



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:	Unannounced
Date of inspection:	30 March 2023
Centre ID:	OSV-0002993
Fieldwork ID:	MON-0038902

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 social care professional and a team of qualified and experienced social care workers. There are systems in place to ensure that the residents are consulted with about the running of the centre and residents are empowered (with support where required) to make their own choices and decisions about the care and support that they receive. There are also systems in place to ensure the residents healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided to residents. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. 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

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
Thursday 30 March 2023	10:30hrs to 15:40hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place for the management of infection prevention and control (IPC).

The inspection was completed over one day and the inspector met with six of the residents and spoke with one staff member, the house manager and the person in charge over the course of the inspection.

On arrival to the house, a staff member met with the inspector. They guided the inspector through the IPC procedures required on entering the house and invited the inspector to use a hand sanitising gel. All staff were observed to be wearing appropriate Personal Protective Equipment (PPE) throughout the course of the inspection process.

At the start of the inspection, the inspector met with two of the residents in the kitchen while they were engaged in arts and crafts activities with support from staff. They were making Easter decorations for the house, which they showed to the inspector. Both residents appeared content in their home and told the inspector they were keeping well and were happy living in the house. They also told the inspector that, they had arranged a holiday to Spain for later in the year and said that they were really looking forward to this trip.

Later in the inspection, one of these residents invited the inspector to view their apartment. It was observed to be clean and decorated to suit the individual style and preference of the resident. This resident also liked to garden and grow flowers and had their own raised flower beds at the entrance to their apartment which were well maintained and full of flowers.

Another resident met with also told the inspector that they were happy living in the house and were doing well. The resident told the inspector that they liked to know what staff were working in the house each day and, the house manager ensured a copy of the staff roster was available to them so as they could see for themselves which staff were working and when.

Some residents attended day services where they were supported to attend various clubs and engage in activities of interest. For example, one resident had undertaken a course in first aid, some were developing literacy skills, others liked to sew or participate in gardening programmes and some like arts and crafts. Residents also liked to go for walks, shopping, meals and coffee out and for drives.

One resident had recently completed a college course and told the inspector that they had attended their graduation in December 2022. They said that they were proud of their achievements and had plans to go back to college in 2023 for further study. Additionally, this resident had recently reached a milestone of 15 years in

their current employment (external to the service) and to celebrate this anniversary, their employer had presented them with a gift as a way to acknowledge their hard work and dedication in their job.

From viewing a sample of residents personal plans, the inspector observed that they were being supported to live lives of their choosing and to engage in leisure activities of their choice. For example, residents had been on holiday to England where they visited the set of certain soap operas they were interested in. Residents were also supported to attend concerts and theatre, go to night classes, engage in mindfulness classes, go bowling, cinema, shopping, meals out, develop independent living skills and engage in exercise programmes such as swimming and aqua aerobics. Some residents were also involved in a local tidy towns project.

Residents were also being supported to further develop self-advocacy skills and some had recently attended an information session on the concept of advocacy which was facilitated by a professional external advocate. The organisation had also recently employed an assisted decision making co-ordinator who was available to the residents to provide support and advice if or where required.

Written feedback on the quality and safety of care was positive and complimentary. All residents reported that they were happy in their home, happy with the menu options available, felt their rights were respected and happy with the care and support they received.

Additionally, written feedback on the quality and safety of care from family representatives was also observed to be positive. For example, some family representatives said that staff were courteous and always showed respect to the residents. They also said that the residents were being supported to achieve their goals and, there were a good range of social activities to choose from. One family member said that, the residents were very happy in the service while others reported that the quality and safety of care was excellent.

While some minor IPC related issues were identified in this inspection, they were not impacting on the residents quality of life. Residents appeared happy and content in their home and appeared comfortable in the company and presence of staff. Staff were also observed to interact with the residents in a person centred, caring and professional manner.

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

Capacity and capability

The provider had a range of protocols, documents, guidelines and procedures in place, so as to promote effective IPC systems in the house.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, a clinical nurse specialist (CNS) in health promotion was available to provide support and advice to the person in charge and the centre if or where required. Additionally, the CNS attended weekly meetings with all persons in charge in the organisation and any IPC related issues or updates were discussed. These updates were then in turn disseminated to the staff team by the person in charge.

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

From speaking the the house manager over the course of this inspection, the inspector was assured that they were aware of the standard precautions to take in the event of a suspected and/or confirmed case of COVID-19 in the centre.

From viewing a sample of rosters it was also observed that there were adequate staffing arrangements in place to meet the needs of the residents in the centre as described by the house manager. Staff were also trained in IPC, hand hygiene, donning and doffing of PPE and food hygiene. The house manager also explained to the inspector that plans were underway to expand on staff training in IPC and, that all staff would complete a number of additional training programmes in this area by the end of April 2023.

A number of audits to include six monthly unannounced visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Following such audits, an action plan was drawn up so as to address any issues found. For example, the auditing process identified that a shower chair needed cleaning and a pedal bin needed replacing in the centre. These issues had been addressed at the time of this inspection.

However, it was observed that some issues regarding the upkeep and maintenance of the premises (which could pose as a a possible IPC related risk) were ongoing. This issue is discussed in more detail in section two of this report: Quality and Safety.

Quality and safety

The communication preferences and medical needs of the residents were clearly

detailed in their personal plans.

The provider had developed a communications and hospital passport document for each resident so as to alert staff and other healthcare professionals to the residents assessed medical needs and how best to support and communicate with them. Additionally, each resident had an individual COVID-19 plan in place so as to ensure staff were aware of what steps to take should a resident be suspected and/or confirmed as having COVID-19. These plans also detailed how to support the residents if they had to isolate and who to contact for advice.

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

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in multiple different locations in the centre. Staff were also observed to use these hand gels over the course of the inspection. The provider also had sufficient stock of PPE available in the centre and staff were observed to use it in line with policy and national guidelines.

Cleaning schedules were in place for high-touch areas such as light switches, door handles and computers. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchen. These helped ensure the overall effective hygiene of the centre.

Additionally, there was a colour-coded system regarding the use of mops and cloths so as to minimise the possibility of cross contamination. The house manager also informed the inspector that each resident had their own laundry basket and where required, laundry could be washed on a 60 degree cycle or higher.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed wearing PPE appropriately, engaging in hand hygiene practices and the centre was observed to be clean (in line with the enhanced cleaning schedules in place). IPC related notices and reminders were also on display in the centre.

The centre was observed to be clean and tidy on the day of this inspection however, a number of issues were identified with the premises (some of which could pose as a possible IPC related risk). While the person in charge and house manager were aware of these issues and plans were in place to address them, some of them had been ongoing for some time and the provider had failed to address them in a timely manner.

Regulation 27: Protection against infection

While the centre was observed to be clean and tidy on the day of this inspection, a number of issues were identified with the premises, some of which could pose as a possible IPC related risk. For example:

- flooring needed to be replaced in the centre (to include flooring in some of the bathrooms and kitchen)
- a new kitchen was required to include, new kitchen worktops as some of them were scuffed
- painting was required in the utility room and at the entrance to Apartment 1
- a wardrobe door needed replacing
- the wiring for the television required tidying up
- a ceiling in one of the bathrooms required attention
- parts of the external roof required cleaning.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Tin Tean OSV-0002993

Inspection ID: MON-0038902

Date of inspection: 30/03/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • In consultation with the Housing Association the following works and time frames have been agreed • The replacement of flooring in the bathrooms of the three apartments and the kitchen flooring in the kitchen of the main house will be completed by 30/6/2023 • New kitchen units will be fitted to include new worktop. To be completed by 30/9/2023 • Painting of utility room will be completed by 30/9/2023. • Painting of entrance to Apartment 1 will be completed by 31/5/2023. • Wardrobe door currently being manufactured and will be installed by 31/5/2023. • TV wires have now been combined to leave a more streamlined aesthetics. Completed on 21/4/2023 • The sealing and repainting of bathroom ceiling will be completed by 31/5/2023. • The removal of moss from external roof will be completed by 5/5/2023. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2023