



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

Issued by the Chief Inspector

Name of designated centre:	Tús Nua
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	12 October 2021
Centre ID:	OSV-0007773
Fieldwork ID:	MON-0029092

About the designated centre

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

Tús Nua is a service provided by the Health Service Executive and is based a short distance from Sligo town. Tús Nua provides full time residential care for four adults with moderate to profound intellectual disabilities who may require support with their social, medical and mental health needs. The centre is a single storey house, which also includes a building adjacent to the main house that contains a utility room and 'activities room' for residents. All residents have their own bedroom with two bedrooms having en suite facilities. Bathroom facilities are level access. There is a communal kitchen/dining area and living room in the main house. There is a large garden area out the back of the house, which includes a paved area which can be accessed from the kitchen and contains garden furniture for residents to sit outdoors. The centre benefits from it's own mode of transport to support residents to access the wider community. The centre is staffed by a skill mix of nursing and health care staff under the supervision and support of the person in charge. The centre provides waking night cover and 24 hour on-call nursing service is also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 12 October 2021	11:15 am to 6:00 pm	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that the health, wellbeing and social care needs of residents who lived at the centre was promoted, and that care was delivered in a person-centred manner. Residents who the inspector met with during the day of inspection appeared relaxed and comfortable in their environment and with the supports provided by staff members.

The designated centre provided full-time care to four residents. Residents had moved into this centre in June 2020 during the COVID19 pandemic. An inspection by the Health Information and Quality Authority (HIQA) in September 2020 found that residents were settling in well to their new home.

The inspector found on this inspection that the centre was very homely and had a relaxing and warm atmosphere. Residents appeared well settled in their home and in their community and they were reported to get on well with each other. The inspector got the opportunity to meet with all four residents throughout the day of inspection while adhering to the public health guidelines of the wearing of a face mask and social distancing. In addition, the inspector met and spoke with three staff who were working on the day.

On arrival to the centre in the morning, the inspector met with residents and staff. One resident was relaxing in the sitting-room, and two residents were being supported with having breakfast. Another resident was in their bedroom, and later came up and greeted the inspector. Some residents did not communicate verbally with the inspector; however it was noted that they appeared comfortable around staff supporting them and staff appeared to know them very well. They interacted on their own terms and responded to some questions about their lives with support from staff.

Two residents were reported to have been away recently on holidays for a few nights, and staff spoke about how residents enjoyed this and described some of the activities that they did while on holidays. There was also photographs in one resident's personal folder about what they had enjoyed while on holidays which included; shopping, going out for meals and day-trips to the beach and other amenities. Staff spoke about how two other residents had planned a holiday next month in another county for a few nights, and spoke about residents' likes and preferred activities and what they might do while on holidays.

Residents were reported to be getting on well at this time, with one resident having resumed a day service for three days per week, where they met with peers and engaged in some community activities, such as horse riding and going to the library. All other residents were supported to engage in day activities from their home, and on the day of inspection all residents and staff went on a day trip on the centre's transport and had lunch out together. The inspector was informed about the activities that residents were enjoying during COVID-19; such as bird watching,

photography, flower arranging and participating in ZOOM classes. Some residents had received a certificate for their participation in a flower arranging course during COVID-19. During the Summer residents had also enjoyed various day trips, and there were photographs which showed residents' enjoyment of a day out at the Zoo.

Residents were observed to be comfortable in their home and with each other. There were photographs available to review which showed residents having a party for their one year anniversary in their new home, and the inspector was informed about a birthday celebration that had occurred the previous week for one resident. The house was noted to be decorated with Halloween decorations, and was personalised with photographs, which added to the homely atmosphere. Each resident had a spacious bedroom, which was beautifully decorated and personalised with framed photos, paintings and pictures of their personal goals achieved and goals yet to achieve. There was a spacious garden area out the back of the house, which contained garden furniture, a basket ball hoop, bird houses, potted plants and a colourfully painted fence. One resident who enjoyed bird watching had pictures of various birds in their bedroom, and it was observed that a bird house and feeders were located outside of their bedroom so that they could enjoy bird watching from the comfort of their bedroom as well as from the garden. A separate building adjacent to the house, and which also formed part of the centre, was a garage converted into a 'den', in which there was a television, pool table, dart board and various games for residents to enjoy in their leisure time.

The inspector also reviewed documentation such as personal plans, the annual review of the service, and residents' house meeting notes in order to get a more detailed view of the lived experience of residents. Residents' meeting notes provided evidence of good consultation with residents about a range of topics such as meal planning, activities, COVID-19 information and also included regular discussion about safeguarding and how to make complaints. Residents were consulted about how they lived their lives and about what goals they wanted to achieve in the future through their annual review meetings. The inspector also noted through documentation and discussions with staff that residents were supported to maintain links with their family at the time of the public health restrictions.

Overall, residents appeared happy and content in their home environment and with staff supporting them. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this centre was well managed, and that there were systems in place which ensured that the care delivered to residents was under regular review and to a good quality. Some improvements were required in staff

training, risk management documentation and in providing clear instructions on safe fire evacuation, which would further enhance the quality of service provided.

The person in charge worked full-time and was supported in their role by a team of front line staff that consisted of a skill mix of nursing staff and care assistants. The person in charge was in post since October 2020, and they had the experience and qualifications to manage the centre. They were responsible for two other designated centres and divided their time between all three centres. It was evident that they were regularly available in the centre, and they appeared knowledgeable about residents' individual support needs.

There appeared to be enough staff on duty to meet the needs of residents. The staff rota was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents. Some staff spoken with had worked with residents in their previous home, and said that they had worked with residents for many years. There was a waking night staff in place to support residents with their needs and a management on-call system for out-of-hours, should this be required. Staff spoken with said that they felt well supported and could raise any issues of concern to the management team if required. Regular team meetings occurred between the person in charge and staff team members, in which a range of topics were discussed and which demonstrated that opportunities were available for staff to raise any points for discussion.

The person in charge maintained a schedule to carry out a range of internal audits in areas such as; person-centred plans, staff files, fire safety, health and safety and medication management. In addition, regular reviews took place of incidents that occurred in the centre and the inspector found that the notifications that were required to be submitted to the Chief Inspector of Social Services were completed as required.

The provider ensured that unannounced audits and annual review of the quality and safety of care had been completed. A quality improvement plan had been developed which included actions from various service audits and HIQA inspections, and was found to be kept under review.

Staff were offered training opportunities for continuous professional development and in supporting them to have the skills and knowledge to support residents with their needs. Training records were reviewed with the person in charge, and indicated that some refresher training was overdue in the areas of fire, safeguarding and behaviour management. While some training programmes had been impacted by the HSE cyber attack, there remained outstanding refresher training for some staff.

In summary, the provider and person in charge demonstrated that they had the capacity and capability to manage the centre; however some improvements were required in staff training, risk and fire management documentation, which would further enhance the care and support provided to residents.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the centre. It was evident that they were familiar with residents' needs and that they were regularly available in the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection it was found that there were enough staff in place to support residents, with three staff available during the day to support four residents. There was a planned and actual rota in place which demonstrated that residents had a consistent team of staff to ensure continuity of care. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Some refresher training for staff in fire safety, safeguarding and behaviour management were outstanding at the time of inspection. The person in charge maintained a schedule to ensure that staff support and supervision meetings were carried out in line with the provider's policy. Staff spoken with said that they felt supported in their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had good systems in place for the monitoring and oversight of the centre to ensure that the service was safe and to a good quality. Unannounced provider audits and the annual review of the care and support of residents had been completed in line with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed recently and was found to contain all the requirements of Schedule 1 in line with the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that were required to be submitted to the Chief Inspector were completed.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, person-centred service where their individual choices about how they lived their lives were respected. Residents who the inspector met with appeared to enjoy living at the centre and were observed to be comfortable in their environment and with staff supporting them. However, the inspector found that some improvements in risk management and fire evacuation documentation were required, which would further enhance the quality and safety of care.

Residents had personal profiles in place which included comprehensive information regarding their personalities, preferences and routines. In addition, assessments of needs were completed to assess health, personal and social care needs and these were reviewed regularly. Annual meetings occurred with the maximum participation of residents and their representatives. Residents were supported to identify personal goals for the future some of which included; holidays, day trips and online courses. A sample of files reviewed demonstrated that these goals were under regular review.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and healthcare services where this was identified as being required. This also included receiving information about vaccines and making this service available to residents. Where concerns about residents' health were raised, these were followed up with the relevant healthcare professionals. In addition, there was evidence that residents had access to multidisciplinary supports such as psychologists and speech and language therapists, where required.

Safeguarding of residents was promoted in the centre through staff training, the ongoing review of incidents, development of comprehensive intimate care plans and discussion at meetings about safeguarding and protection. There were no active safeguarding plans in place at the time of inspection. Residents who required supports with behaviours of concern had specific plans and protocols in place, which had a multidisciplinary input. Restrictive practices were reviewed and the inspector found that these were kept under regular review and assessed as being the least restrictive option for the shortest duration. These also included clear and specific guidance for their use. In addition, they were found to be reviewed with residents and their representatives at the annual review meetings.

The inspector found that residents' rights were promoted through regular residents' meetings where residents were consulted about the running of the centre, and were supported to make choices in their day-to-day lives. In addition, residents were also supported to practice their religious faith in line with their wishes.

The provider ensured that there were good systems in place for the prevention and control of infection including staff training, health and safety audits, posters on display around the house about preventing infection transmission, the use of personal protective equipment (PPE) and availability of hand sanitisers. In addition, there were systems in place for the prevention and management of risks associated with COVID-19; including up-to-date outbreak management plans. Residents' meetings demonstrated that residents were supported to understand measures to protect themselves from infection with regular discussion occurring about COVID-19. In addition, infection prevention and control (IPC) training modules had been developed to support the education of residents about IPC measures.

There was a risk management policy and procedure in place, and emergency plans were developed to guide staff in how to respond to adverse events. Risks that had been identified at a centre and resident level were assessed and documented. However, the inspector found that in one assessment, some control measures were omitted. In addition, some ratings were not reflective of the impact of the risks in line with the organisational procedures. For example, one risk relating to the risk of COVID19 transmission for close up care with residents did not include the requirement for the use of face masks as a control measure, in line with the national guidance. In addition, some ratings related to the impact of a possible fire were rated low and the likelihood of motor accidents were rated as high. The person in charge undertook to review these, when it was brought to their attention.

The centre had systems in place for the detection, containment and prevention of fire. In addition, there was an auditing system in place to ensure that regular fire safety checks and fire drills were completed. Residents had personal emergency evacuation plans in place which detailed strategies which were required to support them to safely evacuate the building. While fire drills demonstrated that residents could be safely evacuated, the centre's evacuation plan referenced the use of compartmentalisation, which was found to be inaccurate and which could lead to confusion in guiding staff in the safe evacuation of all residents.

In summary, the provider had systems in place to ensure that care delivered to

residents was safe and to a good standard. Residents appeared to be relaxed and content in their home and with the supports provided, and they were supported to live a person-centred life and engage in individual interests and hobbies.

Regulation 26: Risk management procedures

Risks that were identified at service and resident level were assessed, and were noted to be kept under ongoing review by the person in charge. However, some documentation required review to ensure that they contained the appropriate control measures required to mitigate against the risk, and to ensure that the risk ratings were accurate and reflective of the likelihood and impact of some risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were good systems in place for infection prevention and control management; including staff training, education of residents, access to PPE, enhanced cleaning schedules and contingency plans in place in the event of an outbreak of COVID-19 in the centre. In addition, HIQA's self assessment tool for preparedness planning had been completed.

Judgment: Compliant

Regulation 28: Fire precautions

The centre evacuation plan required review to ensure that it contained correct information in guiding staff about how to safely evacuate all residents from the building.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs had been completed for residents with regard to health, personal and social care needs, and care plans were developed where required. Residents were involved in their review meetings and in the identification of

personal goals for the future.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to achieve good health by being facilitated to access a range of allied healthcare professionals
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents who required support with behaviours had plans in place, which had a multidisciplinary input. Restrictive practices were kept under regular review and there were clear protocols in place for their use, to ensure that the practice was the least restrictive measure for the shortest duration.
Judgment: Compliant
Regulation 8: Protection
The inspector found that safeguarding of residents was promoted. Staff were trained and knowledgeable about what to do in the event of a suspicion of harm. Residents had comprehensive intimate and personal care plans in place which aimed to support residents with their independence in this area, and clearly outlined the supports required.
Judgment: Compliant
Regulation 9: Residents' rights
The inspector found that residents were supported to exercise choice in their day-to-day lives and they were consulted in the running of the centre through regular residents' meetings. Easy-to-read documents in a range of topics were available to residents to help support their understanding of issues.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	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 Nua OSV-0007773

Inspection ID: MON-0029092

Date of inspection: 12/10/2021

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The Registered Provider has resourced External Agency to ensure the delivery off Mandatory Training in line with regulation. • The Person In Charge has a detailed schedule in place for all staff to complete the outstanding mandatory refresher training required 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The registered provider has ensured that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. • The Person In Charge has reviewed and updated the Risk Assessments to ensure that the risk ratings are accurate and reflective of the likelihood and impact of risks in the Designated Centre . 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none">• The registered provider has ensured that adequate arrangements are now in place for the safe evacuation off all persons in the Designated Centre, in the event of fire.• The Person In Charge has reviewed and updated the fire notice, this now refers to the evacuation of the residents through the zones within the house, and assembly point at the front of the Designated Centre	

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	11/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	01/11/2021

	event of fire, all persons in the designated centre and bringing them to safe locations.			
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