

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Eslin
Centre ID:	OSV-0005445
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Ann Morahan
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 July 2017 09:30 To: 12 July 2017 15:15

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:

This was an announced inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. This was a new designated centre provided by Nua Healthcare Services, which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA).

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge, the provider's representative and facilities manager. The inspector viewed the building and the facilities to be provided and reviewed documentation such as personal plans, healthcare plans, risk assessments, policies, procedures and staff files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, the inspector found that the proposed service to be provided was as described in that document. The centre was a two storey detached house in its own grounds in a rural setting in Co. Leitrim. The centre would provide full-time

residential service to adults with disabilities.

Overall findings:

The inspector found that the centre was compliant across all assessed outcomes. The centre's person in charge was full-time and suitably qualified and experienced. The inspector found that arrangements were in place to ensure that residents' assessed needs were met upon admission to the service. Furthermore, the provider had put in place arrangements to assist potential residents to achieve their personal goals, access appropriate healthcare professionals and be supported in the management of behaviour of concern.

The provider had identified appropriate staffing levels based on identified residents who would move into the centre subject to registration. In addition, the provider had arrangements in place to ensure that staff were suitably trained in-line with the provider's policies and potential residents' needs.

The inspector found that the centre's premises was well-maintained and its design reflected the statement of purpose. In addition, robust systems were in place at the centre in relation to risk management and fire safety.

Summary of regulatory compliance:

The centre was inspected against eleven outcomes and the inspector found compliance in all outcomes assessed on the day of inspection. These findings are further detailed under each outcome in the report and the regulations that are not being met are included 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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had a robust admission policy in place at the centre.

The person in charge told the inspector about the centre' admission arrangements which reflected the provider's policy. The inspector was told by the person in charge that prior to an admission to the centre, residents would have needs-led assessments and transitional plans which would be developed in consultation with the resident, their representatives and multidisciplinary professionals.

The inspector was shown the proposed resident written agreements for the centre which outlined the care and support to be provided to residents as well as including information of all fees to be charged.

Judgment:

Compliant

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:

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had personal planning arrangements in place to both assess and support residents' needs and facilitate their transition to the centre.

The person in charge told the inspector about the centre's personal planning arrangements which included the assessment of all supports required by the residents in areas, for example, healthcare, daily activities, communication and independent living skills. The inspector was told that prior to a resident's admission to the centre, the completed assessments would be used to develop their personal plan which would be subject to regular review. The inspector was further told that personal plans were developed in conjunction with the resident and their representatives as well as multidisciplinary professionals such as psychologist, speech and language therapists and dieticians.

The inspector was shown examples of accessible personal plans which would be developed with and made available to residents at the centre.

The person in charge told the inspector how personal goals would be developed with residents which included the recording of expected timeframes for achievement and supports required. Goal progress would be reviewed monthly by the resident and their named key worker. The person in charge told the inspector that goal progress would be incorporated into the annual review of the personal plan in order to assess the plan's effectiveness in meeting the resident's assessed needs.

The person in charge told the inspector that residents are supported to participate in their annual review along with their representatives and associated multidisciplinary professionals.

The inspector looked at transitional plans for residents moving to the centre. One resident had been identified on the day of inspection to move to the centre, and the inspector found that their transitional plan reflected the resident's needs assessment and staff knowledge. The transitional plan was divided into proposed planned stages such as centre visits and moving personal belongings and included opportunities for review on the completion of each stage. The transitional plan's development had involved the resident's representatives, an independent advocate and multidisciplinary professionals such as behaviour specialists. The person in charge told the inspector that following admission, the resident's placement would be reviewed after 12 weeks or more often if required, which was in-line with the provider's policy.

In addition, the person in charge told that inspector that prior to potential admissions to the centre, an 'Impact' assessment would be completed in order to assess the compatibility of proposed residents.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre's design and layout was suitable for its proposed purpose.

The centre was a two-storey detached house within its own grounds, in a rural setting. The centre included a one-bedded apartment which comprised a bedroom with ensuite facilities and a combined sitting room and kitchenette.

The centre further comprised five bedrooms, each with their own ensuite shower and toilet facilities, communal bathroom and toilets, kitchen, dining room and three sitting rooms. The inspector found that all exit doors to the centre were operated by a keypad; the person in charge told the inspector that residents would be given the access number and supported to operate the keypad. In the event of an emergency, the person in charge and provider's facilities manager confirmed that the keypad would automatically disengage to allow safe evacuation from the building.

The inspector found that the centre was well-decorated and maintained, and the person in charge stated that residents would be supported to decorate their own rooms' in-line with their personal preferences once they had moved in.

Laundry facilities were available in a utility room off the kitchen and the person in charge told the inspector that residents would be supported to do their own laundry.

The centre further comprised a staff office and sleep over room. The centre was located within a large garden area which was surrounded by a perimeter garden fence with a driveway gate which was operated by a keypad. In addition the centre had a further keypad operated gate at the main road entrance to the centre. In addition, the centre had a garden shed.

There was adequate parking available at the centre and the inspector was told that suitable arrangements were in place for the safe disposal of general waste.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had policies, procedures and systems in place to promote the health and safety of residents, visitors and staff.

The centre had an up-to-date safety statement in place which included identified risks and control measures in place on the day of inspection. In addition, the centre had an up-to-date risk management policy which was comprehensive and met the requirements of the regulations.

The person in charge told the inspector that prior to a resident moving into the centre, individual risk assessments would be completed and safeguards put in place, which reflected documents reviewed and the provider's policy.

The centre had an emergency plan in place which was up-to-date and covered actions to be taken by staff such as in the event of a fire and the loss of utilities such as power, heating or water.

The inspector saw that the centre was equipped with a fire alarm, fire calls points, smoke alarms, fire doors, fire extinguishers and emergency lighting which were regularly serviced by an external contractor. In addition, the person in charge showed the inspector in-house recording arrangements to be completed by staff in relation to the working order of fire equipment.

The person in charge outlined the arrangements for carrying out regular fire drills which included a fire drill to be carried out for all new residents, ten days after their admission to the centre. In addition, prior to admission to the centre, a personal emergency evacuation plan would be completed for each resident.

The inspector reviewed training records for staff identified to work at the centre, and found that all staff had completed up-to-date fire safety training. The person in charge further told the inspector that all staff, prior to working at the centre, would have completed up-to-date manual handling training in-line with the provider's policy.

The inspector found that the centre had up-to-date policies and procedures in place for the management of infection control and hand sanitisers were available on the day of inspection.

Judgment:
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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had measures in place at the centre to protect residents from being harmed or suffering abuse.

The centre had an up-to-date safeguarding of vulnerable adults policy in place. The policy included what staff should do in the event of an allegation, disclosure or suspicion of abuse such as appropriate reporting, which reflected the person in charge's knowledge.

The person in charge stated that all staff, prior to working at the centre, would complete safeguarding of vulnerable adults training in line with the provider's policy. In addition, the organisation had two appointed designated safeguarding officers who completed preliminary screenings and developed safeguarding plans on reported concerns in conjunction with the person in charge and resident, if appropriate.

The provider had an up-to-date policy on the positive management of behaviours of concern and had arrangements in place to ensure that residents had access to multidisciplinary support such as psychiatrists and psychologists. The inspector reviewed the provider's behaviour support plan arrangements and found that they included information on the identified behaviour of concern and both proactive and reactive support strategies. In addition, the person in charge stated that plans were reviewed regularly including after incidents of concern. Furthermore, the person in charge stated that all staff working at the centre would have completed up-to-date positive behaviour management training in line with the provider's policies.

The centre had an up-to-date policy on the use of restrictive practices, which stated that restrictive practices were only used after an assessment of residents' need and as a last resort. Furthermore, the person in charge informed the inspector that all restrictive practices would be kept under regular review including the use of PRN medication (medication taken as and when required).

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had arrangements in place to support residents' health and dietary needs.

The person in charge told the inspector that residents would be supported to access medical professionals in line with their needs. The provider had their own multidisciplinary professionals accessible to residents such as speech and language therapists and dieticians. The provider had also put arrangements in place for residents at the centre to access a local general practitioner (GP) service.

The inspector found that prior to admission to the centre, a health assessment plan was to be completed for each resident as part of their needs assessment and personal plan. In addition, the health assessment included supports to access medical services such as dentists, opticians and chiropodists as required. Furthermore, health care plans included checklists for the recording of residents' general health such as weight.

The inspector spoke with the person in charge about meals to be provided at the centre. The inspector was told that meals would be prepared by staff with the assistance of residents based on their abilities. The person in charge told the inspector that meals would be varied and nutritional in nature and also reflect residents' personal preferences. In the event that residents had assessed dietary needs, the person in charge told the inspector that residents would be supported to access the provider's dietician.

The inspector found that the centre had an up-to-date policy on the monitoring and documentation of nutritional intake which included information on good nutrition.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre's proposed medication management arrangements were in line with the provider's policy and protected residents.

The centre had an up-to-date medication management policy, which provided guidance to staff on administering medication, as well as its ordering, storage and disposal. The policy further included information for staff on what to do in the event of a medication error.

The inspector found that a locked medication storage cabinet was in place at the centre, which contained individual locked cabinets for each resident's medication. The person in charge also told the inspector that if controlled medication was prescribed to residents, this would be further secured in an additional locked cabinet within the resident's medication cabinet.

