

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Tulla House
<b>Centre ID:</b>	OSV-0005323
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	Paul Pearson
<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: 22 November 2016 09:10 To: 22 November 2016 15:40

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This centre was last inspected in December 2015 as part of an application to register a new centre. The centre was not operational at this time and had four vacancies. The purpose of this inspection was to monitor compliance with the regulations and standards as the centre was operational almost a year and residents had moved in.

Description of the centre:

The written statement of purpose submitted as part of the registration of this centre in 2015 described this centre as catering for male and female adults with disabilities and mental health conditions. At the time of the inspection the centre was providing residential services to four male residents over the age of 35 years old with disabilities/ acquired brain injuries and or mental health conditions. The centre was a large, spacious detached home in a rural location on the outskirts of a small town in Westmeath.

How we gathered our evidence:

Inspectors visited the centre and observed practices between staff and residents. Three residents were home during the course of the day of inspection, and one new

resident was moving in. Inspectors spoke with the person in charge and deputy team leader and reviewed documents such as personal plans, risk assessments, records of complaints and adverse events.

Overall judgment:

Inspectors found a good level of compliance with the regulations and standards and determined that residents were receiving a good quality and safe service from Nua Healthcare. Of the seven outcomes inspected, five were found to be compliant. Two areas of improvement were noted with the following outcomes judged as substantially compliant:

- Health and safety and risk management
- medicine management

Overall inspectors found that the centre was a well maintained building and grounds which felt homely and comfortable. Staff interactions with residents were seen as warm and respectful, and in line with the manner of communication and approach advised within residents' behaviour support plans. Inspectors found positive leadership was in place with clear management systems evident. Findings are outlined in the body of the report and in 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 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found an evidenced system of assessing and planning for the personal, social and health care needs of residents with accurate records maintained. Any identified need, risk or goal had been assessed and supports needed clearly outlined in personal plans. Written records showed clear links between the assessed needs and supports of residents' and the care being delivered on a daily basis. For example, progress on the daily steps towards achieving personal goals, along with skills teaching in line with advice from the multidisciplinary team (MDT) and risk management plans.

Residents had annual goals that they were working on to support them in being social and active members of the community. Goals such as having paid employment, planning birthday celebrations and keeping safe in the community. These goals were broken down into monthly and weekly goals for the residents to achieve in smaller parts. There was evidence that each resident's progress towards their goals was regularly reviewed by staff in the centre. Inspectors determined that residents were involved in their care and plans and were making their own decisions on their daily lives.

Residents had active lives, with access to day services available if required. Residents regularly accessed the community and local town and some residents did this independently. Where required appropriate staffing was put in place to support community involvement. For example, one to one staffing. There was evidence that residents' activities were reviewed regularly and each resident was supported in their decisions to take up new activities of their choice. The centre had a garage that housed musical instruments such as drum set along with sporting equipment for residents to enjoy or use to de-stress.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the health and safety of residents, staff and visitors was promoted in the designated centre. Inspectors reviewed policies and procedures and found that the documentation as required by the regulations were in place. For example, a health and safety statement, an emergency plan, evacuation plans and environmental risk assessments.

There was a policy on risk management which was evidenced in practice, along with oversight systems by the person in charge to review risks following each incident or adverse event that occurred in the centre. Individual risks for residents were well known to the manager and staff, and were assessed and reviewed routinely. The knowledge of these risks had not negatively affecting residents' daily lives or limited them from leading lives of their choosing. Inspectors found that there was a balanced approach to risk with skills teaching a part of the control measures identified to improve residents' independence. Inspectors determined that in general, the systems of assessing and managing risk were strong and proportionate.

However, one potential risk had not been adequately assessed. There were a number of occasions on the staffing roster when staff on duty at night had not received practical first aid training. The house was staffed with two sleep over staff, and in general residents slept undisturbed throughout the night. While some procedures were in place for staff to contact another designated centre for support in an emergency, this was found to be impractical due to the distance and length of time it would take support staff to arrive from the other location. The potential risks associated with this had not been appropriately assessed. This was discussed with the person in charge who agreed to carry out a risk assessment.

There were records onsite to demonstrate that the fire detection system and emergency lighting had been regularly serviced. The fire fighting equipment was inspected annually with documentation available to support this. Inspectors viewed records of staff training in fire safety and evacuation. Staff told the inspector that they had received training in fire safety online, as well as a face to face training by a fire professional in the designated centre. Each resident had an assessment in place regarding their

requirements for safe evacuation of the centre in the event of an emergency. For example, a fire. Inspectors reviewed records of fire drills occurring in the centre and found that they were carried out regularly. The information recorded on the fire drill records was limited and did not provide information to improve future fire drills. This was discussed with the person in charge who endeavoured to ensure more detail was included in future.

Accidents and incidents were recorded and reviewed by the person in charge, along with any behavioural incidents that may have occurred. Additional control measures were evidenced as being put in place on review of incidents and risk assessments updated. Residents and staff were involved in debriefing following certain incidents to allow a clean start and a positive approach to moving on following adverse events.

**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:**

Inspectors found that measures were in place to protect residents from being harmed or suffering abuse and that appropriate action was taken in response to any allegations or concerns regarding residents' safety.

There were policies in place to guide staff on how to prevent, detect and respond to allegations of abuse, the management of behaviours that challenged, the use of restrictive interventions and the provision of intimate care. Residents had access to a multidisciplinary team such as psychiatry, psychology, psychotherapy or behaviour support if required. Staff had all received training in dealing with behaviours of concern including de-escalation techniques and physical interventions as well as the protection and welfare of vulnerable adults.

