



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

## Issued by the Chief Inspector

Name of designated centre:	Tin Tean
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	24 February 2025
Centre ID:	OSV-0002993
Fieldwork ID:	MON-0037759

## About the designated centre

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

This is an residential service providing full-time care and support for up to eight adults (both male and female) with disabilities. The centre comprises of one large two storey house with three smaller one bedroom terraced bungalows in a courtyard setting to the rear. The main house comprises of a spacious entrance hall, a large very well decorated sitting room, a well equipped kitchen cum dining room and a laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house. Each bungalow comprises of an entrance hall, a sitting room, a well equipped compact kitchen area, a double bedroom and large bathroom. The main house and bungalows share a common courtyard, with raised flowerbeds where residents can grow flowers and there is ample on street and private parking available. The staffing arrangements for the centre consists of a person in charge, who is an experienced and qualified Clinical Nurse Specialist III. There is also a house manager, who is an experienced and qualified clinical nurse manager I (CNM I), nursing staff, social care workers and healthcare assistants. There are systems in place to ensure that the residents are consulted with about the running of the centre and residents are supported to make their own choices and decisions about the care and support that they receive. This service aims to promote a culture of person centredness and consultation with the residents.

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

Number of residents on the date of inspection:	8
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## How we inspect

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
Monday 24 February 2025	09:45hrs to 18:00hrs	Raymond Lynch	Lead
Monday 24 February 2025	09:53hrs to 17:45hrs	Karena Butler	Support

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to inform a decision on the renewal of registration of the centre. At the time of this inspection, there were eight residents living in the centre and the inspectors met with all of them over the course of the day. Written feedback on the quality and safety of care from both residents and family representatives was also viewed as part of the inspection process. Additionally, one of the inspectors spoke with a family representative over the phone so as to get their feedback on the quality and safety of care

The centre comprised of one large two storey house with three smaller one bedroom terraced bungalows in a courtyard setting to the rear. The three residents living in the bungalows had their own individual sitting room/living room, small kitchen area, bedroom and bathroom. The other five residents living in the main house had their own individual bedrooms which were decorated to their individual style and preference. Communal facilities included a TV/living room, a kitchen/dining room, two bathrooms, a utility room and a staff office.

On arrival to the centre the inspector observed that the house was clean, warm and welcoming. One resident was just up out of bed and said hello to one of the inspectors. They appeared in good form and staff explained that after their breakfast, the resident would speak to the inspectors.

From reviewing the annual review on the quality and safety of care the inspectors observed that residents were being supported to achieve goals and to participate in their community. For example, in 2024 some residents went to Spain for a weeks holiday. Three residents spoke to inspectors about this holiday and all of them said that they had a great time and would like to go back again some time in the future. One resident showed the inspectors pictures of this holiday and they appeared to have enjoyed themselves very much. They had pictures taken with their favourite singers and said they enjoyed being away with their friends and would like to go on holidays again this year.

Other residents went to Euro Disney for a holiday or to Scotland and one went to Wales. The resident that went to Wales spoke to one of the inspectors about this trip saying they very much enjoyed themselves, stayed with family while on their holiday and was hoping to go abroad later in the year to visit other family members.

Residents also liked to avail of various day trips to parks, castles, Dublin zoo, Newgrange, the beach, some attended a vintage car show and some were members of a social club while another was a member of sports club.

One resident went through a pictorial version of their person centred plan speaking with the inspectors about a number of activities they liked to partake in. For example, the resident attended the vintage car show and showed the inspectors pictures of themselves enjoying this event. The resident also liked to go for meals out, coffee and dessert, drives and walks. One inspector had a cup of tea later with this resident and they appeared in very good form and said they were happy in their home. They spoke about music they liked and told the inspector they were also going shopping later in the day for various bits and pieces.

Another resident liked to go for a drink independently in the local pub. They explained to the inspectors that when they went to their local they always took their mobile phone with them as well as their bag and coat. If they needed anything when out, they had their phone with them to call staff.

Later in the day one of the inspectors went to one of the apartments and had a cup of tea with one of the residents. This resident was in very good form and showed the inspector around their home. They liked music and cars and showed the inspector their music system where they liked to play records and also showed the inspector some ornament cars which they kept in a display cabinet. The resident had some raised flower beds outside the front of their apartment where they were growing their own flowers. They said that they liked the flower beds and showed the inspector one of them which was full of daffodils. The resident also told the inspector that if they needed anything they could contact the main house via two alarm buttons and their mobile phone. They showed the inspector where the alarm buttons were situated in their home. When asked were they happy with their apartment they smiled and said yes and also said that they would speak to staff if they needed anything.

A short time later two of this residents friends joined them in their apartment. The inspector stayed with all three of them for some time watching television and having a chat about various holidays they had been on and things they liked to do. Residents also spoke about their favourite TV programmes and said that they all liked to meet up in the apartment and watch their favourite soaps and quizzes in the evening. They all said that they were happy in their home and could speak to staff about anything at any time. The inspector noted that the three residents got on very well with each other, enjoyed each others company and were relaxed and contented in their home. Later in the day all three of them went shopping with staff support to buy groceries for the house.

Another resident spoke to one of the inspectors in the office. They reported that they were in good form and were happy with their apartment. They had just returned from a class and said that they enjoyed it and also said that they attended a college course on a number of days each week and enjoyed going to college. The inspector observed a picture of the resident at their graduation for a course that they had completed last year. The resident also said that they could talk to staff at any time they wanted to and that they happy at this time in their home.

One inspector spent some time with one resident who was listening to their favourite pop singer on the television. While they didn't speak directly to the

inspector, they appeared relaxed and happy watching TV. Staff told the inspector that the resident had gone to see their favourite pop singer in concert last year and had a great time at this event. This resident also went out shopping with staff support on the day of this inspection.

All residents provided written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. The residents reported that they were happy where they lived, happy with their accommodation, made their own choices regarding daily routine and meal options and they felt safe in their home. They also said that they were happy with the support that they received, people were kind, staff knew what was important to them, they got on with their housemates and had made friends living in this service. One resident reported that they were very happy in the house and that they liked being with their two friends. Another reported that they were looking forward to getting a new kitchen installed (the person in charge confirmed that the kitchen in the main house was soon to be upgraded).

In the annual review of the service for 2024 residents also reported that they liked living in the house, enjoyed going to concerts and shows, were happy with the staff team, liked living close to their friends and liked being able to walk to town.

Two family members also said in written feedback on the service that they were very satisfied with the quality of care provided, staff were courteous and helpful, staff always showed respect to the residents, they were involved in various reviews regarding their relatives, their relatives were supported to achieve their goals, and that they were happy with the accommodation. They also said that the service met with their expectations, they would recommend it and that overall it was excellent.

Two family members were also spoken with over the phone on the day of this inspection so as to get their feedback on the quality and safety of care provided in the house. They said that their relative was so happy living in the house and that they loved it. They also said that their relative had a great social life, got to go to concerts that they enjoyed, got to go on holidays abroad and that overall they were very happy with the quality and safety of care provided in the house. They said that the staff team were great, their relatives personal possessions were very well looked after, their relative saw the house as a 'home from home', they could visit the house whenever they wanted to, they had no complaints whatsoever and that overall, the service provided was excellent.

The inspectors observed that the majority of staff had training in human rights and staff were observed to put this training into everyday practice. For example, residents were supported and encouraged to participate in activities of interest and of their choosing. A number of residents chose not to attend day services and again, these decisions were respected and supported by the staff team. One staff member spoken with said that it was important that residents got to experience a meaningful day now that a number of them had retired from their various day services. A number of activities that residents liked to participate in were detailed above in this report. Additionally, an assisted decision making co-ordinator /specialist had worked with the residents provided education and advice on their will and preference and

provided information to support residents in making informed decisions about their lives.

Just as the inspection was ending one resident who was working all day returned to their home in one of the apartments. This resident was in paid employment and the inspector asked them how was their day. They said that they had a good day and that they enjoyed their job. The inspector also asked how they were getting on in their apartment and they said everything was fine. The resident appeared in good form and waved goodbye to the inspector.

While some issues were identified on this inspection pertaining to Regulation 23: Governance and Management, residents appeared very happy and content living in their home on the day of this inspection. They also appeared to enjoy being in the company and presence of the staff team and staff were observed to be person-centred and kind in their interactions with the residents. Additionally, staff were observed to be respectful of the individual choices and preferences of the residents and feedback from both residents and family representatives on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, an aspect of the governance and management arrangements in place in the designated centre required review.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The person in charge was a qualified nursing professional, (Clinical Nurse Manager III) and demonstrated a good knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from January 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. Staff spoken with had a good knowledge of residents'



individual care plans.

The inspectors observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on January 15, 2025. On completion of these audits, a quality enhancement plan was developed and updated as required to address any issues identified in a timely manner. It was observed however that taking into account the assessed needs of some of the residents and level of risk the centre was supporting, the governance and management arrangements in place required review.

#### Regulation 14: Persons in charge

The person in charge has the appropriate qualifications and experience necessary to manage the day-to-day operations and administration of the centre.

They were a qualified nursing professional who also held an additional qualification in management.

They had systems in place for the oversight and supervision of their staff team and were aware of the assessed needs of the residents living in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team consisted of a person in charge, a house manager, nursing staff, social care worker and healthcare assistants. They were supported and supervised in their role by the person in charge and the house manager (who was a clinical nurse manager I).

A review of a sample of rosters from January 06, 2025 to January 19, 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example:

- two staff members worked 9am to 9pm each day in the main house

- one staff member worked 10am to 10pm in the three apartments
- one staff member worked live night duty from 9pm to 9am each night.

The person in charge also maintained copies of actual and planned rosters in the centre.

The documents for staff members as required under Schedule 2 of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) were reviewed on January 25, 2025 and found to meet the requirements of the Regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

From reviewing the training matrix and four staff files, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- Infection prevention and control (donning and doffing of personal protective equipment and hand hygiene)
- fire safety
- manual handling
- basic life saving
- positive behavioural support
- safe administration of medications (for non nursing personnel only)
- epilepsy/administration of rescue medication (for non nursing personnel only)
- communicating effectively through open disclosure.

A number of staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Two staff spoken with by the inspectors had a good knowledge of residents' individual care plans.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge and house manager. The person in charge was a qualified nursing professional, (Clinical Nurse Manager III) and the house manager was a clinical nurse manager I (CNM I). However, an aspect of the governance and management arrangements required review.

The person in charge and house manager were responsible for the day-to-day management of the centre and they were supported in their role by a member of the senior management team.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out on January 15, 2025. On completion of these audits, a quality enhancement plan was developed and updated as required to address any issues identified in a timely manner.

For example, the auditing process identified the following:

- some financial statements required review
- a positive behavioural support plan required a follow up
- parts of the premises required updating/refurbishment to include the kitchen and some flooring.

These issues had been actioned and addressed at the time of this inspection (or there were plans in place to have them addressed in a timely manner).

The person in charge has a system in place for the supervision of their staff team. Two staff members spoken with by the inspectors said that they would be able to raise a concern (if they had any concerns) with the person in charge and/or house manager about any aspect of the quality and safety of care and support provided to the residents at any time.

However, this centre was supporting a number of residents who required a significant level of guidance and staff support on a daily basis due to a number of risks they presented with (this issue is discussed in detail under Regulation 26: Risk Management).

It was also observed that the person in charge and house manager had responsibility for three additional registered designated centres as well as this one. This meant that they were required to have a regular presence in all four centres so as to ensure the effective day-to-day management and oversight of each service.

Additionally, a safeguarding review of this centre carried out in October 2024 identified that the management arrangements required some level of review and proposed that a more regular/consistent managerial presence could be considered

<p>for this service.</p> <p>Taking this into account, the level of risk this service was supporting and the fact that a number of residents required a significant level of guidance and staff support on a daily basis, the governance and management arrangements required review so as the registered provider could be assured that the service was at all times appropriate to the assessed needs of the residents and, consistently monitored.</p>
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
<p>The statement of purpose was reviewed by the inspectors and found to meet the requirements of the regulations.</p> <p>It detailed the aim and objectives of the service and the facilities to be provided to the residents.</p> <p>The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>The person in charge/house manager was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).</p>
Judgment: Compliant
<b>Quality and safety</b>
<p>The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs.</p> <p>Residents' assessed needs were detailed in their individual plans and from a sample</p>

of files viewed, they were being supported to achieve goals of their choosing and engage in social/recreational/learning activities of their preference and choosing..

