



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

Issued by the Chief Inspector

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| Name of designated centre: | Cara House |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Laois |
| Type of inspection: | Unannounced |
| Date of inspection: | 06 February 2020 |
| Centre ID: | OSV-0005199 |
| Fieldwork ID: | MON-0025155 |

About the designated centre

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

This is a centre providing care and support for up to six adults (currently all female) with disabilities. The centre is located in Co Laois and comprises of a large, well decorated and maintained three story dwelling. Residents have their own individual bedrooms, decorated to their individual style and taste and there was ample communal space provided to include two sitting rooms, a large kitchen - dining room and well maintained gardens to the back and front. There is a full time person in charge in place along with a team of social care professionals and assistant support workers. The centre is staffed on a 24/7 basis to include waking night staff in order to provide for the needs of the residents. The centre provides on-going support so as to ensure the assessed health and social care needs of the residents are comprehensively provided for and has mechanisms in place to ensure their voice is represented and heard in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 |
|-----------------------------|-------------------------|----------------|---------|
| Thursday 6 February 2020 | 13:00hrs to 15:30hrs | Sinead Whitely | Lead |
| Thursday 6 February 2020 | 13:00hrs to 15:30hrs | Conor Brady | Support |

What residents told us and what inspectors observed

The inspectors had the opportunity to meet with three residents on the day of inspection. The inspectors measured residents views through observation in communal areas, speaking with residents, speaking with staff and reviewing documentation regarding the care and support provided. The residents met with used verbal methods to communicate their views with Inspectors.

On arrival, the centre was a visibly warm, clean, and homely environment. Residents all had their own bedrooms which they had decorated to suit their own preferences. The centre had a large open garden area where inspectors observed a chicken hutch that provided the centre with eggs. There were two communal living areas in the designated centre and residents had the choice and space to access quieter private areas if they preferred this. Pictures of residents and staff were noted on the walls around the centre. Residents were observed going about their normal daily routine on the day of inspection, and heading out on individualised activities.

Inspectors observed friendly and familiar interactions between residents and staff. Residents were supported one to one throughout the day and staff and residents spoke about different activities they had attended over the past few months and these included going horse riding, to spa days, swimming, shopping, holidays and day trips. Residents were supported on a daily basis to work towards their set goals and aspirations. This included accessing employment, attending courses and completing some volunteer work. Residents were also supported to maintain and develop their circle of support and their social valued roles in the house and the larger community. The inspector observed that residents appeared to have a regular input into their plan of care and some residents had reviewed and signed their own personal plans.

One inspector had the opportunity to sit down and speak with one resident with a staff member present. The resident spoke about feeling happy and well supported living in the designated centre. The resident communicated they enjoyed completing a course recently and is hoping to complete another course in journalism and seek employment in this area. The resident communicated staff were supported and encouraging them to achieve this goal. The resident also spoke about upcoming holiday plans and some voluntary work they had completed. The resident communicated they enjoyed living with their peers when asked and said, in general, the group is very compatible. One resident highlighted an instance whereby one of her fellow residents became very angry and stated that staff supported her at this time. In reviewing this matter with staff it appeared to be an isolated incident with an appropriate response taken by the staff team.

Inspectors observed residents coming and going on activities of their own choosing and being appropriately supported by staff who knew the residents very well.

Capacity and capability

This inspection was unannounced and the purpose of this inspection was to monitor the centres ongoing compliance with the regulations. The centres last inspection had occurred five months previously following a significant unexpected incident involving one resident living in the designated centre. The inspectors found that overall, the provider had addressed the previous areas of non compliance in a serious and timely manner. In general, residents appeared safe and happy living in the designated centre on the day of inspection.

There was a clear management structure in place. There was a full time person in charge (PIC) in the centre. A deputy team leader was also in place in the absence of the person in charge. Both were present on the day of inspection. The person in charge was present in the centre Monday to Friday and their hours were allocated specifically to fulfill the role of the person in charge. There was also a local director of operations available to support the PIC if needed. The person in charge had appropriate knowledge and oversight of the residents care needs and supports in place when spoken with. The person in charge was familiar with the regulation process and was responsive to any concerns identified in the designated centre. A weekly governance matrix was devised by the person in charge or team leader and this identified significant incidents or issues in the designated centre. This was then sent to the area manager weekly and reviewed and investigated further by management if needed. The centre was subject to regular audits and reviews from a number of different members of managers and staff.

The staff team consisted of a mix of social care workers and support workers. All residents received one to one support during the day and there was then 2 waking night staff and one sleepover staff at night time. Residents were supported on a daily basis to attend person centred activities of their choice. Additional staffing was available to residents should the need arise. There was a key working system in place and key workers were responsible for regularly reviewing and updating residents personal plans and goals in consultation with the residents. Staff had the qualifications and skills necessary to meet the assessed needs of the residents. There was an on call system available for staff to contact outside of regular working hours. Staff were supervised by line managers and performance was regularly reviewed. Staff spoken with were familiar with the residents needs. Inspectors observed familiar and comfortable interactions between staff and residents during the inspection period.

Regulation 15: Staffing

The inspectors found there were appropriate staffing levels and skill mixes in place

to meet the assessed needs of the residents living in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was appropriate governance and oversight of the care and support provided. There was a clear management structure in place. There was a full time person in charge and a team leader in place in their absence.

Judgment: Compliant

Quality and safety

The inspectors found that residents appeared to be enjoying a safe and effective service. Concerns identified during the centres most previous inspection had been appropriately addressed by the provider, management, person in charge and staff. Appropriate actions had been taken following a serious incident in relation to residents holidays, whereby any planned holidays were reviewed, risk assessed and approved at a provider level. In the response to this, the provider cited the ongoing challenge of balancing risk management and safeguarding procedures with adult residents who express specific preference to pursue risk taking behaviours. Notwithstanding same the provider had ensured staff supervision levels with residents were appropriate to residents needs. In addition, an issue identified on the previous inspection, in relation to an emergency exit, had been appropriately addressed by the provider.

Inspectors reviewed a sample of residents assessments and personal plans. There was a comprehensive assessment of need in place and a personal plan devised from the outcome of this assessment. Residents had personalised social goals in place and these were regularly reviewed and updated in consultation with the residents. Residents were being supported on a daily basis to take smaller steps to achieve their goals. One resident had a goal in place to get a piercing and the inspector observed plans documenting plans for this process. The resident was supported to research the care of the piercing to prevent infection and to research the most suitable establishment for them to get the piercing. Residents all had daily planners in place. These reflected residents daily schedules and plans and these were available for staff and residents to review. The inspector observed some residents had reviewed and signed their own personal plans. Residents and staff spoken with discussed a range of activities they had attended and goals they had achieved. Residents independent living skill were regular considered and goals were also in place to develop these. Personal plans and comprehensive assessments were

subject to regular review and reflected the residents most current needs.

There were safe and effective systems in place for the review, management and mitigation of potential and actual risks in the designated centre. Risks associated with a significant incident that occurred last year, were found to have been further assessed and mitigated (insofar as possible). Inspectors observed a centre risk register where the person in charge had identified any potential or actual risks in the designated centre. The inspector observed the recording system in place for accidents and incidents in the designated centre. A number of accidents and incidents were reviewed by the inspector with the person in charge. The response to incidents and accidents by the PIC and management appeared appropriate and in line with the service policy. Individualised risk assessments were in place for all residents and risks associated with accessing medicines, sharp objects, challenging behaviours and accessing the Internet were considered, assessed and mitigated when possible. The inspectors observed that while residents were supported when there were identified risks, residents were also not restricted from engaging in person centred activities that may include an element of risk taking behaviour. Residents in relationships received education and guidance through key working sessions regarding safeguarding risks and supervision and guidance was implemented when needed.

The person in charge had initiated and put in place an investigation in relation to any safeguarding concerns. There were some open safeguarding concerns and plans in place on the day of inspection and staff spoken with were familiar with measures in place to safeguard residents and all staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Residents were appropriately supported to manage their money and finances were checked and signed on a weekly basis by residents key workers. Inspectors noted details of the safeguarding officer, complaints procedure and details of advocacy services prominently displayed in the designated centre. Some safeguarding risks had been identified regarding Internet access at times and measures were in place to ensure these risks were reduced.

Regulation 26: Risk management procedures

There were safe and effective systems in place for the review, management and mitigation of potential and actual risks in the designated centre. Risks were being continually and carefully monitored and reviewed in this service.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. There was appropriate fire fighting equipment located around the designated centre and emergency lighting and detection systems were also observed.

An issue identified on the centres most previous inspection had been appropriately addressed.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any safeguarding concerns. Staff were familiar with measures in place to safeguard residents. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff presented as knowing residents well and being able to respond to their individually assessed needs.

Judgment: 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 | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 8: Protection | Compliant |