



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:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0008146
Fieldwork ID:	MON-0035005

About the designated centre

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

Tus Nua provides full-time residential care to three residents and part-time care to one resident. The centre is a newly constructed bungalow in a housing estate located on the edge of a large town. The centre provides care and support for persons with both mild and moderate intellectual disability, with additional medical and social care needs. Residents require low to medium support services in terms of residential care and are supported by a defined complement of staff which includes a Staff Nurse and Health Care Assistants under the supervision of a Clinical Nurse Manager 2. Health Care Assistants arrive on duty at 16.00hrs going off duty at 09.00hrs Monday to Friday. Health Care Assistants provide sleepover support at night. The centre is staffed all day on Saturdays and Sundays. Residents are supported by Health Care Assistants during intervals of non-attendance to day services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 11 January 2024	09:40hrs to 16:50hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of this centre that was completed over one day. The inspection forms part of the routine monitoring activities completed during the registration cycle of a designated centre. From the inspector's observations and conversations with residents and staff, it was clear that residents' had a good quality of life in this centre and were supported to be active participants in the running of the centre and in their local community.

The centre was located in a housing estate on the edge of a large town. It was within walking distance of shops, amenities and the town centre. The centre was a modern bungalow that was newly constructed in recent years. Each resident had their own bedroom and en-suite bathroom. The house also had a spacious kitchen, a utility room and a comfortable sitting room. There was an office, store-rooms and a visitor's bathroom in the centre. There was a small yard to the rear of the building.

The centre was warm, bright and homely. It was clean and very well maintained. It was nicely decorated and had a pleasant atmosphere. One resident offered to show the inspector their bedroom. The resident reported that they had chosen all of the furniture and furnishings for their room. The room was also personalised with their photographs and items. Throughout the day, the inspector noted that televisions were tuned to stations and programmes of the residents' choosing.

The inspector met with three of the four residents on the day of inspection. Each resident spoke with the inspector individually. All three said that they were happy in their home and that they felt safe. Residents said that they liked their bedrooms and that they had enough space to store their personal items. They liked the house and shared spaces. All residents were positive about the staff in the centre and said that staff listen to them. Some residents discussed incidents that had happened recently that had upset them. They said that they told the staff about the incidents and that the staff had listened to them and dealt with the incidents. Residents named members of management that they would contact if they had any concerns or complaints. The residents told the inspector about some of the supports that they got from staff. This included support to maintain contact with family, support to go on outings and support with household activities. They named their key-workers and talked about the support that these staff provide. Residents chatted about their interests, daily lives and the activities that they enjoyed.

Residents talked about their rights. One resident talked about how privacy is respected in the centre. They said that it was important to knock on someone's door and not to enter unless they were given permission. One resident showed the inspector a booklet about self-advocacy that they were working on in their day services. They used the booklet to support their communication when talking to the inspector. The positive views of residents were also reflected in satisfaction questionnaires that had been recently completed by the residents.

Staff were observed interacting with residents in a friendly and respectful way. Staff were quick to respond when residents asked for help. Throughout the day, it was noted that staff chatted with residents in a comfortable manner and, at times, were heard laughing together at a shared joke. Staff were very knowledgeable on the needs and preferences of residents. They could outline the specific care needs of residents and the appropriate supports to help residents meet those needs. Staff were respectful when speaking about residents. Staff in this centre had received training in human rights-based health and social care. They used human rights-based language when talking about the service in the centre. They talked about the ways in which residents are offered choice in the day-to-day running of the centre. They respected the autonomy of the residents and encouraged them to complete tasks independently when possible. The inspector observed staff knocking on bedroom doors before entering and offering choices to residents throughout the day.

Overall, residents said that they were happy in their home. They reported that they enjoyed activities in the home and in the community. They said that they were happy with the staff and the service they received in the centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service delivered.

Capacity and capability

This centre had good management structures and oversight arrangements that ensured a quality service for the residents. The staffing arrangements and training were suited to the residents' needs.

There were clear management structures in the centre. Staff knew who to speak to if they had any questions or concerns. Staff meetings occurred on a bi-monthly basis. There was an on-call rota of senior managers available, including out of hours cover. There were deputising arrangements for times when the person in charge was on leave. Persons in charge of designated centres in the region met on a fortnightly basis. A review of the minutes of these meetings showed that information and learning was shared between centres.

The provider had measures in place to ensure that there was good oversight of the service in the centre. There was a schedule of audits and the inspector noted that the audits were completed in line with this schedule. Findings from these audits were added to a quality improvement plan. This plan identified the actions that needed to be taken to address issues found on audit and set out a timeframe for completing these actions. There was evidence that the actions were progressed and completed in line with the target timeframes.

The provider had completed an annual review and six-monthly unannounced audits of the service in line with the regulations. These reviews were comprehensive and any issues that were identified were added to the quality improvement plan.

The staffing arrangements in the centre were in line with the residents' assessed needs. Where agency staff were employed, the same staff member came from the agency each time ensuring that residents were supported by familiar staff. The rostering of staff allowed residents to have periods of time throughout the week where they had one-to-one access to staff. This supported residents to pursue activities of their choosing. Residents reported that they liked their one-to-one days with staff. Staff were suitably trained. The provider had identified 40 training modules for staff and records indicated that all staff had up-to-date training in all areas. Where staff needed refresher training, the person in charge had identified and planned dates to address these modules. It was also noted that agency staff had received induction training that was in line with the control measures set out in the centre's risk register.

The provider had an effective complaints procedure. A copy of the centre's complaints procedure was displayed in the centre and residents were given information about advocacy services that could support them to make a complaint. There was evidence that complaints had been addressed within the service and that residents had been supported by staff to make complaints about services external to the centre too. A log of these complaints was maintained in line with the provider's policy.

Overall, the clear management structures and good oversight arrangements ensured that the service in this centre was of a good quality. The provider identified areas for service improvement through audit and assessment. Plans were made to address these areas and there was evidence that these plans were completed.

Regulation 15: Staffing

The staffing arrangements in the centre were suited to the residents' assessed needs. The number and skill-mix of staff were appropriate. A consistent team was in place and staff were familiar to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date in the training modules that had been identified by the provider. Where refresher training was required, the person in charge had identified and planned refresher courses for staff.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management structures and lines of accountability. The auditing and oversight arrangements meant that service improvement issues were identified and addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure that was displayed in the centre. Residents were supported to make complaints and there was evidence that the provider had followed their policy in the management of complaints.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare were maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests. The rights of residents were promoted in this centre.

Residents had an assessment that identified their health and social needs. Care plans had been developed for each resident. These care plans outlined the supports needed by residents to meet their identified needs. The plans were regularly reviewed. Staff were familiar with the contents of the residents' care plans and were knowledgeable on the specific supports needed by each resident. Residents had access to a variety health and social care services. It was noted that referrals were made to relevant services as new needs had emerged in recent months. An annual review of the care and support of each resident was completed. These reviews included input from the resident and their family representative.

Residents' choices were promoted and respected in this centre. This included choices in relation to their daily activities, meals and the running of the centre. Residents had opportunities to engage in social activities that were in line with their interests. These included going to the cinema, going for meals out, day trips, beauty treatments, and visiting religious sites. Residents were supported to maintain

contact with their family and friends. A weekly meeting was held in the centre where all residents could voice their opinion about planned activities and meals.

The rights of residents were promoted and respected in this centre. Residents' were supported to make informed decisions and give consent in relation to their care. Staff documented how they had supported residents to understand information and how they could be assured that residents had been able to make informed decisions. This included the use of pictures, easy-to-read documents, and accessing websites with the resident.

The person in charge had a risk register in place that identified risks to residents, staff and visitors to the centre. The risk assessments were comprehensive and were reviewed and updated regularly. Individual residents also had risk assessments, where required. These assessments gave guidance to staff on how to reduce risks to residents. These were also reviewed and updated regularly. These assessments protected residents' safety. The provider also had safeguarding measures in place to ensure that residents were protected from abuse. A review of the centre's incident forms found that issues were quickly identified and escalated, as required.

Overall, residents in this centre received good person-centred care. By respecting their rights, residents were supported to engage in meaningful activities and maintain contact with people who were important to them.

Regulation 10: Communication

Residents' communication was supported through the use of written, picture-based and on-line resources. Staff identified and documented ways that they could ensure that residents had fully understood information that was presented to them so that they could make informed decisions about their care and life.

Judgment: Compliant

Regulation 13: General welfare and development

Residents engaged in a variety of activities in the home and the wider community that were in line with their interests. Residents were supported to maintain contact with family and friends in line with their wishes.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to choose, buy and prepare their own meals. Residents' food choices were respected. There was adequate food and snacks in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a risk register that identified risks to residents, staff and visitors. The risk register was comprehensive. Risk assessments for the centre and for individual residents were reviewed regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of their health and social needs. Each resident had an individual plan that outlined the supports required by residents to meet those needs. The plans were reviewed on an annual basis with input from the resident and their family.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare was well managed. Residents had access to a variety of healthcare professionals. Referrals to relevant services were made, as required. Residents were supported to make informed decisions about their healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had appropriate training in the management of behaviour that is challenging in line with the regulations. Input from relevant healthcare professionals had been sought to support residents, when required.

Judgment: Compliant

Regulation 8: Protection

The provider had implemented safeguarding procedures to protect residents from abuse. Staff were suitable trained in safeguarding and their knowledge was assessed through the use of routine audits. Incidents were documented, reported and reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected. Residents were supported to make choices and to maintain control in their daily lives. Residents were supported to make informed decisions about their care.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant