



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

## Issued by the Chief Inspector

Name of designated centre:	Tonniscoffey
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	30 April 2024
Centre ID:	OSV-0002452
Fieldwork ID:	MON-0034511

## About the designated centre

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

This is a service providing 24 hour care and support to five residents with disabilities. It comprises of one large detached houses in a tranquil rural setting but located within close proximity to a large town in Co. Monaghan. A service vehicle is provided to the centre to accommodate residents' access to community facilities and day services. Each resident has their own bedroom all of which are ensuite. The house is spacious with the provision of a large sitting/TV room, a fully equipped kitchen cum dining room, a utility facility, a downstairs bathroom and a staff office upstairs. The house is surrounded by well maintained grounds and gardens and, ample private parking is available to the front of the property. One nurse and one health care assistant are on duty during the day and a health care assistant is on duty at night time. All of the residents attend day services Monday to Friday and are supported to access community facilities in the evening times and at weekends by the staff in the centre.

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

Number of residents on the date of inspection:	5
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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
Tuesday 30 April 2024	10:30hrs to 17:40hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This centre is a residential service providing care and support to five residents. The centre is based in a rural location, and comprises of a five bedroom dormer bungalow.

The inspector spoke with four residents, and briefly met one resident. The inspector also met with the person in charge, and two staff members, observed the facilities in the centre, and reviewed a range of documentation.

The inspector met the person in charge at the beginning the inspection and was shown around the centre. The centre was nicely decorated, spacious, homely and welcoming. Each of the residents had their own bedroom with ensuite facilities, and they had their bedrooms decorated to their individual preferences. This included, for example, choices of colour scheme, photographs of important people in their life on display, as well as having seating, and televisions in their rooms.

From speaking with residents it was evident that they were very comfortable and happy in their home, and they told the inspector about what it was like to live in the centre. All residents attended day services during the week, and in the afternoon the inspector met with three residents together. Residents said they liked living in the centre, and felt happy and safe. Two residents said while they did not agree on everything, and may have their differences, they all got on well together.

Residents told the inspector about some of the places they liked to visit in particular at the weekends. These included trips up the north, or having a meal out. One resident told the inspector they had visited their friend down the country the previous weekend, and another resident said they had gone along for the trip, and enjoyed a drink out in a bar, bought a souvenir t-shirt there, and later, on the way home called into a town nearby the centre. Residents showed the inspector their bedrooms, and spoke about some of the important people in their life, which they kept photographs of in their rooms.

Residents said they kept in contact with families, either ringing home regularly during the week or visiting home at the weekends, and their families had also come to their annual review meetings. Another resident indicated with words and vocalisations that they enjoyed shopping for jewellery, and liked to spend time alone in their room and watch television.

Residents said they could talk to any of the staff if they were not happy, and that staff were very approachable. The inspector reviewed five questionnaires completed by residents with the support of staff, and overall positive feedback had been received. Residents expressed in questionnaires that they liked living in the centre, and reported on some of the preferred food choices that were provided to them.

Residents were supported to access a range of amenities in the community. For

example, one resident was a member of a local community choir and went to practice once a week. Another resident liked to go horse riding, and to sensory sessions, and they had also started to meet up with a friend for outings, which formed part of their individual goals. One resident told the inspector they had a goal to go to Belfast for a holiday, and had recently had their personal centred plan meeting with their family in attendance. Staff and residents also said they could take a day off from day services, to go to a preferred activity, or to work on particular goals with the support of staff, for example, going shopping, or going to a show.

In the afternoon the inspector briefly met another resident, and the resident also showed the inspector their room. It was evident that they felt comfortable in the presence of staff, the person in charge and a manager who called to the centre later in the inspection, and they mentioned going to a preferred hairdresser in the community.

The person in charge and staff members were observed to be respectful, kind, and warm when engaging with residents, and there was a very positive atmosphere in the centre. For example, when residents arrived back to the centre in the early afternoon, they had tea together and there was engaging and light hearted conversations about their day. Similarly, later in the day, where a resident appeared unsure about the presence of the inspector, the person in charge was observed to provide positive and gentle reassurance to the resident.

