



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

Issued by the Chief Inspector

Name of designated centre:	Tus Nua
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0002662
Fieldwork ID:	MON-0030004

About the designated centre

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

Tus Nua is a designated centre operated The Rehab Group. The designated centre provides community residential services to three adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a detached two-storey house which comprises of three individual resident bedrooms, entrance hall, two sitting rooms, a kitchen/dining room (upstairs and downstairs), a utility room, a number of bathrooms and a staff office. Staff support is provided by a person in charge, team leader and care staff.

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 - 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
Thursday 25 March 2021	10:30hrs to 15:45hrs	Conan O'Hara	Lead
Thursday 25 March 2021	10:30hrs to 15:45hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspectors carried out the inspection mostly from a room of the designated centre. The inspectors also ensured physical distancing measures and use of personal protective equipment (PPE) was implemented during interactions with residents and staff during the course of the inspection.

From what residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life.

The inspectors had the opportunity to meet with the three residents of the designated centre during the course of the inspection, albeit this time was limited. Residents were observed to appear relaxed and comfortable in their home. On arrival one resident was observed engaging positively with members of the staff team in the kitchen and another resident was observed relaxing in their individual area upstairs. Over the course of the inspection, the inspectors observed residents engaging in activities of daily living including accessing the community and engaging in sensory exploration. One resident was being supported to understand their COVID-19 Vaccine using a social story.

Residents' rights were found to be respected and the inspectors observed the staff team treating residents with respect and dignity. All communication between resident and members of the staff was seen to be friendly, convivial and appropriate to the residents communication support needs. It was clear both residents and the staff team knew each other well. The residents were supported to develop and maintain their relationships with family and friends. While there were restrictions on visiting in place, in line with Public Health guidance, video calls and window visits had been utilised to support residents to maintain contact with people important in their lives.

The designated centre was warm and suitably decorated in a homely manner with pictures of the residents and people important to them located throughout the house. The residents bedrooms were decorated in line with their preferences. Overall, the centre was well maintained. The inspectors did observe one area of plaster which was in need of repair. However, this had been self-identified by the provider and plans were in place to ensure the plaster would be repaired as appropriate. There was a well maintained garden to the rear of the centre which included a garden shed. The garden shed was an important area for one of the residents who liked to spend time there. Inspectors observed that the shed had been insulated and contained a heater and TV.

Two families completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of life in the

centre such as activities, bedrooms, meals and the staff who supported their family members.

In summary, based on what residents communicated with the inspectors and what was observed, the inspectors found that residents received a good quality of care in their home. However, there are some areas for improvement including organisational policies, staff training and oversight of restrictive practices. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that there were management systems in place to ensure good quality care was being delivered to the residents. There were established systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. However, some improvement was required in organisational policies and staff training .

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was also responsible for the management of another designated centre and was supported in their role by an experienced team leader. The person in charge had good knowledge of all of the residents and their support needs. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, effectively monitored and appropriate to residents' needs. These audits included the annual report 2020 and the provider unannounced six monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained planned and actual rosters. The inspectors reviewed a sample of staff rosters which demonstrated sufficient staffing levels and skill mix to meet the residents' needs. At the time of the inspection, staff had been redeployed to the service from the provider's day service due to COVID-19 pandemic. There was an established staff team which ensured continuity of care and support to residents. Where relief staff were required, staff were reallocated from the day service, all of whom work on a regular basis with the residents.

The inspectors reviewed a sample of staff training records and found that the staff team had completed mandatory training in fire safety and safeguarding. However improvements were required in order to ensure the full staff team were up to date with training.

The inspectors reviewed a sample of incidents and accidents occurring in the centre and found that they were appropriately notified to the Chief Inspector as required

by Regulation 31.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full time role and demonstrated a good understanding of residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staffing levels and skill mix to meet the assessed needs of the residents'. There was an established staff team which ensured continuity of care and support to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. All staff had completed mandatory training in fire safety and safeguarding. However, refresher training was not up to date for some staff members in areas including manual handling, medication management and de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge was responsible for another designated centre and was supported in their role by an experienced team leader. There was evidence of regular quality assurance audits taking place which identified areas that required improvement and actions plans were developed in response.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider prepared organisational policies and procedures on the matters set out in Schedule 5 of the regulations. However, a number of the policies were overdue a review including safeguarding vulnerable persons. This had been self-identified by the provider who was in the process of reviewing organisational policies and procedures.

Judgment: Substantially compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate person-centred care and support to the residents. However, improvements were required in the oversight of restrictive practices.

Each resident had an assessment of need which were found to be up-to-date and appropriately identified resident's health and social care needs. The assessments informed the residents' personal support plans which were up-to-date and suitably guided the staff team in supporting the resident with their assessed needs. Residents were supported to enjoy their best possible health and it was evident that they were supported to access allied health professionals as required.

There were positive behaviour supports in place to support residents manage their behaviour. The inspectors reviewed a sample of behaviour management guidelines and found that they were up-to-date and guided the staff team. There were a number of restrictive practices in use in the designated centre. The provider had systems in place to identify and review the restrictive practices to ensure they were appropriate and the least restrictive intervention used. However, some improvement was required. For example, while one restrictive practice had been appropriately identified and reviewed, the guidance regarding the implementation of the restrictive practice was dated 2016. In addition, there was a use of a unplanned

physical hold in November 2020. While this had been identified it had not been reviewed in a timely manner.

There were systems in place for safeguarding residents. As noted, the inspectors reviewed a sample of incidents which demonstrated that incidents were reviewed and responded to. Residents were observed to appear comfortable and content in their home. Safeguarding plans were in place for identified safeguarding concerns.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre-specific and individual risks and the measures in place to mitigate the identified risks.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the residents to evacuate and there was evidence of regular fire evacuation drills.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre including regular cleaning schedules and cleaning products readily available if required. Personal protective equipment (PPE), including hand sanitisers, gowns and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a

centre specific risk register which outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self isolation of residents. There was infection control guidance and protocols in place in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills and each resident had an up to date personal emergency evacuation plan (PEEP) in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had an up-to-date assessment of need which identified residents' health and social care needs and informed the resident's personal support plans. The language used and goals in support plans was person-centred and demonstrated good understanding and knowledge of each individual resident and goals set were reflective of this.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and there were positive behaviour support plans in place, as required.

Restrictive practices in use in the centre were appropriately identified and reviewed by the provider. However, improvement was required in the oversight of restrictive practices. For example, the guidance for the implementation of one restrictive practice was dated 2016. In addition, an unprescribed hold was used in November 2020 and had not been reviewed in a timely manner.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed and safeguarding plans were in place to manage identified safeguarding concerns as appropriate.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tus Nua OSV-0002662

Inspection ID: MON-0030004

Date of inspection: 25/03/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Outstanding refresher Training in Medication, MAPA and People Handling was completed by the relevant staff by the 19/04/2021 and training records updated. • Full training records will be reviewed and updated as required in conjunction with the training department by the 14/05/2021 • Training Records will be reviewed by the team leader through the monthly audit tool and training will be planned with individual staff and completed in advance of expiry date. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Provider will ensure that all Schedule 5 Policies have been reviewed by 30/06/2021.</p>	
Regulation 7: Positive behavioural	Substantially Compliant

support	
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Protocol dated 2016 in relation to a restrictive practice for one service user was reviewed and updated on the 9/04/2021.

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 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.	Substantially Compliant	Yellow	14/05/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Substantially Compliant	Yellow	14/05/2021

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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