



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

Issued by the Chief Inspector

Name of designated centre:	Tonniscoffey
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	24 January 2023
Centre ID:	OSV-0002452
Fieldwork ID:	MON-0035911

About the designated centre

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

This is a service providing 24 hour care and support to five residents with disabilities. It comprises of one large detached houses in a tranquil rural setting but located within close proximity to a large town in Co. Monaghan. A service vehicle is provided to the centre to accommodate residents' access to community facilities and day services. Each resident has their own bedroom all of which are ensuite. The house is spacious with the provision of a large sitting/TV room, a fully equipped kitchen cum dining room, a utility facility, a downstairs bathroom and a staff office upstairs. The house is surrounded by well maintained grounds and gardens and, ample private parking is available to the front of the property. One nurse and one health care assistant are on duty during the day and a health care assistant is on duty at night time. All of the residents attend day services Monday to Friday and are supported to access community facilities in the evening times and at weekends by the staff in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Tuesday 24 January 2023	10:30hrs to 14:40hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation for the management of infection prevention and control. The centre comprised of a large detached houses located in County Monaghan and provided care and support to five residents.

The inspection was completed over one day and, because one resident had tested positive for COVID-19 at the time of this inspection, the inspector did not meet with any of the residents.

However, written feedback provided by two of the residents and three family representatives on the quality and safety of care provided in the house was reviewed by the inspector.

On arrival to the house the inspector was met by a healthcare assistant at the front door. They asked the inspector to sign the visitors book and, invited them to sanitize their hands. They informed the inspector that one of the residents had COVID-19 and was isolating in their own ensuite bedroom on the first floor of the house. All other residents were at day services at this time.

The inspector based themselves in the front room downstairs in order to complete the inspection and completed a walk through of the premises with the person in charge.

The house was observed to be clean throughout, spacious well maintained and free from clutter. A small PPE station was outside the bedroom of the resident who had COVID-19, consisting of FFP2 face masks, gloves, gowns and hand sanitising gel. As per the COVID-19 contingency plan and individual isolation healthcare plans, this resident was self-isolating on their ensuite bedroom and was assigned one staff member for the day.

The inspector observed that the assigned staff member checked in with the resident on a regular basis over the course of the day and ensured that they had ample fluid and food intake. The person in charge informed the inspector that the resident had mild symptoms and, was able to manage the self-isolation process.

There was also an exit from the first floor of the house beside the residents bedroom, which allowed them to exit the building safely (with staff support) if they wished to go for a walk around the grounds of the property. On the day of this inspection, the resident requested to go for a short walk around the gardens. Staff facilitated this request, ensuring to wear appropriate PPE and the inspector observed from the downstairs window that the resident appeared in good form and seemed to enjoy the fresh air.

The four other residents were attending day services on the day of this inspection.

The person in charge informed the inspector that whilst there, they engaged in activities of their choosing and individual preferences. Some liked to engage in music therapy, avail of reflexology sessions, go shopping and go on day trips. Others liked to go to a pet farm, play snooker, go to the cinema, the gym and avail of on site activities such as board games and beauty therapy.

Over the weekends residents liked to relax, watch TV in bed, get their hair done, go to the local library, go for walks, drives, eat out and bake at home. From viewing a small sample of files the inspector observed that during December 2022, one resident went to Dundalk on two occasions for a day out shopping, went to the theatre to see a musical, visited their family home, went shopping several times, had dinner out, went on day trips and baked at home with the support of staff.

Written feedback on the quality and safety of care from two residents was viewed by the inspector. Both reported that they were happy in their home, it was comfortable and warm, they were happy with their room, satisfied with the menu options available, happy with the level of social activities provided and happy with the staff team. One reported that they could talk to the staff at any time and that staff listened to them. They also had no complaints at this time about the service.

The inspector viewed a sample of compliments received from family members about this house and service provided and noted that they were positive. Family members were happy with the staff team and in particular, happy with the care and support they provided to their relatives. Some family members also complimented staff on how they supported the residents to look their best.

While the house appeared clean, well maintained, homely and free from clutter a number of minor infection prevention and control (IPC) issues were identified over the course of this inspection to include an issue with IPC-related signage, some IPC-related paperwork and the premises.

The following two sections of the report will present the findings of the inspection in more detail.