Some residents were being supported with behaviours that were challenging. Inspectors observed residents being assisted by staff and found that care and support was offered in line with residents' behaviour support plans. Inspectors also reviewed residents' daily

records and found that if behavioural incidents occurred, they were managed in line with plans as drawn up by the multidisciplinary team members. Reward systems were in place for some residents to promote positive behaviour, and there was evidence that residents were involved in the creation of their plans, and were aware of how to achieve their goals. If a reward was not achieved the resident was informed clearly and then positively moved on to the next daily activity. Environmental and individual restrictions were assessed and reviewed regularly. Should a physically restrictive intervention be necessary this was documented and reviewed by the person in charge as well as by the regional manager. Each resident had risk assessments and standard operating procedures which informed staff on how to manage risk and guidance on how best to work with individual residents. While some restrictive interventions were in place for some residents, inspectors found that in practice there was a balanced approach to ensuring residents' safety and not being overly restrictive.

**Judgment:**

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:**

Inspectors found that residents' best possible health was promoted in the centre.

Some residents' had emerging health issues as well as general health care needs. Inspectors evidenced that there was appropriate access to the public health system through a referral system as well as access to some in-house health care professionals such as psychology, behaviour therapy, nursing support and consulting psychiatry. Referrals, visits and follow ups with allied health care professions were recorded in residents' personal files. Information from these appointments and advice was included within residents' plans and incorporated into goals, if necessary.

There were some restrictions in place regarding food and fluid due to health conditions and associated risk. There were monitoring systems in place where required. Inspectors found that a balanced diet was promoted with residents involved in choosing meals for the week.

**Judgment:**

Compliant

## Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

### Theme:

Health and Development

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

No actions were required from the previous inspection.

### Findings:

Inspectors found that there was safe medicines management in the designated centre. There was a medicines management policy in place which the inspector found was guiding safe practice in the centre.

Inspectors reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Medicine was stored securely, and was administered by social care staff. Inspectors were told by staff that they had completed training in the safe administration of medicine. The training matrix given to inspectors indicated that all staff had completed this training in 2016.

Blister packs were used and uniform documentation to reduce the likelihood of errors. There were no controlled drugs in the centre at the time of the inspection.

At times, some residents required additional as needed medicine (p.r.n). Inspectors found a lack of clear written protocols for residents outlining clear indicators of when to administer it. For example, the prescription record for an anti-anxiety medicine said "for agitation". Clearer guidance was needed on how the resident presented as this, or at what point the medicine should be given to ensure a consistent approach to administration. Inspectors found that a system was in place to record when it had been administered and why, which was reviewed by the person in charge and this was good practice. However, there was no written protocol in place to guide staff and ensure each time it was administered consistently.

### 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:**

Inspectors found that there was a clear management structure in place in the designated centre, and clear lines of reporting and responsibility. The person in charge was found to be suitable skilled and experienced, had worked in the centre since it opened and held a qualification in social care. Inspectors found there to be appropriate leadership in place in the centre, with evidence of effective oversight of the staff team and the daily operations of the centre by the person in charge. The person in charge reported to the regional manager, and was supported in her day to day duties by a deputy team leader.

Inspectors found that there were management systems in place to monitor the care and support offered to residents living in the centre, with a suite of audit tools available across areas such as personal plans, restrictive practices and use of resources. The provider had appointed a quality team the responsibility to carry out unannounced visits as required by the Regulations. Information gathered from the unannounced visits along with audits and resident feedback would contribute to the annual review which would be completed once the centre had been operational a year.

**Judgment:**

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:**

Inspectors found that there was an adequate number of staff working in the designated centre, suitable to the assessed needs of residents. On the day of the inspection there were four staff on the day shift as well as the person in charge to cater for four

residents. Residents living in the centre had been assessed as requiring one to one support and this was found to be available and evidenced as enabling residents to fulfil their personal plans. When it was assessed that some residents preferred to be supported by male staff this had been provided.

Inspectors spoke with staff as part of the inspection and found that they had been offered training by the provider in areas such as the protection of vulnerable adults, the safe administration of medicines, manual handling and fire safety. Staff had also been offered training in autism and Asperger's syndrome. Staff were knowledgeable on residents particular needs in relation to their mental health or other health conditions. The training matrix provided to inspectors indicated a system was in place for identifying training needs and ensuring refresher training was offered within an adequate timeframe. The person in charge informed inspectors that training on Traveller culture was going to be offered to staff to assist them to support residents from the travelling community.

Staff personnel files were not reviewed 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:***

Louise Renwick  
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
<b>Centre ID:</b>	OSV-0005323
<b>Date of Inspection:</b>	22 November 2016
<b>Date of response:</b>	19 January 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:**

The potential risk of night staff not having completed practical first aid had not been adequately assessed or managed.

**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated

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

centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All staff have received e-Training module on Basic First aid. There are currently two trained Occupational First Aiders in the house. PIC will ensure that at least one trained Occupational First Aider is on shift at all times am/pm. An additional two staff members have been identified to attend scheduled training on 08/02/2017.

**Proposed Timescale:** 13/02/2017

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The protocol for the administration of PRN medicine was not clearly indicated.

**2. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Review Anxiety Management Plan documentation tool to ensure it reflects each Service User's individual symptom presentation, management plan, prn intervention guidance and monitoring arrangements necessary to support each Service User.

**Proposed Timescale:** 13/02/2017