



Office of the Chief Inspector

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

Name of designated centre:	Tus Nua
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 March 2019
Centre ID:	OSV-0002662
Fieldwork ID:	MON-0023346

About the designated centre

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

The registered provider states that the aim of the designated centre Tus Nua is to provide a homely, person centred environment which supports both service users and their families. Tus Nua provides a home for three adults with autism, intellectual disability and associated behaviour that challenges. All adults who use the service are encouraged to be independent in many aspects of their daily life. For areas that require support and assistance, each individual has the support of qualified and trained staff. All supports are provided in line with the individuals assessed needs as set out in an individualised personal plan.

The following information outlines some additional data on this centre.

Current registration end date:	23/10/2020
Number of residents on the date of inspection:	3

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 - 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
20 March 2019	09:00hrs to 16:00hrs	Laura O'Sullivan	Lead
20 March 2019	09:00hrs to 16:00hrs	Tanya Brady	Support

Views of people who use the service

On the day of inspection, inspectors had the opportunity to meet with two of the residents. One resident did not interact with inspectors and went to their day service. The other resident chose not to interact with inspectors and this choice was respected. Staff were observed interacting with residents in dignified manner ensuring to adapt their communication to the techniques utilised by the individual resident.

One resident's personal communication plan set out that they enjoy when staff "mimic" sounds that they make. When staff were interacting with the resident this happened in a natural manner which the resident enjoyed. Residents were observed to be very comfortable in the presence of staff members who ensured to listen to all forms of communication from each individual.

Capacity and capability

Tus Nua, presented as a centre where the registered provider demonstrated a high level of compliance. Through a clear governance structure and effective operational management systems overall a high level of service provision was afforded to residents. Some improvements were required for example in relation to staff training and development to ensure a high level of compliance was achieved.

The registered provider had clearly defined management structures in place which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the service manager. There was a suite of audits in place used to monitor the quality of the service provided to residents and these were current and actively reviewed. The person in charge and the staff team were meeting every four to six weeks to discuss residents' needs, personal plans, family input, clinical supports, audits, budgets, health and safety, safeguarding, and other issues as they arise. There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. The inspectors found that learning and improvements were brought about as a result of the findings of these reviews.

The registered provider had made good arrangements to ensure there was sufficient staffing to support the residents. An actual and planned rota was seen and there were arrangements in place for flexibility to meet additional resident needs such as appointments.

The inspectors found that residents appeared happy, relaxed and content. Staff

members were observed by the inspectors to be warm, caring, kind and respectful in all interactions with residents. Staff members who spoke with the inspectors were knowledgeable in relation to their responsibilities and residents' care and support needs. However it was not possible for inspectors to ascertain whether staff had all completed training and refreshers in line with residents' needs as the record keeping was not current or in a format that could be interpreted easily. The person in charge did provide this information following the inspection.

The person in charge had ensured systems were in place for appropriate staff supervision. Following an incident in the centre additional supervisory meetings were implemented to afford support and information to relevant staff members. Staff members informed staff that the governance team in place were supportive and approachable with any issues or concerns.

The registered provider had policies and procedures to guide staff in delivering safe and appropriate care and support. The provider had ensured that schedule 5 and other relevant area specific policies and procedures were in place however there were discrepancies with respect to the version numbers on the cover pages and in the main text and the most up to date version was not always available to staff for reference.

Regulation 14: Persons in charge

The registered provider had appointed a suitably experienced and qualified person in charge to the centre. Through delegation of duties to the appointed team leader and members of the staff team, effective systems for the monitoring of centres under the person in charge's governance was evident

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place to ensure adequate staffing levels to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff was facilitated and supported to attend training and refresher training as required. however, improvements were

required with regard to the documentation and record keeping of training participation.

The person in charge had effective systems in place for the supervision of staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had systems in place to complete an annual review and six monthly un-announced audits of the service provided. Measures were implemented to ensure concerns that were identified as part of these were addressed.

Management systems within the centre were effective in ensuring that the service provided was appropriate to the residents needs, consistently provided and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that all admissions to the centre were implemented in line with the statement of purpose.

