



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

Issued by the Chief Inspector

Name of designated centre:	Tignish House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0004262
Fieldwork ID:	MON-0031657

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 rooms, 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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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
Wednesday 30 June 2021	10:00 am to 4:15 pm	Amy McGrath	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector did not spend extended periods of time with residents. The inspector did have the opportunity to observe residents in their home for a limited period, and used these observations in addition to a review of documentation and conversations with staff to form judgments on the residents' quality of life. Overall the inspector found that residents enjoyed a good quality of life in a safe home, and that the centre was resourced to meet residents' assessed needs on an individual basis.

The inspector met with two of the four residents who lived in the centre. Both residents met with and greeted the inspector, but did not speak directly with them. Staff supported one resident to communicate with the inspector, and this resident shared their plans for the day. All residents appeared comfortable in their home and at ease in each others company. Residents engaged with each other and staff in an amiable and relaxed manner.

When the inspector arrived to the centre, one resident was preparing to go to Dublin Zoo with a member of staff. Another resident was observed walking around the centre's large garden. The garden had a large polytunnel to facilitate one resident's interest in gardening and horticulture. The house was located in a remote area and had three vehicles available to facilitate residents accessing the community.

Each resident had an appointed key-worker and attended regular key-worker meetings. A review of these meeting notes found that residents were central to their personal care planning, and that plans supported individualised personal development goals. Residents were supported to engage in activities in their home and in the wider community in accordance with their interests.

The inspector observed resident and staff engagement which was found to be responsive and respectful, and interactions with staff were seen to be caring and attentive. One resident was observed communicating with a staff member using Lámh (a manual signing system).

There was adequate staffing in place to meet residents' assessed and emerging needs. The centre was staffed by a team of social care workers and assistant support workers. Workforce planning was observed to be flexible with regard to residents' needs and social or personal plans.

The inspector carried out a walk through of the premises during the inspection and found that the premises was of adequate size to meet all residents' needs. Each resident had their own bedroom which was decorated to their personal tastes. There were two sensory rooms available for residents to use, as well as a kitchen/dining area, modest size living room, utility area and bathrooms. The premises was in very good condition with modern fittings and facilities. The house was decorated in a

homely manner with photos of residents displayed throughout, as well as a communication board for residents' use.

Overall, the inspector found that the residents in Tignish House were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff endeavoured to empower residents to live as independently as they were capable of and took a human rights based approach to care. There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making.

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

Capacity and capability

The inspector found that the governance and management arrangements had ensured safe, good quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care. The provider had ensured that the delivery of care was person centred and took a human rights based approach. The inspection found high levels of compliance, with improvement required in regard to one regulation reviewed.

The centre had a clearly defined management structure, which identified lines of authority and accountability. Staff were clear with regard to their roles and responsibilities, and were aware of how to raise any concerns should they arise. There were clear reporting mechanisms in place that were used to inform quality improvement.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. The provider and person in charge conducted additional reviews and audits with regard to quality and safety indicators, such as incident trackers, use of restrictive practices, staffing, complaints and compliance. These audits informed quality enhancement plans overseen by the person in charge, and were found to effect positive change in the centre.

The centre was staffed by a team of highly skilled social care workers and assistant support workers, and the staffing arrangements were found to be appropriate in meeting the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care. Staff spoken with were knowledgeable of residents' care and support needs.

The person in charge ensured that staff had access to necessary training and

development opportunities. Staff had each received training in key areas such as safeguarding, fire safety and positive behaviour support, as well as additional training specific to residents' assessed needs. There were established supervision arrangements in place to monitor staff development.

There was a statement of purpose available that contained the information required under Schedule 1 of the regulations. This was reviewed at regular intervals.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis.

Judgment: Compliant

Quality and safety

The governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. Residents were supported to direct their own care plans, contribute to the running of the centre and engage in meaningful activities that maximised their potential.

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a safe and pleasant place to live. Residents' abilities, interests and preferences were well known by staff and this was evidenced in personalised care plans and personal goals.

The health care needs of residents had been assessed and each resident had access to a general practitioner service as well as a range of allied health professionals. There were clear personal plans in place for any identified health care need and these incorporated recommendations of specialists where applicable. Health care plans were found to be guiding delivery of responsive health care support.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. Residents had access to members of a multidisciplinary team to support them to manage behaviour positively. Where necessary residents had positive behaviour support plans, which were informed by an appropriate professional and comprehensively guided staff in the delivery of care.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive measures were used for the shortest duration. Any restrictive intervention had been assessed to ensure its use was in line with best practice and there was a monitoring system in place to support the removal or reduction of a restrictive practice at the earliest opportunity.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy.

There was a comprehensive range of measures in place to manage infection control risks in the centre. The provider had ensured that systems were in place for the

prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents if required. There was an established entry point to the centre where visitors and staff had their temperature checked, cleaned their hands and applied the necessary personal protective equipment prior to entering the centre.

There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. Residents were supported to avail of immunisation programmes according to their will and preference.

Residents' medication was administered by a staff member with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed, and these were accurate and sufficiently detailed. Residents' medicines were supplied by a pharmacist and there were clear administrative records in place.

For the most part, there were suitable arrangements in place to ensure that medication was stored appropriately and administered as prescribed, however one medicine was found to be inappropriately stored. The inspector found that one PRN medication (medicine taken as the need arises) was stored in a tub with just the residents name and 'PRN' written on the label. This medicine was one of many PRN medicines prescribed to the resident and the inspector was not assured that this practice could safely ensure the medicine was administered as prescribed.

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety.

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. There was sufficient communal and private space, including a large and well tended garden and two well equipped sensory rooms. The centre had ample facilities and was in a good state of repair and decorated in homely manner.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on

an ongoing basis and in relation to COVID-19.

The provider and person in charge had carried out a comprehensive risk assessment with regard to infection control and there were appropriate control measures in place. Practices in the centre were found to be in line with national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre, which were kept under ongoing review. There was a fire alarm and detection system in place, emergency lighting and suitable fire containment measures. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that one PRN medication (medicines taken as the need arises) was stored out of its original packaging and in a container that did not have information about the medicine, dose, route or expiry date. This medicine was taken out of the centre with the resident in the event of it being required while the resident was not at home.

This practice did not support the administration of medicines to residents as they were prescribed. Furthermore, in the absence of an expiry date, it could not be guaranteed that the medicine would be disposed of when it reached its expiry date.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents had access to a range supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and any potential safeguarding risk was investigated, and where necessary a safeguarding plan was developed.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Tignish House OSV-0004262

Inspection ID: MON-0031657

Date of inspection: 30/06/2021

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. The PIC has completed a review of all PRN medication and in the Centre. The PIC has requested labels from Pharmacy dispenser which include the Service User’s name, name of medication, dosage, route, and expiry date. 2. The PIC will complete a full review to ensure there are appropriate practices in place in relation to ordering, storing, administrating and disposal of all medication within The Centre. 3. The PIC will discuss the above points with all staff at the next team meetings on the 27th August 2021. 	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/08/2021
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	30/08/2021

	storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
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