Capacity and capability

The provider had in place a range of protocols, documents, guidelines and procedures so as to promote effective IPC systems in the house. However, some IPC-related documentation required review and closer monitoring.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC nurse specialist was available to provide support and advice to the person in charge and the centre. Additionally, the person in charge could link in with the Director and

Assistant Director of Nursing to discuss any IPC related issue should one arise.

IPC and the importance of good hygiene standards were discussed with residents. For example, at a resident meeting in December 2022, staff provided training on hand hygiene using visual representations and easy to understand information.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

However, some IPC-related documentation required review. For example, residents individual healthcare isolation plans required more detail in guiding staff what PPE to wear when supporting a resident with suspected/confirmed COVID-19. Additionally, some gaps were noted in the signing off on the daily cleaning schedules regarding the daily sanitizing of the house transport.

Notwithstanding, from speaking to one staff member over the course of this inspection, the inspector was assured that they were aware of the standard precautions to take in the event of a suspected and/or confirmed case of COVID-19 in the centre. Additionally, they were observed to adhere to the cleaning of the centre in line with policy, procedure and cleaning schedules.

The staffing arrangements were in line with the statement of purpose and from viewing a sample of rosters, the inspector observed that twelve hours nursing care was available to the residents each day. Additionally, there was a healthcare assistant available and one waking night staff member. A management on call system was also available on a 24/7 basis. From a sample of files viewed, staff also had training in IPC, hand hygiene, donning and doffing of PPE, the management of spills, aseptic techniques and anti-microbial stewardship.

A number of audits to include six monthly unannounced six monthly visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found. For example, the auditing process identified that staff were required to know where the spills kit was stored and how to use it appropriately, the back stairwell in the house required some maintenance work and painting and some health screening documentation required updating. These issues were actioned and addressed at the time of this inspection.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plans and, the provider had developed a communications and health-related accident and emergency document for each resident so as to alert staff and other healthcare professionals to the residents assessed needs, how best to communicate with them and how best to support them in a hospital based setting.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. For example, the house was found to be generally clean which helped to minimise the risk of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in multiple different locations in the centre. Staff were also observed to use hand gels and wear face masks over the course of this inspection. The provider also had a sufficient supply of PPE available in the house which was stored in clean and appropriate environment

The inspector completed a walk-through of the house. The premises was found to be generally well maintained, tidy and free from clutter. Notwithstanding, some aspects of the premises required repair. For example, some of the presses in the kitchen and laundry room required repair and one bathroom required minor works. These issues had been identified in the providers audits of the centre and, a plan of action was in place to address them.

Cleaning schedules were in place for high-touch areas such as light switches, door handles and remote controls. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchen. These helped ensure the overall effective hygiene of the centre. Staff were also observed to be adhering to cleaning schedules in place in the house. However (and as discussed in the previous section of this report), some gaps were noted in the cleaning schedules for the house bus. Additionally, it was also observed that more COVID-19 related signage could have been provided at the entrance to the house.

There was a colour-coded system regarding the use of mops so as to minimise the possibility of cross contamination. The person in charge informed the inspector that a new system for mops was to be introduced no later than February 2023 so as to further enhance IPC practices in this area.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed wearing PPE, engaging in hand hygiene practices and cleaning the house in line with cleaning schedules.

Regulation 27: Protection against infection

Overall this house was found to be clean, tidy and free from clutter on the day of

this inspection and, the provider had systems in place to prevent, detect, respond to and manage an outbreak of a infectious disease. However, a number of minor IPC related issues were identified over the course of this inspection as follows:

- some of the kitchen and laundry room presses required repair
- some minor works were required to one of the bathrooms
- more COVID-19 related signage was required at the entrance to the property
- gaps were identified in the signing off on the cleaning schedules for the transport in use in the centre

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Tonniscoffey OSV-0002452

Inspection ID: MON-0035911

Date of inspection: 24/01/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27: Protection against infection the following actions have/will be undertaken</p> <ul style="list-style-type: none">• New Kitchen/Utility presses will be installed in Tonniscoffey by 30.06.2023• One shower surrounding will have new PVC surrounding installed by 31.03.2023• Signage relaying positive case was put up at front door on 25.01.2023• PIC has communicated to all staff about the importance of adhering to the transport cleaning schedule. This was completed on the 10.02.2023	

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 27	The registered 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.	Substantially Compliant	Yellow	30/06/2023