



Office of the Chief Inspector

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

Name of designated centre:	Rathbeag
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	01 October 2019
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0024153

About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of four individual apartments. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Each of the four residents living in this centre have their own apartment within the centre. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by a nurse, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 October 2019	08:30hrs to 18:50hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This designated centre was comprised of four individual living areas/apartments with one resident living in each. During the course of this inspection, the inspector met two of the four residents who lived in this designated centre and had some opportunities to observe these residents in their environments and in their interactions with staff.

The inspector visited one of the residents in their living area two times during the inspection day. On the first occasion the resident greeted the inspector and appeared comfortable in their environment. Staff members on duty were seen to support this resident with their breakfast and were overheard to ask the resident's choice as to the type of breakfast they wanted.

Later on during the day, this resident received a visit from a family member. After this visit was finished, the inspector again visited the resident in their living environment. Again it was observed that the resident was comfortable and relaxed while also engaging positively with staff members present. The resident was seen to be watching a movie at this time.

A second resident was also met briefly by the inspector. This resident was seen to be in the centre's communal kitchen with staff members. The resident indicated that they had some pets in the centre and spoke about doing an online pet course. Later on this resident was noted to have left the centre with staff members.

Of the remaining two residents, one indicated that they did not want to meet the inspector while the inspector did not have an opportunity to meet the other resident. It was noted though that both residents left the centre during the day with staff members, one to do some shopping and the other to attend a group activity.

Capacity and capability

Systems were in place in this designated centre to ensure that the service provided was monitored and appropriate to meet residents' needs. It was noted though that some improvement was needed in relation the submission of notifications to HIQA and staff continuity.

To support the running of this designated centre, the provider had used its available resources to meet the needs of residents and ensured that there was a clear structure in place for the centre. As part of this structure, the person in charge reported directly to a senior member of the provider's management, at a minimum, on a weekly basis. The lines of communication between the person in charge and

senior management included a weekly report on the running of the designated centre and statistics on events in the centre. Such reporting structures helped to ensure that roles and responsibilities for the designated centre were clearly set out while also providing for oversight.

The provider ensured that oversight of the centre was further promoted by carrying out annual reviews and provider unannounced visits to the centre. These are required by the regulations and are important in reviewing the quality and safety of care and support provided to residents. Provider unannounced visits are to be carried out every six months and it was noted that since the previous HIQA inspection in April 2018, three such visits had been carried out which were reflected in written reports with action plans in place to respond to issues identified. It was noted that progress had generally been made to address such issues.

It was seen though that a recent review of the centre, had identified one allegation of a safeguarding nature which had not been notified to HIQA in a timely manner as required by the regulations. Upon identifying this, appropriate actions were taken to address this specific matter. However, during the current inspection, two further safeguarding allegations and an incident where a resident required immediate medical attention were found not to have been notified to HIQA within three working days as required. Such notifications are important to ensure that HIQA is aware of any actual and potential adverse incidents in a centre which impact on residents' care and support. The person in charge took steps to ensure that these issues were notified to HIQA in the appropriate format following completion of this inspection.

Planned and actual rosters worked were maintained in the designated centre which are important in indicating the identity of staff members who have worked in a centre and the hours they actually spent on duty. While reviewing the actual rosters worked it was seen that a high number of different individual staff members had worked in the designated centre in the six months leading up to this inspection. This was acknowledged by the provider and it was noted that the provider had recently taken steps to reduce the number of different individual staff members who worked in the centre. This was important to ensure that residents received a consistency of care and support while also promoting professional relationships.

While ensuring a continuity of staff on a consistent basis was an area for improvement, the provider had systems in place to induct new staff members into the centre. This included a period of shadowing with more experienced staff and an opportunity to review key information relating to residents. In addition, it was seen that overall the provider had put in place appropriate staffing arrangements to support residents while they lived in this centre. These included appropriate levels of staff and input from nursing staff. Staff members spoken with during this inspection demonstrated a good understanding of residents and outlined how they would support them in various areas. Throughout the inspection, it was observed that residents were treated appropriately by staff members on duty.

Regulation 15: Staffing

Planned and actual rosters were maintained in the designated centre. While it was seen that the provider had taken measures in recent months to reduce the volume of staff working in the centre, it was noted that a high number of staff had worked in this centre in the six months leading up to this inspection. Overall appropriate staffing arrangements were in place support residents including the provision of nursing staff. Staff files were held centrally and so were not reviewed during the current inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was appropriate resources provided for this centre. There was evidence of oversight from the provider in relation to the running of this designated centre. As part of this the provider had carried out annual reviews and six month unannounced visits as required by the regulations in a timely manner. A clear governance structure was in place for the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Two allegations of a safeguarding nature and one instance of an injury which required immediate medical attention had not been notified to HIQA in a timely manner.

Judgment: Not compliant

Quality and safety

Arrangements were in place so that residents were appropriately supported to ensure that their needs were met. It was noted though that some improvement was required so that all allegations of a safeguarding nature were investigated in a timely manner and also in relation to some aspects of fire safety.

There had been no change to the group of residents living in this designated centre

since previous HIQA inspections and the provider had arrangements in place to meet the health, personal and social needs of these residents which was evident in various ways. For example, it was seen that efforts were made to promote residents' health with regular monitoring of their health and access to a range of allied health professionals, such as general practitioners, dietitians and psychiatrists, facilitated where required. In addition, it was noted that residents were supported to participate in activity groups, attend concerts, visit zoos, have pets and to meet the President of Ireland. Since previous HIQA inspections, it was clear that some residents had noticeably developed in a positive way.

Such development was supported by the provider's personal planning process. As required by the regulations, all residents had individual personal plans which should provide guidance for staff on how to support residents in meeting their health, personal and social needs. It was clear from the personal plans reviewed on this inspection that the provider had systems in place to ensure that residents' needs were assessed and reviewed at least on a yearly basis with multidisciplinary input available to inform the plans. A process was also in use to identify monthly goals for residents, such as attending new groups or day trips, with support given to residents to achieve such goals. Staff members spoken with during this inspection demonstrated a strong awareness of residents' needs and discussed the actions they would take to support residents.

For example, some residents were rewarded if they engaged in positive behaviour and staff members were able to outline how such reward systems operated. Evidence reviewed on this inspection indicated that such systems were promoting positive behaviour and this was in keeping with residents' positive behaviour support plans. Such plans had been developed with the input of relevant allied health professionals and the contents of these plans suggested that a tailored approach to the management of behaviour was being followed. It was also noted that staff members had a good knowledge of the contents of such plans while training had been provided to staff in the management of behaviour that included de-escalation and intervention techniques.

Staff members had also been provided with training in safeguarding and those spoken with indicated that they would report any concerns that they had. Other arrangements were also in place to safeguard residents. For example, it was noted that previously the provider had made changes to the premises of this designated centre to ensure that each resident had their own private living area. This premises layout reduced the potential for negative interactions between residents living in the centre. It was seen that the premises layout remained in place at the time of this inspection and it was also noted that some environmental restrictive practices, initially introduced with these premises changes, had been removed to enable one resident to move more freely between their living area and communal areas.

However, when reviewing records of accidents and incidents that took place in this designated centre, the inspector observed two incidents during which allegations of a safeguarding nature had been made by residents. While these were clearly recorded in the relevant accident and incident reports, they had not been investigated as safeguarding concerns at the time the allegations were made. This

was highlighted to the person in charge and following completion of this inspection, confirmation was received that appropriate safeguarding procedures had commenced in relation to the identified allegations. Given the potential for such safeguarding allegations and the assessed needs of some residents, it was also noted that updated risk assessments relating to allegations were required.

During the inspection, it was seen though that other systems were in place to promote the safety of residents. A fire alarm and emergency lighting were present in the designated centre and such fire safety systems were checked by external contractors to ensure that they were in proper working order. While such checks had been carried out regularly in 2019, the inspector did note one occasion in 2018 where a quarterly check did not take place in a timely manner. In addition, it was observed that the presence of an alarm or heat sensor in the centre's utility room required review to ensure that any potential fire there was quickly detected. It was seen though that fire doors and fire extinguishers were present in the centre while fire drills were taking place at regular intervals.

Regulation 17: Premises

The premises provided for the assessed needs of residents and each resident had their own individual living areas. It was noted that such areas were homely and were personalised to reflect the individual residents living in them. The premises overall was observed to be well-maintained on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place for any adverse incidents to be recorded. Residents had detailed risk assessment in place relating to identified risks. It was noted that a risk assessment relating to fire evacuation required review following a recent fire drill while updated risk assessments were also required for allegations of a safeguarding nature.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place but it was noted the need for an alarm or heat sensor in the utility room required review. Fire safety systems, such as the fire alarm, were being serviced to ensure that they were in proper working order but

the inspector did observe one instance where a quarterly check by an external contractor had not occurred in a timely manner. Fire drills took place to ensure residents were aware of what to do in the event that an evacuation was required while training records reviewed indicated that all staff members had undergone fire safety training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Secure storage facilities were in place for medicines in the centre. Appropriate medicines documents were also provided for which were noted to be of a good standard on the day of inspection. Staff were provided relevant medicines training before administering medicines to residents living in the centre. Residents were also assessed for the self-administration of their own medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Based on the overall findings of this inspection, arrangements were in place to meet the assessed needs of residents. All residents had an individual personal plan in place which provided guidance on how to support the residents in various areas relating to their health, personal and social needs. These personal plans were informed by relevant assessments and were reviewed regularly with multidisciplinary input provided for. Personal plans were available in an easy-to-read format.

Judgment: Compliant

Regulation 6: Health care

Access to allied health professionals such as general practitioners, dietitians, psychologists, psychiatrists and physiotherapists was provided for. There was regular monitoring of residents' health needs and, where required, residents had specific care plans provided relating to identified health needs. Residents were also supported to undergo key health screening assessments. It was noted that residents had recently updated hospital passports in place to provide key information in the event that residents had to be admitted to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Systems were in use for the review of restrictive practices and it was noted the level of such practices overall had reduced. Staff members were provided with relevant training in de-escalation and intervention while behaviour support plans were in place to guide staff practice in promoting positive behaviour. A good awareness of how to support residents engage in positive behaviour was demonstrated by staff members present on this inspection.

Judgment: Compliant

Regulation 8: Protection

Two allegations of a safeguarding nature had not been investigated as safeguarding concerns at the time the allegations were made.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0024153

Date of inspection: 01/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Since inspection a fulltime member of staff has been added to the staff team, which will cover annual leave and unplanned absences and reduce the number of relief staff present in the Centre 2. PIC will continue to recruit in line with the Centre’s SOP to ensure continuity of care for all residents 3. PIC will monitor the staffing need within the Centre on a monthly bases through the Centre assurance report and the monthly roster 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. Notifications were submitted to the Authority following the Inspections. 2. Policy on Notifications was reviewed at the team meeting on October 24th and at daily handover 3. PIC has completed debrief with staff team on the requirement of Daily escalation of all incidents and safeguarding concerns. 4. PIC and Deputy Team Leaders will ensure all incidents are reviewed in line with Policy 5. PIC will ensure that all notifications are completed within timeframe as outlined in Regulation 	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. All Individual Risk Management Plan to be reviewed by PIC to ensure all risks are assessed. 2. All Individual Risk Management Plans will include all controls in place to mitigate risks. 3. Individual Risk Management Plans will be communicated to staff team through team meeting and through Daily handovers 4. Individual Risk Management plans will be reviewed on a quarterly basis of more frequent if required 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. PIC and Maintenance Supervisor conducted a full review of fire precautions within the Centre 2. An Additional Heat Sensor was fitted in the Utility Room on the 25th October 3. Weekly Health and Safety Checks are always completed on all fire precautions within the Centre to ensure Safety 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. Staff team to be retrained in safeguarding in line with National Safeguarding Policy 2. PIC has debriefed all staff at team meeting on October 24th and at handover re the importance of reporting all safeguarding concerns immediately as they occur 3. Handover will cover all aspects of incidents to ensure all potential safeguarding concerns are escalated 4. PIC will ensure that all incidents are screened for potential safeguarding concerns 5. PIC will ensure that all potential safeguarding concerns are escalated to the Designated Officer and notified to the Authority 	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/11/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/11/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	25/10/2019

	means of escape, building fabric and building services.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	25/10/2019
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	07/11/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	07/11/2019
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take	Not Compliant	Orange	07/11/2019

	appropriate action where a resident is harmed or suffers abuse.			
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