The inspector spoke to two staff members and the person in charge about some of the care and support provided to residents. From these conversations it was evident that the team knew the residents well, they were knowledgeable on how best to support them with their needs, and promoted their choices. For example, staff described how to support residents with specific emotional and healthcare needs, including emergency responses, how they supported residents with giving or declining consent, and ways they promoted residents' social opportunities and friendships.

Overall the inspector found residents were enjoying an engaging and varied life, which supported and promoted their needs and rights.

The next two sections of the report outline the governance and management arrangements and how these positively impacted on the care and support residents received in the centre.

## Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of the centre, and five residents could be accommodated in the centre.

The residents were provided with a good standard of care and support, and the resources and systems were in place in order to meet the needs of the residents,

promote their choices and wellbeing, and enable residents to lead a life that they chose. There was ongoing review of the services, and responsive actions were taken to issues identified through auditing and review processes.

The provider had the required resources in place including a full time person in charge, a suitably skilled staff team, a well maintained and homely premises, a vehicle, and a household budget.

There were sufficient staff employed in the centre, and staff had been provided with all of the training required to meet the needs of the residents.

### Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre, to accommodate five residents was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the centre was sufficiently staffed to meet the specific needs of the residents. The staffing levels were in line with the statement of purpose and there were 2.5 nurses and five healthcare assistants employed in the centre. There were no staff vacancies at the time of this inspection. There was a nurse and a healthcare assistant on duty for 12 hours during the day, and a healthcare assistant on duty at night time for 12 hours. On one day over the weekend, the staffing levels increased to three staff on occasions to allow for specific social activities.

The inspector reviewed a sample of three weeks rosters over a three month period and planned and actual rosters were available, and were appropriately maintained. Regular staff had been provided, and this meant that residents were provided with continuity of care and support. The inspector met with a nurse and a healthcare assistant on the day of the inspection, and they were knowledgeable on the residents' needs, and on their support requirements.

A sample of three staff files had previously been reviewed in April 2024, and all of the information as per schedule 2 of the regulations was available in these staff files which demonstrated the provider has safe systems in place for the recruitment of staff.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had identified the mandatory and specific training staff required in order to have the skills and knowledge to meet the needs of the residents. A training matrix was maintained by the person in charge, and a copy of certificates for training courses staff had completed was also available in the centre.

The inspector reviewed the training matrix, and a sample of eleven training certificates. All staff had been provided in up-to-date mandatory training in fire safety, managing behaviours of concern and therapeutic techniques, and in adult safeguarding.

Staff had also completed training in the following;

- Children first,
- Medicine management for nurses,
- Food safety,
- Health and safety,
- Feeding, eating, drinking and swallowing (FEDS),
- Basic life support,
- National consent policy,
- Principles of assisted decision making.

A range of infection prevention and control training modules had also been provided to staff, for example, hand hygiene, managing blood and bodily spills, respiratory and cough etiquette, and standard and transmission based precautions.

All staff had completed a four module online training course in human rights.

The person in charge told the inspector the arrangement for staff supervision. Formal supervision meetings were facilitated for staff every six months, and a staff member also confirmed supervision meetings had been provided every six months. Staff also described how the person in charge attends the centre two to three days a week, and provided direct support to the staff team.

Judgment: Compliant

## Regulation 22: Insurance

The centre had up-to-date insurance, and a copy of the insurance certificate was available in the centre on the day of inspection.

Judgment: Compliant



## Regulation 23: Governance and management

The provider had ensured the resources, management arrangements and systems were in place to provide a safe and consistent service to residents living in this centre. The centre was monitored on an ongoing basis, and corrective actions were taken where issues arose following these reviews.

There were sufficient resources in the centre including a skilled staff team, a full time person in charge, the provision of staff training, a well maintained premises, centre transport, and a household budget. The person in charge told the inspector the arrangement for the household budget had been reviewed, and the centre would shortly be issued with a procurement card, that would allow for grocery shopping to be done in any shop, as opposed to the current arrangement of an account in a specific supermarket. This would allow for a greater choice for residents when shopping for food.

There was a clearly defined management structure. Staff reported to the person in charge, and in the event the person in charge was not on duty, staff could contact the on call manager. The nurse on duty was responsible for the management of the centre, when the person in charge was off duty at the weekend. The person in charge reported to the director of nursing, who reported to the disability service manager.

The person in charge was on duty Monday to Friday, and was responsible for this and one other designated centre. The person in charge divided their time equally between the two centres, and provided direct supervision of the care and support provided to residents when in attendance in the centre. Two staff members told the inspector they could raise any issues about the care and support provided to residents with the person in charge, and that they provided good support.

There were systems in place to ensure the service provided to residents was safe and effective. These included safeguarding procedures, the assessment and management of risk, a satisfactory fire safety system, as well as the ongoing review and support of the specific needs of residents.

The services were monitored on an ongoing basis, and systems included a suite of audits and review at staff meetings. The actions arising from these reviews were collated onto the centre's quality improvement plan, and all actions had been completed within the time frame stated. Some actions were not due for completion yet; however, plans were in progress to complete these actions, for example, adjusting a patio door, staff training in person centred planning, and the completion of performance development in the midyear for staff. The quality improvement plan was monitored by senior management on a monthly basis.

An annual review of the quality and safety of care and support had been completed for 2023 and had included consultation with residents and a family member. A number of actions arose following this review, and the inspector reviewed a sample

of nine actions. All actions were complete on the day of inspection, for example, reviews were complete with a general practitioner and a consultant regarding some residents' specific healthcare needs, a personal emergency evacuation plan had been reviewed and updated, staff supervision was completed within the required timeframe, and risk assessments had been reviewed, and updated where required.

Six monthly unannounced visits were also completed, and the inspector reviewed the most recent report from December 2023. All actions from the previous six monthly unannounced visit were reviewed and most were documented as complete, with the exception of one action relating to staff training. Further actions were developed following this review, and actions were either complete within the timeframe or not due for completion at the time of the inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose that contained all of the information as per schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured HIQA had been notified of incidents and practices occurring in the centre.

Judgment: Compliant

## Quality and safety

Residents were provided with a good standard of care and support, and residents choices formed the basis of how the centre was run on a day to day basis. Decisions about the care and support residents received was informed by their consent and their wishes, and they were provided with the necessary information to make these decisions.

Residents' needs had been assessed, and support was provided to meet their health, social and personal care needs. Residents could access a range of healthcare professionals and timely reviews had been facilitated. The recommendations made

by healthcare professionals were implemented in practice, for example, behavioural support plans, and healthcare interventions.

Residents had opportunities to socialise with friends, and visit with their families at home, and availed of a range of amenities in the community as they wished.

There were safe and suitable practices to protect residents from risks and included suitable fire safety procedures, infection prevention and control procedures and safeguarding measures.

## Regulation 10: Communication

Residents were supported with their communication needs, and where required additional support was provided to residents.

The inspector met all residents and some residents could verbally communicate, and told the inspector about some of the communication devices they used. One of the residents said they had their own mobile phone, and rang their family throughout the week. Another resident said they didn't like having a mobile phone, and had left it at home with their family. One resident showed the inspector their room, and indicated using vocalisations that they liked to spend time in their room watching television and DVD's. Residents also had access to the internet and radio.

The communication needs of residents had been identified in the assessment of need process, and where specific words, vocalisations or facial expressions were used by residents to communicate, these were set out in personal plans. A staff member described some of these plans, for example, how a resident would non-verbally consent to care and support, indicate their likes or dislikes, and how the resident could communicate they were in pain.

Judgment: Compliant

## Regulation 13: General welfare and development

Appropriate care and support was provided to residents, in line with their needs and wishes, and residents chose the social activities they wished to take part in.

Each of the residents attended day services in the community five days a week, and if they wished could also stay home from day services and go out for the day with staff. The person in charge told the inspector that sometimes residents might chose a particular goal to work on one to one with staff, for example, going horse-riding, or going to art classes.

Residents told the inspector about some of the things they liked to do, for example,

going out to towns in the north, going out for a meal, or meeting up with friends or shopping for jewellery. One resident was part of a community choir, and another resident went to a sensory space every week. A resident described how they had recently held a personal planning meeting, with their family attending, and had a goal to go on an overnight stay to Belfast in the coming months. The progress of personal goals were reviewed by residents with their keyworkers every month.

Residents liked to keep in contact with their families, and regularly visited home, or kept contact through phone calls. Staff also supported residents who may have had loss in their life, and where residents wished, they were supported to regularly visit their loved ones' graves. Residents were also supported to spend time with friends, for example, meeting up with their friends for walks or social events.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained, spacious and homely and was laid out to meet the individual and collective needs of the residents living in the centre.

The centre was a large five bedroom dormer bungalow, and was located on its own grounds. Each of the residents had their own bedroom, with three bedrooms located on the ground floor and two on the first floor. Residents had decorated their bedrooms to their own preference. There was ample storage in each of the residents' bedrooms to keep their clothing and possessions. All bedrooms had ensuite facilities, and were fully accessible wetrooms, thereby supporting residents with their mobility needs. Recent upgrades to the premises had included flooring replaced to an ensuite, new bedroom furniture purchased for some residents, and the installation of acoustic door seals on the downstairs bedrooms.

There was large sittingroom, and a large kitchen dining room. The kitchen units had been replaced since the last inspection. Adjoining the kitchen was a spacious utility room, and to the back of the centre, a guest toilet. Upstairs there was a staff office, and bathroom facilities. The centre was fully accessible, and where needed, aids were provided. For example, a ramp was provided to the front of the centre.

Overall the centre was bright, homely, and comfortable, and residents were observed to be able to access all parts of the centre as they needed.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide that contained all of the information as

required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to assess and manage risk in the centre, and for responding to adverse incidents in the centre.

There was an up-to-date risk management policy and the provider had outlined the measures in place to control the risks of the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and of self-harm. Individual risks had been assessed, and the control measures outlined in risk management plans were implemented. The inspector reviewed a sample of nine individual risk management plans, and control measures, for example, implementing a FETS plan, the availability of a window key, cleaning products stored securely, and the provision of orthotic footwear and a rollator, were all observed to be in place.

There was a safety statement, and all site specific risks had recently been reviewed. Control measures included, for example, the provision of a fire safety system, a security policy for night time, and two link centres at night time should nursing support be required.

Adverse incidents were recorded on incident forms, and incidents were reported and reviewed by the person in charge. The inspector reviewed incident reports for the preceding four months, and if needed follow up actions had occurred. These included for example, reviews with the behaviour support specialist, and the implementation of safeguarding measures.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable arrangements in place for infection prevention and control (IPC).

The inspector followed up on one action from a previous inspection regarding personal protective equipment (PPE), and due to changes in public health guidance, the use of masks at all times was no longer required. There was adequate supplies of PPE available in the centre including, masks, gloves and aprons. Assessments of residents' needs in the event of contracting a respiratory illness or COVID-19 were completed, and care plans were available detailing the supports residents may need. Residents' needs in terms of consenting to vaccinations had also been identified,

and the support they would need to self-isolate were planned for.

The centre was clean and well maintained throughout. Suitable handwashing facilities were available including handwashing sinks and hand soap, and wall mounted hand sanitiser located throughout the centre.

There were suitable arrangements in place for food safety, and the areas for food storage and food preparation were observed to be organised and clean. Records of cooked food temperatures, as well as fridge and freezer temperatures were maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

There were safe and suitable systems in place for fire safety, including adequate measures for detection, containment, and fighting of fire.

The inspector was shown around the premises by the person in charge. The centre was fitted with a fire alarm, and emergency lighting on the exit routes throughout the centre. There were fire doors with self-closing devices throughout the centre, and all were observed to be in working order on the day of inspection. Exits were clearly marked, and all escape routes were observed to be kept clear. A fire evacuation plan was on display on the hall, and fire extinguishers and a fire blanket were provided.

The inspector reviewed fire equipment service records, and all equipment had been serviced at the required intervals. Fire safety checks were completed by staff, including weekly emergency lighting, fire alarm and extinguishers, escape routes, fire notices, and electrical equipment, and monthly checks of fire-fighting equipment. Records for fire safety checks were observed to be complete since the beginning of this year. All staff had training in fire safety.

The needs of the residents had been assessed, and recently reviewed, and the support residents needed to evacuate the centre were set out in personal emergency evacuation plans. The inspector reviewed records of fire drills, and both day and night time drills had been completed, and residents evacuated in a timely manner.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were met, and they were provided with timely access to

healthcare professionals when needed.

The inspector reviewed a sample of three residents' records. An up-to-date assessment of the residents' needs including their healthcare needs had been completed. Residents had been assessed by a clinical nurse specialist in health promotion, and a head to toe healthcare assessment had been completed within the last six months. Residents attended general practitioners (GP) in the community, and had accessed the services of a speech and language therapist, chiropodist, psychiatrist, and hospital consultants as appropriate.

The inspector reviewed healthcare plans, and two staff also described the recommended supports for residents to promote their wellbeing. These included for example, pain management plans, nutritional needs, emergency response plans, and ongoing monitoring interventions. The inspector found healthcare plans were implemented, and records confirmed that the ongoing healthcare interventions, for example, blood glucose monitoring, blood pressure measures, blood tests, and dietary recommendations were completed. Health information initiatives were discussed at monthly residents' meeting, for example, national move more month, sun safety, and staying strong and healthy.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were provided with the support to manage their emotions, and where needed, accessed the services of a psychiatrist, psychologist, and a behaviour support specialist.

The inspector reviewed a behaviour support plan, that had been completed by a clinical nurse specialist in behaviour following assessment of the residents' behavioural needs. The plan described the functions of behaviours, and proactive strategies and reactive strategies were outlined in this plan. A staff member described some of the preventative strategies provided to the resident. It was evident that these strategies had a positive impact on the resident, for example, the introduction of a pain prevention protocol had resulted in the reduction in the use of PRN (as needed) medicine, and improved sleep for the resident.

The inspector reviewed a chemical restriction, prescribed for a resident, and this PRN (as needed) medicine had been reviewed by the prescriber recently. There were some environmental restrictions implemented, for example, a locked window, and the risk had been assessed prior to the implementation of this restriction. The inspector found this restriction was relative to the safety risk presented.

Judgment: Compliant

## Regulation 8: Protection

There were satisfactory arrangements in place to protect residents.

There was a local policy of safeguarding residents. The person in charge had notified HIQA of two allegations of abuse, and these incidents had been reported to the relevant authorities. Measures had been implemented to reduce the likelihood of reoccurrence, and impact on other residents, and included for example, positive behavioural support strategies, and installing acoustic seals on some residents' bedroom doors. There were no ongoing safeguarding concerns on the day of inspection.

All staff had been provided with training in safeguarding and in childrens first. A staff member described the actions to take in response to a safeguarding incident, and this was in line with the centre policy. The inspector spoke to three residents, who said they felt safe and happy living in the centre.

There were safe procedures in place to protect residents from financial abuse, and all money held on behalf of residents was accounted for.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre was operated in a way that respected residents' rights, and embraced and a person centred approach.

Residents told the inspector about what it was like to live in the centre, and some of the things they like to do. They said they could choose to go out where they wished, and if they didn't want to go out on a pre-planned activity, could choose to do an alternative. For example, one resident was visiting their friend about an hour away, and another resident wanted to go with them and visit the town. However, another resident said they preferred to stay at home, and this was accommodated.

Residents had said they preferred to have a residents meeting every month rather than every week, and this had been facilitated by the team. The inspector reviewed two recent residents' meeting and residents had talked about places they would like to visit for day trips, activities they would like to do and a range of wellbeing and health promotion information had also been discussed. In celebration of womens' health the residents had held a pink day party in the centre in Novemebr 2023, and also celebrated international womens' day in March of this year. Information had also been provided on their rights, for example, residents' finances, and on a recent referendum. An external advocate had met with residents in recent months, and information was available on this service.



How residents consent to care and support had been assessed and was set out in personal plans, including checking the residents understanding of information given to them to inform consent, and detailing why consent may or may not have been given by a resident, for example, the use of specific gestures or vocalisations. Some residents could verbally consent to care and support, while some residents used non-verbal forms of communication, and staff described how they would know a resident was consenting or not to a particular intervention.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant