tus Alainn on the 29/08/2022 and has reviewed the roster to ensure that a minimum of two staff members are rostered at all time. A third staff member is available for the people supported at least 3 days a week. A further review of the roster is currently being completed to ensure three staff as per Statement of Purpose to ensure the ladies are supported in line with their personal plan at all times.</p> <p>The PIC is also providing direct support hours within her remit.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The new PIC has completed a full review of the outstanding refresher training for Tus Alainn staff team. All outstanding mandatory HSEland training will be completed by the relevant staff members by the 09/09/2022. All staff members will have a confirmed date for completion of outstanding medication management training by the 09/09/2022. The PIC is awaiting dates and available place for the team. All team members will have their outstanding training completed by latest 30/10/2022.</p>	

The new PIC has implemented a schedule to complete all outstanding Quality Conversations with the staff team. All outstanding QCs will be completed by 16/09/2022.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A new PIC has been assigned to manage Tus Alainn and commenced on the 29/08/2022. The PPIM and PIC have met to ensure handover and developed a workplan with actions to be followed through.

The new PIC has implemented a schedule to complete all outstanding Quality Conversations with the staff team. All outstanding QCs will be completed by 16/09/2022.

An updated schedule for completion of provider audits has been agreed with Senior Management and PPIMs on the 19/08/2022. The outstanding annual and 6 monthly provider audits are scheduled and assigned to auditors. The annual provider audit will be completed by 30/09/2022, the 6 monthly audit is scheduled for completion by the end of 2022.

The new PIC has completed a full review of audits and quality of service within Tus Alainn to gain oversight of outstanding audits and actions to be completed. Necessary actions are discussed at the Quality Conversations and at the Team Meeting on the 10/09/2022.

Regulation 32: Notification of periods when the person in charge is absent

Substantially Compliant

Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:

The outstanding NF30B has been submitted on the 15/08/2022. A new PIC has been assigned to Tus Alainn since to ensure good governance and oversight.

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC and PPIM have scheduled a walk-through audit in Tus Alainn for completion latest on the 10/09/2022 to identify any areas of concern regarding IPC and identify need of additional storage space for the ladies' personal items.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC will schedule and oversee a day and night time fire drill in Tus Alainn to be completed by 16/09/2022. Feedback and learning will be discussed at the team meetings. The PIC will ensure all team members read and sign the documentation of fire drills completed.</p>	

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	29/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	09/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that	Not Compliant	Orange	29/08/2022

	management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/09/2022
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.	Not Compliant	Orange	15/12/2022
Regulation 27	The registered	Substantially	Yellow	10/09/2022

	<p>provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p>	Compliant		
Regulation 28(4)(b)	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p>	Substantially Compliant	Yellow	16/09/2022
Regulation 32(2)(a)	<p>Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and the notice shall</p>	Substantially Compliant	Yellow	15/08/2022

	specify the length or expected length of the absence.			
Regulation 32(2)(b)	Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and the notice shall specify the expected dates of departure and return.	Substantially Compliant	Yellow	15/08/2022