



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

Issued by the Chief Inspector

Name of designated centre:	Tin Tean
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	07 March 2022
Centre ID:	OSV-0002993
Fieldwork ID:	MON-0027623

About the designated centre

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

This is an residential service providing full-time care and support for up to eight adults (both male and female) with disabilities. The centre comprises of one large two storey house with three smaller one bedroom terraced bungalows in a courtyard setting to the rear. The main house comprises of a spacious entrance hall, a large very well decorated sitting room, a well equipped kitchen cum dining room and a laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house.

Each bungalow comprises of an entrance hall, a sitting room, a well equipped compact kitchen area, a double bedroom and large bathroom. The main house and bungalows share a common courtyard, with raised flowerbeds where residents can grow flowers and there is ample on street and private parking available.

The staffing arrangements for the centre consists of a person in charge, who is an experienced and qualified Clinical Nurse Specialist III. There is also a house manager, who is an experienced and qualified social care professional and a team of qualified and experienced social care workers. There are systems in place to ensure that the residents are consulted with about the running of the centre and residents are empowered (with support where required) to make their own choices and decisions about the care and support that they receive. There are also systems in place to ensure the residents healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided to residents. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. This service aims to promote a culture of person centredness and consultation with the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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
Monday 7 March 2022	10:20hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to eight adults with disabilities and comprised of a large detached house and three terraced one bedroom apartments to the rear of the property in Co Louth. It was in close proximity to local shops and other community based amenities and private transport was available to residents for trips and social outings further afield.

The inspector met and spoke with six residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from some family representatives was also reviewed as part of this inspection. The residents met with said they were very happy in their home and were observed to enjoy the company of all staff members working on the day of this inspection. Staff were observed to be professional, person warm and caring in their interactions with the residents.

One resident (who lived in the apartments) told the inspector that they were very happy in their home and loved having their friends over for a cup of tea and to watch TV. The resident had a keen interest in antiques and had been to an antiques shop earlier that day of which they said they enjoyed very much. The resident showed the inspector around their apartment and said that it was decorated the way they wanted it to be. For example, some upgrades had recently taken place and the resident said that they chose the furnishings and paint for themselves. They also had some antique furniture on display in their home and were happy to talk about this to the inspector. The resident liked gardening and the inspector observed that they had some raised flower beds to the front of their apartment where they were growing their own flowers. The resident lived semi-independently however, was able to show the inspector what steps they would take if they needed staff support from the main house.

Another resident told the inspector that they loved their home and they had lots of things to do. For example, they were in College two days a week and said they were really enjoying their course. They also went to a 'hub' (day service) on days of their choosing where they said they met friends and engaged in social and recreational activities that they enjoyed. When asked who they would speak with if they had any concerns the responded by saying they would go to any staff member however, they had no issues or complaints regarding their home. They also said they were very happy living there.

Later on in the inspection process one resident invited the inspector to see their room. It had recently been refurbished and the resident said they were very happy with it and, that they choose their own furnishings. The resident appeared happy and content in their home and said to the inspector that they were looking forward

to St. Patrick's Day.

A resident who had moved into the house in 2021 also spoke with the inspector. They said that they were settling in well and already had a friend living in the house before they moved in. They spoke about a number of holidays they had been on since they moved in such as a trip to Donegal and visiting family in Wales. They said that they enjoyed these holidays and were looking forward to more breaks later this year. The resident said that if they had any concerns whatsoever in the house they would speak to the person in charge or any staff member. However, they said they were happy in their home and settling in well. They also said that when they first moved into the house they done up their own room for themselves and were very happy with it.

Another resident who lived in the apartments also met with the inspector. They had recently re-painted their home and told the inspector that they chose the colour scheme and were delighted with the finished result. The apartment was observed to be warm and homely and the resident said they were very happy living there. They also said that they had a big birthday coming up in 2022, were looking forward to celebrating it and were making plans to go to Paris later in the year. This resident also told the inspector that if they had any concerns or issues, they would speak with a staff member. However, they said they had no issues in their home.

The family member spoken with was very positive about the quality and safety care provided to their relative. They said the service was more like a 'home from home' and that the staff team were very good, kind and approachable. They also said they their relative was very happy living there and their room was decorated the way in which they wanted it to be. They had no complaints about any aspect of the service, their relative had a good quality of life in the service and overall, they were happy with everything.

Towards the end of the inspection process another resident arrived home from work and spoke with the inspector for a short period of time. They too reported they were very happy with the service and spoke about things they liked such as football and work. The resident appeared very content in their home and enjoyed being in the company and presence of staff.

Over the course of this inspection the inspector observed that residents were very much at home in this service and chose their own daily routine (with support from staff as required). Some spoke more to the inspector than others however, all appeared happy and content in their home. Staff were also observed to be warm, caring and person centred in their interactions with the residents. Feedback from residents and one family representative was also positive on the quality and safety of care provided.

The following two sections of this report will outline how the providers capacity and capability to operate a responsive service impacts positively on the quality and safety of the lives of residents living in the centre.

Capacity and capability

Residents informed the inspector that they were very happy their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge was an experienced, qualified clinical nurse manager (CNM III) and the house manager was an experienced, qualified social care professional. Both provided leadership and support to their team and ensured systems were in place to meet the assessed needs of the residents.

They also ensured staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, Children's First, fire safety and safeguarding of vulnerable adults. It was observed that some refresher training was due at the time of this inspection however, the house manager had plans in place to address this issue and dates had been booked for these staff members to attend the required training. Of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

A minor issue was identified with regard to the notification process. A resident made an allegation in 2021 and while the issue was fully investigated (as required by the organisation's safeguarding policy and procedures) and no cause for concern was found, it was not notified to the Chief Inspector as required by the regulations.

The person in charge and house manager ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in September

2021, identified that the statement of purpose required review and some individual plans required updating. These issues were actioned and were addressed at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced qualified nursing professional who was aware of their legal remit to the regulations and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing arrangements in place to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

<p>The centre maintained a directory of residents that met the requirements of the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 22: Insurance</p>
<p>The provider submitted insurance details for this centre as required by the regulations as part of the application to renew registration</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>A minor issue was identified with regard to the notification process. A resident made an allegation in 2021 and while the issue was fully investigated (as required by the organisation's safeguarding policy and procedures) and no cause for concern was found, it was not notified to the Chief Inspector as required by the regulations.</p>

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives (of their choosing) within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. For example, some residents were attending college, some were part of the local tidy towns initiative, some had jobs (which they reported they enjoyed very much) and others attended a 'hub' (day service) where they engaged in recreational and social activities of their choosing. Some of the goals achieved by residents in 2021 included holidays to Donegal and Wales, overnight stay in hotels, trips home to see family members and one resident was supported to celebrate a milestone birthday. The inspector saw that plans had commenced with regard to goals for 2022 which included plans for holidays at home and holidays abroad.

Residents were also supported to use their community and frequented local shops, beauticians and hairdressers. One family member spoken with said staff ensured their relative had a very good social life.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required). As required access to physiotherapy, speech and language therapy, physiotherapy, optician and dental services also formed part of the service provided. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was observed that one resident may refuse to attend a dental appointment however, this issue was discussed with the resident and an alternative appointment was made at a later date.

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with the house manager and one staff member, the inspector was assured that they understood the needs of the residents and had the knowledge to respond accordingly.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. However, there were no open safeguarding concerns at the time of this inspection. Residents also informed the inspector that if they would speak to management or staff if they had any concerns in their home.

Information on how to contact an independent advocate was also available (in the Resident's Guide) and one staff member spoken with was able to identify who the safeguarding officer was for the service. They also said they they would have no issues reporting any concern to management if they had one. Of a sample of files viewed, staff also had training in safeguarding of vulnerable adults and a family member spoken with reported they were satisfied with the quality and safety of care delivered in the house.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk in the community, they were provided with staff support. Where a resident may be at risk of falling, they had access to a physiotherapist and where required, provided with a walking aid for better support.

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and well maintained. This service provided a 'home from home' for the residents and, they were observed to be very comfortable and 'at home' living in this house. Some rooms had been recently painted/refurbished (to include residents bedrooms) and the inspector observed that residents were not only happy with the finished result, but decided for themselves on what furnishings and colours they wanted. It was observed that some additional painting was required in the house and, a kitchen counter needed replacing however, there were plans in place for this work to be completed in 2022.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly. It was observed that there was a slight discoloration in the water upstairs however, a plan of action was in place to address this issue by installing a water filter system and, the interim director of nursing provided assurances that the water system was safe in the house.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were

supportive of their individual autonomy and rights. For example, some residents chose not to return to day services (or only return on a part-time basis) when it was safe to reopen them last year. This decision was supported and respected by the staff team. Additionally, residents chose their own daily routines and decided for themselves on the decor and furnishings of their own rooms.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and well maintained. This service provided a 'home from home' for the residents and, they were observed to be very comfortable and 'at home' living in this house.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff residents wearing PPE throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required). As required access to physiotherapy, speech and language therapy, physiotherapy, optician and dental services also formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with the house manager and one staff member, the inspector was assured that they understood the needs of the residents and had the knowledge to respond accordingly.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. However, there were no open safeguarding concerns at the time of this inspection. Residents also informed the inspector that if they would speak to management or staff if they had any concerns in their home. Information on how to contact an independent advocate was also available (in the Resident's Guide) and one staff member spoken with was able to identify who the safeguarding officer was for the service.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. For example, some residents chose not to return to day services (or only return on a part-time basis) when it was safe to reopen them last year. This decision was supported and respected by the staff team. Additionally, residents chose their own daily routines and decided for themselves on the decor and furnishings of their own rooms.

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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tin Tean OSV-0002993

Inspection ID: MON-0027623

Date of inspection: 07/03/2022

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Chief Inspector will be notified of any future incidents in line with the regulations	

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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	06/04/2022