The inspector found that the provider had put arrangements in place for the segregated storage of out of date or unused medication while at the centre prior to it being returned to a local pharmacy.

The person in charge showed the inspector arrangements for the recording of administered prescribed medication which was in accordance with regulations and included information such as the medication's name, dosage, the time and method of administration. In addition, the inspector was shown systems in place at the centre for medication audits and the recording of PRN medication (medication administered as and when required) to residents.

The person in charge told the inspector that staff at the centre would only administer medication to residents after the completion of the provider's safe administration of medication training and a competency assessment.

The inspector reviewed the provider's medication error form which provided provision for the recording of the error, corrective actions taken and learning from the incident to reduce its reoccurrence. The person in charge told the inspector that the completed

medication error forms would be discussed at the centre's team meetings with staff.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The centre's statement of purpose reflected the services and facilities provided.

The inspector reviewed the centre's statement of purpose and found that it was up-to-date and contained all information required under regulations and was scheduled for review annually.

The inspector also found that the centre's statement of purpose was available to residents in an accessible format.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the provider had put in place management systems to monitor the quality of care provided to residents at the centre.

The centre had a defined management structure with the person in charge being employed full-time and suitably qualified in line with the regulations. The inspector found that the person in charge was knowledgeable on their requirements under the regulations.

The centre's person in charge was the provider's regional manager and the inspector was informed by the provider that they would be based at the centre for two days a week. The person in charge stated that they would be in daily contact with the centre to provide support and would complete additional visits if required.

The provider further told the inspector that they proposed to change the centre's person in charge as they had appointed a new person in charge who would be based full-time at the centre. Following completion of their induction programme, the provider would be notifying the Health Information and Quality Authority of the new person in charge.

The current person in charge was supported in their role by the provider's director of operations. The proposed person in charge would be supported by both the director of operations and the regional manager.

In addition, staff would be further supported by the provider's on-call system which provided management guidance outside of normal working hours, weekends and bank holidays.

The inspector was shown management audit systems in place at the centre which ensured compliance with both the regulations and the organisational policies and procedures. The inspector found that regular audits were planned in areas such as health and safety, medication, personal plans and fire safety.

The inspector was shown arrangements for the undertaking of six monthly unannounced provider visits at the centre which would be completed by either the regional manager, director of operations or a member of the provider's quality assurance team. The inspector found that the unannounced centre visits format reflected regulatory requirements and included provision for the recording of action plans to address any areas for improvement.

The inspector was further shown the provider's format for the annual review of care and support provided by the centre which would be completed by the person in charge and again included provision for action plans to address areas for improvement.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found, from information available on the day of inspection, that the provider would ensure that appropriate staff numbers and skill mix would be in place at the centre to meet residents' assessed needs. Arrangements were also in place to ensure the supervision and training of staff.

The person in charge told the inspector that the staffing levels at the centre would be based on the assessed needs of the residents. The inspector was made aware by the person in charge that one resident was currently identified to move to the centre, subject to registration of the centre. The inspector reviewed available information and spoke with the person in charge and was assured that proposed staffing levels reflected the resident's assessed needs.

The inspector found that the provider ensured that all new staff completed an induction programme which included mandatory training in areas such as manual handling, fire safety and safeguarding of vulnerable adults. The person in charge also told the inspector that additional training would be provided to staff which reflected residents' assessed needs such as autism awareness.

The person in charge stated that they planned to hold regular monthly team meetings at the centre and these could be more frequent if required; team meetings would be scheduled to be regularly attended by the regional manager and the director of operations during the year.

In addition to regular team meetings, staff would receive formal monthly supervision in line with the provider's policy, and an annual performance appraisal. The person in charge stated that team meetings and formal supervision enabled staff to identify their training needs and voice any issues or concerns.

The inspector reviewed staff personnel files for staff identified to work at the centre and found that they contained all information required under Schedule 2 of the regulations.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre had systems in place to maintain and complete records in line with the regulations.

The inspector found that the centre had policies in place which related to record keeping and included confidentiality and the storage, control and archiving of documents which related to both residents and the operational management of the centre

The centre had all operational policies in place as required under Schedule 5 of the regulations.

The inspector found that provider had developed both a statement of purpose and residents guide to the centre which were both available to residents in an accessible format.

The person in charge showed the inspector the proposed 'directory of residents' format for admissions and discharges at the centre, and found that it was in accordance with the requirements of regulations. The person in charge assured the inspector that the directory would be completed following the first admission to the centre subject to registration.

The inspector found that the centre had an up-to-date schedule of insurance which covered accidents and injury to residents, staff and visitors.

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:

Stevan Orme
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority