



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Mixed)

Name of designated centre:	Tignish House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	16 May 2019
Centre ID:	OSV-0004262
Fieldwork ID:	MON-0023429

## About the designated centre

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

Tignish House is a designated centre is located near a town in County Wicklow and is operated by Nua Healthcare. It provides a community residential service to four adults with an intellectual disability and autism. The designated centre is a detached two story building which consists of a kitchen come dining room, sitting room, two sensory room, a number of shared bathrooms, four individual bedrooms, a staff sleep over room and an office. The centre is staffed by a person in charge, social care workers and assistant support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 - 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
16 May 2019	09:30hrs to 18:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with the four residents living in the designated centre during the course of the inspection. Some residents communicated their thoughts and opinions verbally while others used non-verbal methods to communicate. The inspector also observed care practices and interactions on the day of inspection.

Overall, the residents appeared happy and content in the centre and were also seen to be comfortable in the presence of both staff and management. Residents' spoken with told the inspector that they were happy living in the house and one resident told the inspector about their recent birthday party. Throughout the course of the inspection, the residents were observed by the inspector as they engaged in their daily activities such as accessing community and engaging in activities in line with their interests.

## Capacity and capability

Overall, the residents appeared comfortable and content in the centre and the centre's governance arrangements provided effective oversight of the service and ensured that the service provided was of a good quality. However, some improvements were required in relation to the annual review.

There was a clearly defined management structure in place. The designated centre was managed by a person in charge who was suitably qualified and experienced. The person in charge demonstrated good knowledge of the residents and their support needs. The person in charge was responsible for one other designated centre. The inspector found that there were systems in place to support the person in charge to effectively manage this centre. For example, the person in charge was supported in their role by two deputy team leaders.

There were a number of quality assurance audits in place which included annual reviews and the six-monthly unannounced provider visits. However, it was not evident that all residents and representatives were consulted with for the annual review for 2018. This was identified by the provider and a new template had been developed for the next annual review. In addition, there were systems in place to monitor and audit aspects of the service for example personal plans.

The person in charge maintained a planned and actual staff roster. The inspector reviewed a sample of the staff roster and found that, on the day of inspection, there was sufficient staff to meet the assessed needs of the residents. Throughout the

inspection, staff were observed treating and speaking with residents in a dignified and caring manner.

There were systems for the training and development of staff. The inspector reviewed staff training records and found that all staff were up-to-date in mandatory training such as fire safety, safeguarding, de escalation techniques and manual handling.

The service being delivered to residents was observed to be in keeping with the centre's current statement of purpose dated April 2019. The statement of purpose contained all of the information as required by Schedule 1 of the regulations.

The inspector reviewed a sample of incidents and accidents in the centre and found that all adverse incidents were notified to the Office of the Chief Inspector as required by regulation 31.

#### Regulation 14: Persons in charge

The designated centre was managed by a person in charge who was employed on a full-time basis, suitably qualified and experienced. The person in charge demonstrated good knowledge of the residents and their support needs.

Judgment: Compliant

#### Regulation 15: Staffing

There were planned and actual rosters maintained in the centre. There were appropriate staff numbers in place to meet the assessed needs of residents and to provide for the safe delivery of service.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were systems for the training and development of staff. All staff were up-to-date in mandatory training such as fire safety, safeguarding and manual handling.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. There were a quality assurance audits in place which included annual reviews and the six monthly unannounced provider visits. However, it was not evident that all residents and representatives were consulted with for the annual review for 2018.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose dated April 2019 contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

All adverse incidents were notified to the Office of the Chief Inspector as required by regulation 31.

Judgment: Compliant

## Quality and safety

This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person centred and of good quality. However, some improvements were required in personal plans, positive behaviour support and medication management.

The inspector reviewed a sample of the residents' personal plans and found that they were person-centred. Each resident had a comprehensive assessment of need and care plans were developed in line with their assessed needs. While, there was evidence that personal plans were reviewed, one of the personal plans was not reviewed in a timely manner. On the day of inspection, it was in the process of being reviewed. The inspector found that not all plans in place for identified support needs were implemented effectively. For example, while there was support

in place for one resident in relation to money management, it was not evident that additional supports identified were effectively implemented. A PRN (as required) medication plan for responding to an assessed health care need did not sufficiently guide staff.

Personal plans however, did identify goals which included holidays, attending concerts and engaging in local activities. Throughout the course of the inspection, the residents were observed by the inspector as they engaged in their daily activities such as accessing community and engaging in activities in line with their interests.

Residents were supported to enjoy their best possible health. The health-care needs of residents had been identified and assessed and support plans in place for their identified health-care needs. The inspector reviewed a sample of these plans and found that they appropriately guided the staff team on the arrangements and supports in place to support the residents. In addition, residents had access to a General Practitioner and a range of allied health professionals.

