



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

Issued by the Chief Inspector

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| Name of designated centre: | Tus Nua |
| Name of provider: | The Rehab Group |
| Address of centre: | Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 02 April 2025 |
| Centre ID: | OSV-0002662 |
| Fieldwork ID: | MON-0046790 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 |
|------------------------|----------------------|--------------|------|
| Wednesday 2 April 2025 | 09:50hrs to 16:30hrs | Conan O'Hara | Lead |

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support. The inspection was carried out in one day by one inspector. The person in charge was on leave on the day of the inspection and the inspection was facilitated by the team leader.

The inspector had the opportunity to met with the three residents in their home throughout the inspection as they went about their day. The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector also met with three members of the staff team and reviewed records pertaining to the care and support and governance arrangements in the centre. Overall, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life.

On arrival to the centre the inspector was welcomed by two of the residents as they prepared for their day. The two residents were observed having a cup of coffee and moving around the centre supported by staff to get ready for the day. The inspector met the third resident upstairs in their sitting room as they listened to music before leaving the centre. Later in the morning, the inspector observed two residents leaving the service to attend their day service. One resident was supported with their day to day activities from the centre and was observed leaving the centre to access the community for a walk and lunch.

In the afternoon, the resident returned home from the community and was observed as being content in their home as the walked around the house whistling. Another resident returned home from their day service and spend time in their sitting room listening to music. The residents were observed to appear relaxed and comfortable in their home and in the presence of the staff team and management.

The inspector carried out a walk through of the house accompanied by the team leader. The designated centre comprised of an entrance hall, two sitting rooms, two kitchen/dining rooms (upstairs and downstairs), three individual resident bedrooms, utility room, a relaxation room, staff sleep over room, a number of bathrooms and a staff office. The inspector found that the centre was decorated in a homely manner with residents' personal belongings and pictures of the residents and their family. In general, the house was clean and well maintained. There was a well maintained garden to the rear of the centre which included a garden shed. The garden shed was an important area for one of the residents who liked to spend time there.

In summary, based on what the residents communicated with the inspector and what was observed, the residents received good quality of care and support. The residents appeared content and comfortable in the service and the staff team were

observed supporting the residents in an appropriate and caring manner.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined management structure in place. The person in charge was in a full-time role and they held responsibility for one other designated centre and day service operated by the provider. There was evidence of regular quality assurance audits taking place to ensure the service provided was safe, appropriate to the residents needs and actions taken to address areas identified for improvement.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records demonstrated that the staff team had up-to-date training and were suitably supervised.

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place which ensured continuity of care and support to the residents.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The three residents were supported during the day by four staff members. At night, the three residents were supported by one waking night staff and one sleep over staff. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, de-escalation and intervention techniques, safe administration of medication, manual handling, and safeguarding. A number of the staff team had also completed training in human rights and autism. In addition, on the day of the inspection a number of the staff team were attending training on Lámh which had been identified as a training need for the service.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records it was evident that the staff team were provided with supervision in line with the provider's policy. There was a scheduled of supervision meetings planned for the rest of the year.

Overall, this meant the staff team were provided with the required training and support to ensure they had the necessary skills and knowledge to support and respond to the needs of the residents and to promote their safety and well being.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was also responsible for one other designated centre and day service. They were supported in their role by team leaders and day service supervisors.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2024 along with a six monthly unannounced provider visits to the centre carried out in July 2024 and January 2025. In addition, local audits were being completed in areas including finances and medication. These audits ensured that the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. In addition, the inspection was informed that the service had recently achieved an award from an external accreditation programme which had audited the services autism practices and procedures.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a safe and homely environment.

The inspector reviewed the residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their assessed needs. The previous inspection found that the arrangements in place for the general oversight of residents finances required improvement. While some continued work was required for one resident, this had been for the most part addressed.

The inspector found that the service provider had appropriate and effective systems in place to keep residents safe.

Regulation 10: Communication

The residents used verbal and alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each residents' communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. The staff team spoken with demonstrated an clear understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the inspection. The staff team were attending training on Lámh on the day of the unannounced inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the systems in place for the three residents and in general found that there was appropriate systems in place. The provider had appropriate day-to-day systems in place including daily checks, storage of receipts and ledgers. The inspector reviewed a sample on money stored in the centre against the ledgers and found that they matched.

The previous inspection found that the oversight arrangements where residents were supported in the management of their finances by others required improvement. The provider demonstrated that they had reviewed the supports in place for all residents. While there remained some work to be completed in relation to one resident, the provider demonstrated that the arrangements were being reviewed with the resident and their family as appropriate.

Judgment: Compliant

Regulation 17: Premises

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

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk and keep the residents safe in the centre. There was a policy on risk management in place in the centre.

The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up-to-date and reflected the control measures in place. For example, there were up-to-date risk assessments in place in relation to behaviour, manual handling and accessing the community.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the three residents' personal files. Each resident had an up to date comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place. The personal plans also identified personal goals and wishes for each resident which were individual to each resident based on their interests.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry, as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy. In addition, it was demonstrable that restrictive practices were removed where possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. There was a safeguarding policy in place, which clearly directed staff on what to do in the event of a safeguarding concern. The person in charge had completed a safeguarding self-audit tool to ensure that the practices and procedures in the centre were appropriate and effective. The inspector reviewed incidents occurring in the centre in the last six months and there was evidence that incidents were appropriately reviewed, managed and responded to. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

Regulation 9: Residents' rights

A rights based approach to care and support was well adopted within this centre. Residents made decisions about their care and support through weekly meetings and personal care planning. All staff spoke about residents in a professional and caring manner. All interactions observed between staff and residents were kind, respectful and in line with resident needs. Documentation in relation to residents was written in a person-centered manner. Residents confidential information was kept safe and secure. The staff team had been supported to complete training in human rights.

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 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|-------------------------------------------------------|-----------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |