

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0001931
<b>Centre county:</b>	Kildare
<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>	Jillian Connolly
<b>Support inspector(s):</b>	Conan O'Hara
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 04 May 2016 09:30 To: 04 May 2016 17:30

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

**Summary of findings from this inspection**

This single issue inspection was carried out in response to unsolicited information received by HIQA in relation to safeguarding of residents, infection control and risk management. The centre had previously been inspected in June 2014 and February 2015.

During this inspection, inspectors met with five residents who said that they were happy with the service provided. Inspectors observed staff to engage with residents in a dignified and respectful manner. Inspectors also observed practices and reviewed documentation such as personal plans, medical records, accident logs, complaint logs, minutes of meetings, assessments of risk and staff rosters.

The findings of this inspection substantiated the information received by HIQA. Inspectors found that although there were clear policies and standard operating procedures in place for the governance and management of the centre, they were not effective. Since the last inspection, there had been a significant change in the needs of the residents and the supports required. The key findings of the inspection are as follows:

- Admissions to the designated centre were not based on a clear and transparent criteria
- Assessments of risks were not consistent and in some instances identified control measures were not implemented in practice
- Peer to peer abuse was not recognised as abuse and therefore was not investigated in line with policy

- Residents who required positive behaviour support did not receive this within a reasonable time frame
- There was an absence of recognition of what constitutes restrictive practice.

Overall, inspectors found nine regulatory breaches. Of the five outcomes inspected, major non-compliance was identified in four outcomes and moderate non compliance in one outcome.

The detailed findings from this inspection are contained in the body of the report and the action required by the provider to comply with the Health Act 2007, as amended and the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities are set out in the action plan at the end of the report.

**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):**

No actions were required from the previous inspection.

**Findings:**

There had been new admissions to the centre since the last inspection. On review of admission documentation and from speaking with members of the management team, inspectors were not assured that they were appropriate or in line with the statement of purpose of the centre. For example, the statement of purpose states that a pre-admission assessment is completed by the social worker, the regional manager and the team leader. Inspectors reviewed a pre-admission document and found that it had been completed by a staff member from another designated centre. Furthermore, the centre's staff consisted of both male and female staff. However, the behaviour support plan for the resident, which had been reviewed following admission, stated that the resident would benefit from a male only secure environment.

The Statement of Purpose also stated that the organisation recognises a resident's 'right to access a service which at all times, maintains their absolute right to privacy and dignity.' However the pre assessment stated that there was a high risk of an adverse impact to other residents based on the resident's history of displaying sexualised behaviours. One control measure identified was for the resident to have the support of two staff for fourteen hours a day. Inspectors determined that this was also in contradiction to the centre's aim of providing a 'homely and comfortable environment for individuals', as the resident was not afforded freedom of movement within their home without undue supervision.

**Judgment:**

Non Compliant - Major

## 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:

The centre maintained policies and procedures for the health and safety of residents, staff and visitors. There was a risk management policy in place as required by Regulation 26. However inspectors found that the systems in place for the assessment and management of risk were not effective.

Inspectors reviewed the safety statement and found that it contained an assessment of generic risks. While efforts had been made to identify centre-based risks such as the car park, in the main inspectors found that the safety statement was not reflective of the centre. For example, an assessment had been conducted of bathrooms. However, the fundamental control measure within the centre was that all bathroom doors were locked and keys were maintained by staff. This was not recognised as a control measure.

Individual risk assessments had been completed for residents. On review of the documents, inspectors found that the information contained was clear and concise. However, in some assessments, the control measures identified conflicted with the personal plans of residents. For example, the number of staff required to support a resident differed between documents. Inspectors also found that control measures were not implemented in practice. A review of a staff interview following an incident demonstrated that a resident who required one to one supervision at all times had been left unsupervised.

Inspectors also reviewed records of accidents/incidents. The practice in the centre was that all accidents and incidents were reported to the provider on a regular basis and reviewed at clinical meetings. Inspectors reviewed a sample of clinical meetings and found that some incidents which had resulted in injury had not been reviewed as per policy. Inspectors also found that appropriate action was not taken in an appropriate time frame for some incidents. For example, there was an incident in which a staff member had sustained an occupational injury, 10 days prior to the inspection. Inspectors found that a risk assessment had not been completed as of the day of inspection to identify control measures to prevent a re occurrence.

Inspectors were informed that a resident had a health care associated infection and staff were able to describe to inspectors the appropriate precautions which should be taken. However, inspectors reviewed the infection control policy and found that it did not guide practice on how to support residents in this circumstance and instead focused on cleaning procedures and personal protective measures. As a result, there was an absence of a review to identify the rationale for the resident developing the infection or

actions to be taken with the aim of preventing a reoccurrence in line with The National Standards for the Prevention and Control of Healthcare Associated Infections 2009. Inspectors also observed the centre to be unclean in areas, although cleaning schedules were completed stating that areas had been cleaned. This failing had been identified on the previous inspection by inspectors.

**Judgment:**  
Non Compliant - Major

**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:**

Since the last inspection, the centre had informed HIQA of allegations or suspicions of abuse. Inspectors reviewed the documentation and spoke with staff and found that the appropriate action was taken. However, the documentation provided to inspectors did not support that all relevant external parties had been informed in line with National Policy. The provider provided written assurances to the Authority following the inspection that this had occurred.

A review of incidents also demonstrated that residents had been threatened by other residents. This was not considered an indicator of psychological abuse as per the National Policy, therefore a preliminary screening had not occurred as required.

Residents exhibited behaviours that challenge on a regular basis. The centre had policies and procedures in place for positive behaviour support and the use of restrictive practices. Residents were assessed by a clinical team. The criteria for assessment was based on the reports which were submitted to management. Inspectors found however that a resident had been discharged from the team in January 2016. The rationale for the discharge was not clear. Following discharge, the resident had 31 incidents of behaviours that challenge. Inspectors were informed that the resident was due to be reassessed the week of the inspection. Inspectors found that considering the number of incidents, that this was an undue delay.

Residents had been physically restrained by staff. Inspectors found that there was an absence of appropriate review following each incident of physical restraint. Management were also unable to provide inspectors with the record of restrictive practices. Inspectors also found that management in the centre were not clear of what constitutes a restrictive practice. Inspectors identified restrictive practices including programmes in which access to cigarettes was limited for residents and some residents required supervision at all times.

**Judgment:**  
Non Compliant - Major

### **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:**

Residents had regular access to their General Practitioner (GP) and were supported to attend appointments with other health care professionals. Assessments had been conducted of the health care needs of residents. If a need was identified, a plan of care was developed. Inspectors reviewed a sample of personal plans and found that they were not implemented in practice. For example, a risk assessment conducted for a resident developing pressure sores indicated that the resident required clinical observations to be taken daily and that there were three waking night staff. This was not occurring in practice. Furthermore a plan of care stated that a resident required their weight to be monitored weekly. The resident's weight had not been recorded in 2016.

Inspectors identified instances in which residents' clinical observations were taken. Records identified that the observations were abnormal. The records did not demonstrate that the appropriate action was taken by staff following this.

**Judgment:**  
Non Compliant - Moderate



**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:**

There was a clear management structure in place. The person in charge was the frontline manager of the centre. The person in charge reported to the regional manager. The regional manager reported to the director of operations, who in turn reported to the provider. This was done through weekly reports. Inspectors reviewed a sample of weekly reports and found that while the day-to-day occurrences within the centre were reported through this system. Weekly clinical meetings also occurred. However, a review of the minutes found that the meetings did not adequately identify all of the practices in the centre and the actions required to improve service delivery.

The management systems in place for the centre also included audits, unannounced visits by the regional manager and an annual review of the quality and safety of care. Inspectors found that in practice the systems were not effective. For example, a finding from the previous inspection was that the medication management policy did not adequately identify the process to be followed in the event of a medication error. Inspectors reviewed the policy and found that this had been addressed. However, there had been four medication errors in 2016. They had not been investigated in line with policy. The template for medication audits did not facilitate a review of medication errors. Therefore medication errors had not been audited. This resulted in deficits in practice not being identified and addressed.

A hygiene audit had also been completed in April 2016. This audit identified that areas of the centre were unclean. As stated previously, inspectors observed this. Therefore insufficient action had been taken following the audit.

The regional manager had conducted one unannounced visit to the centre in 2016. There was no report generated from this visit and it was not possible to identify the areas of practice reviewed.

Inspectors reviewed the annual review of the quality and safety of care and found that it provided quantitative information derived from the health and safety audits, hygiene audits, medication audits and numbers of accidents and incidents. While actions were identified, inspectors found that they were not consistently implemented in practice. For example, one action was that hazards and risks are actioned immediately following

identification. The findings of this inspection demonstrate that this was not occurring in practice.

**Judgment:**  
Non Compliant - Major

### **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:***

Jillian Connolly  
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-0001931
<b>Date of Inspection:</b>	04 May 2016
<b>Date of response:</b>	13 June 2016

### 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Admissions were not based on a transparent criteria which demonstrated that the centre could meet the needs of the prospective resident. Furthermore they did not consider the impact of the admission on other residents.

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

**1. Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The ADT policy on transitions was amended in June 2016 to include the following: 'The transition of the new resident will be discussed with the current service users in the house at the weekly service user forum prior to the new resident visiting'

When we are completing the impact assessments of new residents for a centre the purpose and function of the Centre will be fully considered in the process.

Current residents will be informed at a house meeting of any proposed new admissions by the PIC in a timely manner taking consideration of their diagnosis and needs.

Impact assessments will be completed prior to any new admission to a Centre in order to consider the impact of the admission on other residents.

**Proposed Timescale:** 11/07/2016

**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 risk management systems in place did not demonstrate that they effectively reduced the risks and safeguarded residents.

**2. Action Required:**

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

A review of the Centre's Safety Statement has been conducted and updates have been made throughout to make it more "centre specific" in order to reduce the risks and safeguard residents.

The initial review of the Centre's safety statement was concluded on 25/05/16 and subsequent review and update was complete on the 11/06/16. The Safety Statement will be reviewed as required if new hazards are identified, when a new admission is admitted to the Centre or annually thereafter.

**Proposed Timescale:** 12/07/2016

**Theme:** Effective Services

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

The supports implemented for residents with a healthcare associated infection were not in line with the standards.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

An MDT was complete on the resident on the 25/05/16

A review of the Infection Control Policy was complete in line with the National Standards for the Prevention and Control of Healthcare Associated Infections 2009 took place to ensure that the policy included the following;

- guides practice on how to support residents in the event that one should contract a health care associated infection;
- Includes a review to identify the rationale for the resident developing the infection or actions to be taken with the aim of preventing a reoccurrence.

**Proposed Timescale:** 18/07/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Restrictive practices were not reviewed to ensure that they were the least restrictive and used for the shortest duration possible.

**4. 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:**

The Centre's Policy in relation to restricted practices was updated in accordance with National Policy (updated from HIQA in April 2016) and evidence based practice.

A schedule review of the use of Restrictive Practices in the Centre will take place on the 14/07/16 in conjunction with the Senior Behaviour Specialist, and senior clinical staff. This will then take place quarterly thereafter. Any clinical recommendations for a resident will be actioned in conjunction with the PIC.

Actions from the clinical meeting will be delegated to the relevant member of the multi-disciplinary team.

**Proposed Timescale:** 25/07/2016

**Theme:** Safe Services

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

Residents were not consistently supported to identify the cause and alleviate their behaviour.

**5. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC will ensure that each resident's personal plan is implemented on a daily basis. All precursor behaviours will be identified and updated in each resident's personal plan and proactive strategies such as ecological interventions, positive programming and focused supports will address each precursor and function of behaviour. The reactive strategies will highlight that any restricted practice should only be used when all other evidence based strategies are exhausted and only as a last resort. A de-brief will be conducted with each resident following an incident. This will follow a well-structured format which questions residents to identify the cause alleviate their behaviour.

**Proposed Timescale:** 25/07/2016

**Theme:** Safe Services

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

Instances in which residents had threatened fellow residents were not investigated to ascertain if they constitute abuse.

**6. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The PIC to attend training on "Safeguarding of Vulnerable Persons Awareness Programme" on the 14 July 2016 with the HSE.

All staff in the Centre to be trained on Protection and Welfare of Vulnerable Adults in order to protect residents from all forms of abuse.

**Proposed Timescale:** 25/07/2016

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Interventions identified in residents' personal plans were not implemented in practice.

**7. 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:**

A review of all residents' personal plans is to be conducted and interventions identified in the residents personal plan to be implemented.

**Proposed Timescale:** 18/07/2016

## 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:**

The management systems in place were ineffective.

**8. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Management and ways of working to be reviewed in full in the Centre.

**Proposed Timescale:** 12/08/2016

**Theme:** Leadership, Governance and Management

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

There was no written report generated from the unannounced visits.

**9. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

A written report is to be developed on the safety and quality of care and support provided in the Centre with an action plan to address any concerns following the unannounced visit to the Centre that took place.

**Proposed Timescale:** 01/08/2016