

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Rathbeag
<b>Centre ID:</b>	OSV-0003381
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Danika McCartney
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 May 2017 11:00 To: 23 May 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to Inspection:**

This was an unannounced triggered inspection after the Health Information and Quality Authority (HIQA) received a number of serious notifications and unsolicited information of concern. The notifications and unsolicited information were related to safeguarding issues in the centre.

The centre was first inspected on 12 June 2014 where some issues were identified however, a registration inspection was conducted on 10 March 2015 which determined that the centre was fit for its stated purpose and it was registered shortly after that inspection.

This inspection found that there had recently been a number of safeguarding issues in the centre however, management and staff had addressed some of those issues, or were actively in the process of addressing them.

**How we Gathered Evidence:**

The inspector interviewed two staff members, spoke at length with the person in charge, the deputy team leader and the regional manager about the service being provided.

The inspector also spoke with three residents over the course of this inspection. Two residents said they liked living in the centre with one reporting that staff were very kind to them and they had no current issues with the house. This resident had just

recently acquired a private apartment in the centre and was in the process of personalising it. The inspector spent some time talking to this resident and they were happy to show the inspector their apartment and private garden area.

One resident expressed they did not like living in the centre for a number of reasons. While they felt there had been recent improvements in the centre (especially with the new layout), they had made a number of complaints and expressed a number of concerns. The inspector saw that all complaints and concerns had been logged in the centre and it was also observed that the resident had withdrawn some of their concerns.

However, some of the complaints remained in progress and where any concern was raised by the resident, the inspector observed that they were being logged and fully investigated.

A sample of policies and documents were also viewed as part of the process including the resident's health and social care plans, health and safety documentation, risk assessments, complaints log, safeguarding documentation, analysis of incidents occurring and audits.

#### Description of the Service:

The centre comprised of a large single story detached house in close proximity to a large town in County Laois. It comprised of four separate living areas, but also had a communal kitchen cum dining room and sitting room for residents to avail of.

Some residents chose to show the inspector their apartments in the centre and they were observed to be decorated to the residents individual preferences and/or assessed needs.

There were adequate laundering, bathing and showering facilities provided for residents. Where required, additional laundering facilities were provided to provide for residents assessed needs.

One resident kept their own pets in the centre, of which they cared for them independently and were happy to show them to the inspector.

Transport was provided for access to the nearby town so as residents could use local amenities such as restaurants, pubs, shops, shopping centres and trips further afield as and when requested.

#### Overall Judgment of our Findings:

It was observed that staff at all times were very respectful towards all residents and spoke very positively about them. Some residents in turn also spoke positively of management and the staff team working in the centre.

Of the five outcomes assessed four were found to be substantially compliant which were Risk Management, Safeguarding, Healthcare Needs and Governance and Management. Workforce on the day of this inspection was found to be compliant.

These are further discussed in the main body of this report and at the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

While it was found that the centre had policies, procedures and systems in place to manage and mitigate risk in the centre, some risks assessments required review so as they were reflective of current practice on the ground.

The inspector observed that the centre had a range of policies and standing operating procedures in place in order to manage and mitigate risk in the centre.

From a sample of files viewed, each resident had generic risk assessments and a suite of individual risk assessments in place. Along with each risk assessment and risk identified, there was an accompanying standard operating procedures document in place in order to manage and mitigate any risk occurring.

The inspector found that of the staff spoken with they were knowledgeable of the residents assessed needs and how to respond to risk if and when required.

However, one resident had a very specific and individual staffing arrangement in place so as to meet their assessed needs with dignity and respect. On the day of this inspection the inspector met with this resident and observed that staff were knowledgeable of how best to support them.

On reviewing this resident's risk assessments and standard operating procedures, the detail around the staffing arrangement required to keep both the resident and staff safe required review. This was because they were not adequately informative or reflective of what was happening in practice or the exact staffing arrangement required.

However, having observed three staff working with this resident and having spoken with two of them it was evident that they were knowledgeable on how best to support the resident so as to manage any risks posed and to meet their assessed needs.

It was observed on the day of this inspection that there were adequate arrangements in

place for waste disposal and for the prevention and control of infection.

Vehicles or fire equipment were not inspected as part of this inspection

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

This inspection found that the centre had recently responded to a number of safeguarding issues and had implemented a number of actions in order to address and manage those issues. However, it was also found that the use of restrictive practices across the centre required review.

Because of on-going safeguarding issues the centre had recently changed how it was accommodating the residents which resulted in one resident acquiring their own individual apartment within the house.

The resident in question showed the inspector their new apartment and said that they were very happy with it and they were in the process of personalising it to their own individual taste.

It was observed that the number of adverse incidents occurring in the centre had reduced since this new living arrangement had been made available to the residents.

As stated earlier in this report, one resident had expressed a level of dissatisfaction, complaints and concerns with the centre. While they acknowledged that the environment was now better since the change in accommodation, they expressed some dissatisfaction with the service being provided.

The centre had all concerns and complaints logged and while some had been addressed (or withdrawn by the resident) some remained open and both management and staff continued to work with the resident in order to seek a solution.

There were a number of restrictive practices in use in the centre. While the inspector observed that many were in use so as to ensure the safety of the residents it was also observed that some required review.

Both management and staff were aware of this and informed the inspector that plans were being put in place to review all restrictive practices in place in the centre.

The person in charge also made contact with HIQA to inform the inspector that a complete review had been undertaken in one area of the centre (the apartment) which resulted in a number of restrictions being reviewed, evaluated and removed for one of the residents.

From a sample of multi element behavioural support plans viewed, the inspector saw that staff were familiar with them and where required were able to implement the recommendations from the multi disciplinary team in these plans.

Of the staff spoken with as part of this inspection the inspector observed that they were familiar with the reporting procedures with regard to any safeguarding issue in the house and they informed the inspector that they would have no issue speaking with the person in charge about any issue occurring in the centre.

However, a recent safeguarding issue with regard to the restraint of a resident was under review. While this process was thorough and robust, the inspector remained concerned as it appeared the restraint technique used could not be implemented effectively by staff due to the physical layout of the building.

However, the person in charge assured the inspector that this issue was under review by management and staff working in the centre.

The centre had policies and procedures in place in order to support and provide for the intimate care needs of the residents. From a sample of files viewed, it was observed that each residents' personal plan detailed their intimate care support needs. It was also observed that staff were familiar with the intimate care plans and worked with the residents in a warm and caring manner.

Staff training records were not viewed as part of this inspection process.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development



**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the residents' health needs were being regularly reviewed with significant input from multidisciplinary practitioners as and when required. However, there was a delay in implementing a recommendation from a doctor with regard to the monitoring of one resident's blood pressure.

From a sample of files viewed, the inspector saw that residents' had completed a comprehensive health assessment plan which made provision for their general health and medication requirements as well as visits to their GP, dentist, optician & audiologist (if required) dietician, occupational therapist, psychotherapist and psychiatrist.

The inspector also observed that where required records of the resident's weight and blood pressure were being kept in the centre. However, it was observed that there was a delay in implementing a recent recommendation from a doctor with regard to the monitoring of one resident's blood pressure. Once this came to the attention of the staff nurse she immediately set about rectifying the situation.

Special conditions were also being provided for, such as positive mental health and where required residents had access to both psychiatry and psychotherapy support and interventions.

Residents were supported to eat healthily and encouraged to engage in exercise programmes. From a sample of files viewed, one resident was being supported to exercise by walking a dog. The inspector found that the resident was part of a dog walking club and it was something they liked to do.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge.

At the time of inspection, there were also effective management systems in place to support and promote the delivery of safe, quality care services. However, the annual review of the quality and safety of care required review.

The person in charge worked full time in the centre and was supported by the recent appointment of two deputy team leaders. The person in charge was a qualified social care professional as were the two deputy team leaders.

The inspector spoke with the PIC and the Deputy Team Leader at length. over the course of this inspection and found that there were both knowledgeable of their remit to the Regulations and had an intimate knowledge of the support needs of each resident living in the house.

The person in charge was supported by a regional manager, who made himself available to the inspector on the day of this inspection and also attended feedback at the end.

There was four staff providing cover at night time and the person in charge informed the inspector that one of those staff members would assume the role as shift leader on night duty.

It was observed that unannounced internal audits were being conducted in the centre and the actions arising from those audits were being implemented (or where in the process of being implemented).

While an annual review of the quality and safety care had been undertaken for 2016, the inspector observed that for this centre it required review. For example, while the review highlighted areas of compliance with the regulations and areas of non compliance, no detail was provided on what those non compliances were or how they would be addressed.

The person in charge informed the inspector that going forward, she would have responsibility for the annual review of the quality and safety of care provided and would ensure to review the process.

**Judgment:**

Substantially Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff*

*have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that on this inspection there were appropriate staff numbers and skill mix available to meet the assessed needs of the residents.

There was a team of qualified social care professionals working in the centre who were supported by a staff nurse and a team of assistant social care workers.

The person in charge informed the inspector that the staffing levels were based on the assessed needs of the residents and where required residents were on a 1:1 staff ratio of 2:1 staff ratio.

(An issue with regard to how staff ratios were deployed and accounted for in some risk assessments required review as discussed under Outcome 7: Health & Safety & Risk Management)

The inspector observed staff working with some of the residents and found that they were skilled and knowledgeable regarding the support needs of the residents and interacted with them in a supportive and dignified manner.

The person in charge, the deputy team leader, the staff nurse and two social care workers were all spoken with as part of this inspection. It was found that they all had an intimate knowledge of each residents individual assessed needs.

Staff files and staff supervision records were not viewed as part of this inspection.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0003381
<b>Date of Inspection:</b>	23 May 2017
<b>Date of response:</b>	07 July 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the measures and actions in place to manage risk in the centre were not adequately identified or documented in some residents' risk assessments.

**1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

1. As per the risk management policy [PL-OPS-003], all Risk Assessments in the Centre will be reviewed, to ensure that all control measures are implemented into practice, while ensuring staff are fully briefed with all risks.
2. Key risks for the resident and for the staff will be compiled in a summary document. Risks shall be risk rated and controls shall be reviewed to ensure all potential controls are in place. The summary risk document shall be reviewed on a weekly basis by the PIC to ensure it is fully up to date and reflective of the needs of the residents and staff.
3. The summary risk document shall be communicated to all staff on a weekly basis and shall be displayed prominently in the staff office.
4. All the above points will be discussed at the staff team meeting on the 27th July 2017.

**Proposed Timescale:** 27/08/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The use of restrictive practices and restraint required review in this centre.

**2. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

A full review of the use of restrictive practices will be undertaken in Rathbeag in line with regulations. This shall include a review of current restrictive practices in place for all residents, including identification of alternatives tried and the outcome, and justification of any restriction.

**Proposed Timescale:** 10/08/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a delay in implementing a recommendation from a doctor regarding the monitoring of a resident's blood pressure.

**3. Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

1. PIC will ensure that all Health monitoring is completed in line with health professional's recommendations

2. All the above points will be discussed at the staff team meeting on the 27th July 2017

**Proposed Timescale:** 27/07/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

While there was an annual review conducted in August 2016 it required review as it did not adequately meet the criteria of the standards. While it was highlighting areas of compliance and non compliance, it didn't state what those non compliances were or how they would be addressed.

**4. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**

1. An annual review of the quality and safety of care and support in the Centre will be scheduled for completion in August 2017.

2. Where there are non-compliances highlighted in the report, the Person in Charge will outline subsequent corrective actions with a proposed timescale to ensure improvements in the quality and safety of care and supports delivered in the Centre, in accordance with regulations and national standards.

3. The Person in Charge shall ensure all corrective actions are completed within the proposed timescale.

**Proposed Timescale:** 10/10/2017