There were positive behavioural supports in place for residents where required. These support plans were up-to-date and, in the most part, guided the staff team in supporting residents manage their behaviour. However, some behaviour support plans did not appropriately guide staff in the administration of PRN (as required) medications as part of their behaviour supports. Residents had access to allied professionals such as psychiatry and psychology as required. The centre promoted a restraint free environment and there was evidence of a reduction in restrictions in use in the centre. There were some restrictions in use and the inspector found that these were reviewed appropriately.

There were systems in place to safeguard residents from abuse. Staff spoken with were clear in what constituted abuse and what to do in the event of an allegation or concern. Residents spoken with told the inspector they were happy in the centre and the inspector observed that residents appear comfortable and relaxed in their home. The inspector reviewed a sample of incidents and found that they were appropriately reviewed and responded to.

There was an established system in place for the management of medication. A sample of prescription and administration sheets were viewed and were found to contain appropriate information. There were appropriate practices in place for the storage of medication and the management of controlled medication. All staff were appropriately trained in the safe administration of medication.

The design and layout of the premises was suitable to meet the assessed needs of residents. The designated centre is a detached two story building which consists of a kitchen come dining room, sitting room, two sensory rooms, a number of shared bathrooms, four individual bedrooms, a staff sleep over room and an office. The premises was decorated in a homely manner, with resident's individual rooms decorated in accordance to their preferences.

Overall, this inspection found that residents received a good quality service. There were systems and supports in place to ensure it was safe and person centred.

## Regulation 17: Premises

The design and layout of the premises was suitable to meet the assessed needs of residents. The premises was decorated in a homely manner, with resident's individual rooms decorated in accordance to their preferences.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was an established system in place for the management of medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the residents' personal plans and found that they were person-centred.

While, there was evidence that personal plans were reviewed one personal plan had not been reviewed in a timely manner. In addition, one plan in place, for an identified support need, was not implemented effectively and another did not sufficiently guide staff. For example, while there was support in place for one resident in relation to money management, it was not evident that additional supports identified were effectively implemented. A PRN (as required) medication plan for responding to a health care need did not sufficiently guide staff.

Judgment: Substantially compliant

## Regulation 6: Health care

The health-care needs of residents were found to be identified and assessed and support plans in place for all identified needs. The health-care plans appropriately guided the staff team on the arrangements and supports in place to support the residents with their health care needs. Residents had access to a General Practitioner, as well as a range of allied health professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents who required support to positively manage their behaviours. However, some behaviour support plans did not appropriately guide staff in the administration of PRN medication in response to behaviour.

The centre promoted a restraint free environment and there was evidence of a reduction in restrictions in use in the centre. There were some restrictions in use and the inspector found that these were reviewed appropriately.

Judgment: Substantially compliant

### Regulation 8: Protection

There were systems in place to safeguard residents from abuse. Staff spoken with were clear in what constituted abuse and what to do in the event of an allegation or concern. Residents spoken with told the inspector they were happy in the centre and the inspector observed that residents appear comfortable and relaxed in their home.

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Tignish House OSV-0004262

Inspection ID: MON-0023429

Date of inspection: 16/05/2019

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge will ensure the following action is implemented within the Centre;</p> <p>1. Annual review to be completed for Centre to include feedback from all residents and their representatives [to be complete: 31st of July].</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will ensure the following actions are implemented within the Centre;</p> <p>1. Resident’s Personal Plan to be reviewed in fully to ensure all health needs are up to date and clearly give staff guidelines to support resident [complete: the 25th of May 2019].</p> <p>2. Resident’s Health Management Plan will be reviewed and updated to give clear guidelines for staff of when to administer PRN (as required) medication in event of resident requiring same [complete: the 17th of June 2019].</p>	

3. One resident had Capacity Assessment with Consultant Psychiatrist in relation to their understanding around money management [complete: the 18th of June 2019].
4. Residents HSE Representative and advocate to be informed of outcome of Capacity Assessment to identify any additional supports required (to be complete: 12th of July 2019)
5. Following consultation with the HSE and advocate the residents Personal Plan to be updated to reflect the on-going supports provided relating to the residents rights for money management [to be completed: the 12th of August 2019]
6. The above actions to be discussed with staff at the Centre's team meeting [to be completed: the 18th of July 2019]

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
The Person in Charge will ensure the following actions are implemented within the Centre:

1. Resident's with Multi Element Behavior Support Plans will be updated to give clear guidelines for staff in the reactive strategies section, of when to administer PRN (as required) medication [complete: the 25th of May 2019].
2. Staff team will receive Positive Behaviour Support training [to be complete: 9th of August 2019].
3. The above actions to be discussed with staff at the Centre's team meeting [to be completed: the 18th of July 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 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	01/08/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	17/06/2019
Regulation 05(2)	The registered provider shall	Substantially Compliant	Yellow	12/08/2019

	ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	09/08/2019