Resident's representatives had agreed in writing the service to be provided including the fees to be incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information as set out in schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Some improvements were required to ensure that all notifiable events were notified in line with regulatory requirements

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no active complaints in the centre. An organisational policy ensured staff had an awareness of procedures to adhere to should a complaint arise. The policy included details of the local complaints officer. These details were also visible in an accessible format within the centre

Judgment: Compliant

Regulation 4: Written policies and procedures

Whilst the provider had ensured the development of policies asset out in Schedule 5, it was unclear which version was in use. Not all update to date policies were available to staff to ensure that staff were aware of up to date best practice,

Judgment: Substantially compliant

Quality and safety

Tus Nua presented as a service which afforded person centred care to the individuals currently availing of the service. On review of the quality and safety of the service provided to residents the inspectors found that residents lived in a warm, comfortable and relaxed home, where the person in charge and team leader ensured that meaningful activation and community participation was encouraged. Residents were supported to make choices in their day to day, however resident consultation in the day to day operations of the centre required some improvement.

Residents used a variety of systems for communication and while not fully verbal were effective in their individual communication strategies. There was evidence that staff were utilising a combination of alternative and augmentative communication systems, such as Lámh (a manual signing system), talking mats (a visual communication system) and symbol boards and social stories. Residents personal files and behavioural support plans contained clear communication support plans. Staff were observed to use key words, reduced sentence content and interaction

strategies when engaging with residents.

The person in charge had ensured the development and review of comprehensive individualised personal plans for resident. Plans were person centred in nature incorporating the individual's personal needs, goals and aspirations. Where goals had been identified these were found to be meaningful to the individual with clear evidence of participation in and progression of all goals. Keyworkers appointed to each individual ensured there was a system of on-going review of plans to ensure they were relevant to the person and continuously progressed. There was also regular communication between residential and day service to ensure activities were an integral part of the person's day. Where an individual had been unable to attend a day service, systems were implemented to ensure that this did not impact on their level of meaningful activation.

Personal plans incorporated clear guidance for staff of how to respond and support resident during period of behaviours of concern. Behaviour support plans were present which encompassed identified triggers, reactive and proactive strategies to be utilised. Plans were person centred and ensured that the person was at the forefront of the plan. As required these plans incorporated restrictive practice to ensure the safety and wellbeing of the resident. Documentation was reviewed which evidenced that these restrictions were utilised for the shortest duration necessary in the least restrictive manner.

Whilst the impact of activation had been recognised following an injury, improvements were required with respect to the holistic approach to the injury. The resident had been supported to receive initial and follow up hospital and GP treatment however; no multi-disciplinary input had been received. This was required to ensure measures put in place were safe and effective in meeting the resident's current and future needs such as physiotherapy and occupational therapy. Manual handling guidance had been identified as a current control measure in a relevant risk assessment however an assessment had not been implemented following the injury.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. A member of the staff team had delegated responsibility for the management of medication management within the centre. This staff member spoken with had a clear understanding of these procedures and evidenced good practice to inspectors when reviewing systems.

The registered provider had ensured that there were effective arrangements in place to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it was maintained and regularly serviced by competent personnel. Each resident had a personal emergency evacuation plan in place to guide staff on evacuation procedures to adhere to with evidence that these were reviewed and amended regularly as necessary. Fire procedures were available in an accessible format and on display. Staff were ensuring that fire drills were occurring with oversight from the person in charge.

Regulation 10: Communication

Each resident was assisted and supported at all times to communicate in accordance with their needs and wishes. Staff were aware of different communication needs and were supported to support and develop these.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to attend a day service located on site. On occasions when this was not feasible the person in charge ensured alternative arrangements were put in place to ensure residents continued to participate in meaningful activities both within the home and in the wider community

Judgment: Compliant

Regulation 17: Premises

The premises presented as a warm, homely and clean environment. Some improvements were required to ensure the property was in a good state of repair internally with some furniture also required to be replaced in communal areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Systems were in place for the prevention, detection and containment of fire. Regular checks were carried out by staff with regard to fire fighting equipment. All fire fighting equipment was serviced regularly by certified personnel. Evacuation drills were completed both day and night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charged had ensured that there were effective systems in place in relation to the prescribing and disposal of medications. Effective systems were in place in relation to the administration of medications with PRN (as needed) protocols in place. There were clear guidelines for staff with respect to the protocols in place for the administration and management of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development and regular of review of an individualised personal plan for each residents. the plans were comprehensive and person centred in nature incorporating the individuals personal needs, goals and aspirations.

Where goals had been identified these were found to be meaningful to the individual with clear evidence of participation in and progression of all goals.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to access allied health professional of their choice within their local community. Guidance for staff was clear on procedures to adhere to support identified health concerns.

However, following a significant injury for one resident access to allied health professional to ensure a holistic approach to care was not facilitated. A multi-disciplinary approach to care has not been adopted to ensure guidance for staff was accurate, safe and in accordance with best practice.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were provided with up to date knowledge and skills to respond to behaviour that is challenging.

Where a restrictive practice was utilised this was done so for the shortest period of

time required and to maintain the safety and well being of residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured effective systems were in place to safeguard residents from abuse. An organisational staff policy in conjunction with training ensured that staff were aware of procedures to adhere to should a concern arise.

intimate care supports needs were clearly laid out within the individuals personal plan.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured the centre was operated in a manner which was respectful to each individual. Whilst spoke of residents being consulted in the day to day operations of the centre, this was not clearly evidenced through any form of documentation

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tus Nua OSV-0002662

Inspection ID: MON-0023346

Date of inspection: 20/03/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Service training records were sent to the HIQA Inspector on the 21-03-2019 identifying date training was completed and the date training is next due. • One staff will complete outstanding training on return from maternity leave. • Staff training requirements and records will be reviewed monthly in conjunction with the Training Department. • Clear records of mandatory training are now available in the service. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • NFO7 forms were submitted to HIQA in respect of 4 staff members on the 25-03-2019. • The PIC will ensure going forward that all notifications are submitted as required within the identified timeframe. 	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • All the of the Organisation’s current Schedule 5 policies are now available to staff on site. This was completed on 25-03-2019. • In conjunction with Quality and Governance Directorate Behavior Support Policy updated and made available to all staff. This was completed on 25-03-2019. • Recruitment and Selection policy and Administration of Medication policy will be updated and made available to staff by 31-05-19. • Schedule 5 policies will be reviewed at team meeting on 1-05-2019. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> •In conjunction with the relevant Housing Association, the exterior and interior of the premises will be painted by 1-10-2019. •The service will be redecorated considering the service user’s individual choices and needs. This will be completed by 1-10-2019. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> •Person handling assessment completed on the 27-03-2019 by a competent person for one service user. Recommendations for supporting the service user have been provided to and are being implemented by the staff team. •Referral submitted to the HSE for Occupational Therapy and Physiotherapy for one service user on the 29-03-2019. •Public Health Nurse assessed the service user on the 29-03-2019 and deemed the environment was suitable to meet the resident’s needs. •Occupational Therapist assessed the service user’s wheelchair and environment on the 3-04-2019, a new wheelchair ordered and received on the 4-04-2019. •Occupational Therapist reviewed the service user again on 8-04-2019, no further recommendations. •The service user was seen by the physiotherapist in UHL on the 9-4-2019 and will be reviewed again on the 30-04-2019. •If any service user’s needs change in the future, referrals will be submitted for professional multi-disciplinary input immediately. 	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: •Individual 1:1 weekly meetings will be held with each service user to ensure that Residents' are consulted on all aspects of service provision, these interactions and any actions arising will be documented in the service. This will commence week beginning 29-04-2019.	

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	01/04/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/10/2019
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring	Substantially Compliant	Yellow	25/03/2019

	in the designated centre: any allegation of misconduct by the registered provider or by staff.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/05/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/04/2019
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	05/05/2019