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Residents were also supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There were also systems for the safe ordering, storing, administration, return and disposal of medicines.

The centre had a fire alarm system, emergency lighting, fire extinguishers and fire doors in place which were being serviced as required by the Regulations.

The premises were found to be generally clean, warm, homely and laid out to meet the assessed needs of the residents.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

### Regulation 10: Communication

Staff were observed to be respectful of the individual communication preferences of the residents and if/where required support from a speech and language therapist was provided for.

Each resident had a communication passport on file which detailed their preferred style of communication. Resident preferred style of communication was also detailed in their hospital passports.

Additionally, access to phones, television, radio and newspapers were provided to residents.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities on a regular basis.

For example, as discussed earlier in this report, residents enjoyed holidays in Spain,

France, Scotland and Wales.

Residents also liked to avail of various day trips to parks, castles, Dublin zoo, Newgrange, the beach, some attended a vintage car show and some were members of a social club while another was a member of sports club. One resident was also in paid employment while another went to College on a number of mornings each week.

Residents were also making plans to arrange more holidays for 2025.

They were also supported to maintain links with their community, maintain links with their friends and maintain regular contact with family members.

See section 1 of this report *'What residents told us and what inspectors observed'* for more information on what learning/recreational and social activities residents like to engage in.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of one large two storey house with three smaller one bedroom terraced bungalows in a courtyard setting to the rear.

The three residents living in the bungalows had their own individual sitting room/living room, small kitchen area, bedroom and bathroom. The bungalows were observed to be warm, cosy, well maintained and decorated to the individual style and preference of each resident. One resident who liked gardening had their own raised flower beds to the front of their apartment.

The other five residents living in the main house had their own individual bedrooms which were also decorated to their individual style and preference. Communal facilities included a TV/living room, a kitchen/dining room, two bathrooms, a utility room and a staff office. A small courtyard setting was situated between the house and apartments. This provided space for private parking and a garden space for residents to relax in weather permitting.

Generally the premises were well maintained and plans were in place for a new kitchen to be installed in the near future. The person in charge said that once this work was completed, a new kitchen table and chairs would be purchased.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support residents safety in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

It was observed that some residents could present with significant risks. However, there were a number of interventions in place to support these individuals when making a decision with possible high-risk outcomes.

For example, where a risk related to a residents finances was identified (overspending), the following supports were in place:

- an assistant decision making specialist was working with and supporting the resident
- staff provided educational support to the resident on good budgeting practices
- staff and family provided support and advice to the resident
- the resident agreed to daily and weekly checks on their finances
- bank statements were checked
- a referral was made to an independent money advice agency for the resident
- a referral had been made for the resident to meet with an independent advocate
- a risk assessment was in place for this issue and reviewed monthly.

Where a resident may decline to attend various medical appointments and/or follow recommendations made by healthcare professionals the following supports were in place:

- a care plan was in place to guide practice
- the residents general practitioner (GP) spoke to them about the importance of attending appointments and following healthcare related recommendations
- the residents psychiatrist also spoke with them explaining the possible risks and consequences of their lifestyle decisions and choices
- a clinical nurse specialist in health promotion also spoke with the resident providing advice and guidance on same
- where a healthcare-related appointment was declined, a new appointment was made for the resident.

It was also observed that residents had regular and as required access to GP services and a range of other allied healthcare professionals to include a dietitian, clinical nurse specialists (in behaviour and health promotion) and a speech and language therapist. Each resident had an annual health and medication review with their GP and hospital appointments where required, were facilitated.

The inspector observed that some residents valued their independence and a number of steps were in place to support their safety. For example, one resident liked to go out for a social drink independently and they informed the inspectors

that before they went out they let staff know where they are going, made sure to take their mobile phone with them (fully charged) and took their coat and bag with them. This meant that if they needed to contact staff when out and about in their community for any reason, they could do so as they had their mobile phone with them.

