



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

Issued by the Chief Inspector

Name of designated centre:	Tus Nua
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	19 January 2023
Centre ID:	OSV-0002662
Fieldwork ID:	MON-0029997

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, a number of bathrooms and a staff office. Staff support is provided by a person in charge, team leader and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 19 January 2023	09:30hrs to 16:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

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.

The inspector had the opportunity to meet the three residents over the course of the inspection. On arrival, the inspector was welcomed by one resident while two other residents prepared for the day. Two residents were supported to access their day services while one resident was supported from the designated centre. Over the course of the inspection, the inspector observed staff supporting the resident to access the community. In the afternoon, the two residents returned from day services and were observed interacting positively with staff, listening to music and watching TV. Overall, the residents were observed to appear relaxed and comfortable in their home.

The inspector also reviewed three questionnaires completed by the residents or their representatives describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents.

As noted, the designated centre comprised of three individual resident bedrooms, entrance hall, two sitting rooms, two kitchen/dining room (upstairs and downstairs), a utility room, a number of bathrooms and a staff office. The designated centre was warm and suitably decorated in a homely manner with pictures of the residents and people important to them located throughout the house. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents. 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. The inspector observed that the shed had been insulated and contained a heater, TV and radio.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified including

oversight of finances and infection prevention and control.

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

Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality safe care and effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. The inspector observed positive interactions between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

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 two team leaders and day service supervisors.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. The inspector reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the three residents were supported by four staff members. At night, one waking-night staff and one sleep over staff were in place to support the three residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The previous inspection found that improvements were required in ensuring staff received refresher training. From a review of a sample of training records, this had been addressed. The staff team in the centre had up-to-date training in areas including prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre

which contained all of the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Integrated Service Manager, who in turn reported to the Regional Operating Officer.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022 and six monthly provider visits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person-centred care and support to the residents in a homely environment. However, some improvement was required in oversight of resident finances and infection prevention and control practices.

The inspector reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. However, the arrangements in place for the general oversight of residents finances required improvement.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection. However, some improvement was required in assuring that the guidance for mask wearing was in line with the national guidance for residential care facilities.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that the day-to-day practices were appropriate. However, the arrangements in place for the general oversight of residents finances required improvement. For example, where residents were supported in the management of their finances by others, improvements were required in the transparency of systems in place and support plans to ensure residents money was protected and ensured residents had full access to their own funds.

Judgment: Substantially compliant

Regulation 17: Premises

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

or on their own.

Judgment: Compliant

Regulation 20: Information for residents

The provider a residents' guide in place which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. The staff team were observed wearing PPE throughout the inspection. The previous inspection identified improvements required in some areas of infection control including storage of equipment and maintenance of surfaces. This had been addressed.

However, the provider's infection prevention and control guidance required review to ensure that it was consistent with national guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

On the day of the inspection, one fire door was observed not closing fully which negated the purpose of the fire door. This was identified to the person in charge and addressed following the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. 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. There were a number of restrictive practices in use in the designated

centre which had been appropriately identified as restrictive practices and reviewed by the organisation's restrictive practice committee. The previous inspection found that some improvements were required in the oversight of restrictive practices. This was found to be addressed.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. Safeguarding plans were in place for identified safeguarding concerns.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tus Nua OSV-0002662

Inspection ID: MON-0029997

Date of inspection: 19/01/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Current supports in respect of resident’s finances will be reviewed by the PIC by the 31/03/2023. • Arrangements for managing finances will be clearly documented in each individual’s finance records and support plans by 31/03/2023. • Arrangement in place for the management of resident’s finances will be on the agenda for all Resident’s PCP meetings and discussed with individuals and their families, this will be completed by the 31/07/2023. • Process to ensure that residents have their own bank accounts and are in receipt of their disability allowance will be commenced by the 31/03/2023 and completed by the 31/12/2023. This process will be informed by the will and preference of each resident and supports provided in this regard will be done so in line with the resident’s will and preference. 	
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"> • The provider is currently completing a review of mask wearing guidance to ensure consistency with national guidance, this will be completed by 28/02/2023. 	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2023
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	Substantially Compliant	Yellow	28/02/2023

	infections published by the Authority.			
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