A Garda community liaison officer had also met with all of the residents on February 19, 2025 and went through an educational piece with them on stranger danger, staying safe in the community and being aware of scams when using mobile phones.

One resident who lived semi-independently in one of the apartments at the back of the centre was also able to inform one of the inspectors of what they would do if they needed something when on their own in their apartment. For example, they had two panic alarms (one in the bedroom and one in their sitting room) that they could activate in an emergency and, they also had a mobile phone they could use to ring the main house at any time if they needed anything (there was a live waking night staff working in the main house each evening).

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting/signage.

Equipment was also being serviced as required by the regulations.

For example:

- the fire alarm system was serviced in April 2024, August 2024 and February 2025
- the emergency lights were also serviced in April 2024, August 2024 and February 2025
- the fire extinguishers were last serviced in April 2024.

Staff also completed as required checks on all fire equipment in the centre and from reviewing the training matrix and four staff files, they had training in fire safety.

Each resident had an up-to-date personal emergency evacuation plan in place which detailed the level of support and guidance they required in evacuating the building.

Fire drills were being conducted in the designated centre as required. One resident may refuse to evacuate the building during a fire drill however, an educational piece on this had been completed with the resident. It was observed however, that the residents personal emergency evacuation plan could have contained a little more information on how the service was managing this issue. Notwithstanding, the



person in charge and house manager informed the inspectors that this resident would evacuate the premises in the event of an actual fire.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were suitable systems in place for the ordering, storing, administration and return of out of date medications in the centre.

From reviewing the training matrix and four files staff (non nursing) had training in the following:

- safe administration of medication
- epilepsy management to include the administration of rescue medication

One staff member spoken with was able to talk the inspector through the administration of a prn (as required) medicine as detailed in the residents protocol on same.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP
- dentist
- dental hygienist
- optician
- physiotherapy
- chiropody
- speech and language therapy.

Residents also had a annual physical examination with their GP and each of them had a number of healthcare-related plans in place so as to inform and guide practice. One staff member spoken with were familiar with one residents epilepsy care plan.

Hospital appointments were facilitated as required and each resident had a hospital

passport on file.

It was observed that some resident could decline from attending healthcare-related appointments and refuse to follow recommendations as prescribed by allied healthcare professionals. This issue was discussed in detail under Regulation 26: Risk Management Procedures.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and/or behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One inspector reviewed one of these plans and found that one staff member spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plan.

At all times over the course of this inspection the inspectors observed staff supporting residents in a person centred, caring and kind manner. They were knowledgeable on the assessed needs of the residents and respectful of their individual style of communication.

Judgment: Compliant

### Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one open safeguarding issue however, it had been reported to the relevant authorities to include the Office of Chief Inspector and the National Safeguarding Team. There was also an interim safeguarding plan in place regarding this issue.

The inspectors also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one.
- easy-to-read information on advocacy, safeguarding and how to make a complaint was available in the centre

- information on how to contact the complaints officer and designated officer was available in the centre
- feedback from one family member spoken with over the phone on the day of this inspection on the service provided was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided in the service.
- in their written feedback on the service, residents reported that they felt safe in their home
- residents spoken with on the day of this inspection said they would speak to staff about any issue they might have
- there were no complaints about any aspect of the service on file for 2024.
- a Garda community liaison officer had met with the residents on February 19, 2025 and went through an educational piece with them on stranger danger, staying safe in the community and being aware of scams when using mobile phones
- access to external bodies such as advocacy agencies and money advice services where required was sought.

Additionally, from reviewing the training matrix and four files, the inspectors observed that staff had training in the following:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents also had access to an assisted decision making specialist and independent advocate so as to support them with making decisions regarding their finances, health and well-being.

In their feedback on the service, residents reported that staff knew what was important to them and were respectful of their decisions.

A number of staff had also undertaken in-house training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

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## 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tin Tean OSV-0002993

Inspection ID: MON-0037759

Date of inspection: 24/02/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  The Governance & Management arrangements of this center has been reviewed The designated center will now have a Person in Charge with 37.5 hours per week.	

## 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 23(1)(c)	The registered provider shall ensure that 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.	Substantially Compliant	Yellow	07/04/2025