



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

Issued by the Chief Inspector

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	15 January 2020
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0025652

About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two storey, five bedroom house, located in a rural location on the outskirts of a small town in county Westmeath. Each resident has their own large bedroom (all of which are en-suite) and are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/cum dining room, a utility room, a living room, a small conservatory, staff sleeperover facilities, a downstairs bathroom and an open area TV space. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, a deputy team leader, a team of social care workers and assistant support workers. Systems are in place to ensure the healthcare needs of the residents are supported and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can attend day service placements and access community based activities.

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
Wednesday 15 January 2020	11:00hrs to 17:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke briefly with two of the residents that live in the centre. Residents reported that they were happy living there and appeared very happy and content in the company and presence of staff. Staff were observed to be patient and kind to the residents and it was observed that at all times over the course of this inspection, they interacted with the residents in a professional and caring manner. The service provided to the residents was based on their assessed needs, wants and preference and residents chose what social activities to engage in on a daily basis.

The inspector observed that systems were in place to ensure the spiritual, emotional, social and health care needs of each resident was provided for. For some residents, their spirituality was important and the service ensured that this was catered for. Another resident very much enjoyed painting and art and staff had supported this resident to avail of art classes in the community and to go to art galleries, of which they very much enjoyed. Residents also liked to go for drives and trips to nearby local towns and the inspector saw that this was supported and facilitated for each resident.

Some residents required significant input and support so as to ensure they enjoyed best possible health. The service had ensured that these residents had regular and as required access to GP services and a range of other allied health care professionals. Hospital appointments were also provided for and health care plans were in place so as to guide staff in ensuring that appropriate care and support was provided to each resident.

The centre was large, warm and welcoming and each resident had their own en suite bedroom. Residents appeared very much at home in this service and informed the inspector that they were happy living there. It was also observed that the deputy team leader and staff team had an in depth knowledge of the needs of each resident.

Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. This was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process.

The centre had a management structure in place which responded to residents' needs and feedback. There was a clearly defined and effective management

structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in her role by a full time and experienced deputy team leader

The person in charge was on leave on the day of this inspection however, the deputy team leader was available to facilitate the process. He was a qualified social care professional and provided good leadership and support to his team. In the absence of the person in charge he ensured that staff were appropriately supervised and supported and that systems were in place to meet the individual and assessed needs of the residents. He was also aware of the requirements of the Regulations and managed the inspection process in a competent, enthusiastic and responsive manner.

It was observed that the centre was operating with a shortfall of one full-time staff member however, the deputy team leader informed the inspector that the current staff team were covering the shortfall in hours (so as to provide continuity of care to the residents) and the Director of Operations provided assurances that there was a plan in place to fill the vacant position.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Some held third level qualifications and all had undertaken a suite of in-service training to include safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way. However, some gaps were noted in staff training to include Fire Safety awareness and the supervision process for some staff was not up-to-date.

The person in charge and deputy team leader had systems in place to ensure the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, the annual review identified that key areas of the service required updating and/or review. This included residents contracts of care (some were not signed and were not available in a format suited to the residents communication needs), some hospital passports required updating and some aspects of the premises required cleaning. All these issues had been addressed at the time of this inspection. It was also observed that a comprehensive action plan had been compiled arising from the last six monthly audit of the centre in December 2019 and plans were in place to address any issue arising from that audit.

Residents were involved in the running of the centre and they chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and had access to independent advocacy services if required. There were systems in place so as residents could complain about the service. The inspector observed that at times, residents had complained

about aspects fo the service however, the person in charge and deputy team leader were responsive in dealing with such complaints. Some of the paper work regarding complaints required review as at times, there no evidence that the complainant was satisfied with the outcome of their complaint.

Overall, from spending some time with and speaking directly to the residents and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents. Residents reported that they were very happy with their living arrangements and appeared to get on well with the staff members on duty on the day of this inspection.

Regulation 14: Persons in charge

The person in charge was on leave at the time of this inspection. However, they have been met with and facilitated a number of previous inspections and it has been found that they were aware of their remit to the regulations and responsive to the regulatory process.

Judgment: Compliant

Regulation 15: Staffing

It was observed that the centre was operating with a shortfall of one full-time staff member however, the deputy team leader informed the inspector that the current staff team were covering the shortfall in hours (so as to provide continuity of care to the residents) and the Director of Operations provided assurances that there was a plan in place to fill the vacant position. The inspector was satisfied that there were appropriate staffing arrangements and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the

service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge in place who was supported by an experienced deputy team leader. The deputy team leader facilitated the inspection process (as the person in charge was on leave) and it was found he had the skills, knowledge and competence to do so.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the deputy team leader informed the inspector that it was kept under regular review

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had systems in place to notify the Chief Inspector of any adverse incident occurring in the centre as required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were systems in place so as residents could complain about the service. The inspector observed that at times, residents had complained about aspects fo the service however, the person in charge and deputy team leader were responsive in dealing with such complaints. Some of the paper work regarding complaints required review as at times, there no evidence that the complainant was satisfied with the outcome of their complaint.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some gaps were noted in staff training to include Fire Safety awareness and the supervision process for some staff was not up-to-date.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community based on their expressed wishes and preferences. The quality and safety of care provided to the residents was being monitored, was to a good standard and provided in consultation with each resident. Systems were also in place so as to ensure their health, emotional and social care needs were being supported and comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals (monthly outcomes) and to maintain links with their families and community. Residents were also being supported participate in education classes in the community. For example, one resident loved to paint and at the time of this inspection, was undertaking art classes in the community. They were also supported to visit art galleries which was something that they had identified as being important to them in their individual plans. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents liked to go on day trips, drives and to the local shops and these activities were facilitated by the staff team.

Residents were also supported with their health care needs. Regular and as required access to a range of allied health care professionals formed part of the service provided and residents had as required access to GP services, dentist, chiropodist, physiotherapy, audiologist and optician services. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had access to psychiatry and behavioural support. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when

required. Where required, strategies were documented in each residents personal plans in order to support staff in understanding and managing behaviour of concern. Some restrictive practices were in place to keep residents safe however, they were kept under review as required by the regulations.

Systems were in place to safeguard each resident. Where required, safeguarding plans were in place and from a sample of files viewed, staff had training in safeguarding of vulnerable adults. Residents were aware that there was a complaints mechanism in place (of which some of them used) and had access to independent advocacy services if required. From speaking with one staff member, the inspector was assured that they had the confidence and knowledge to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. The centre had an updated Risk Register and each resident (where required) had a suite of individual risk assessments contained in their personal plans. For example, where a resident may be at risk of falling, hand rails and equipment was available to support their balance and mitigate this risk. Residents were also provided with high levels of staff support so as to mitigate the risk associated with behaviours of concern.

There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspectors that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire fighting equipment was serviced by a fire consultancy company and fire drills were being conducted as required by the regulations. From a small sample of files viewed, the inspector observed that some staff required training in fire safety awareness however, this was discussed and actioned under Regulation 16: Training & Staff Development.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Any staff member that administered medication was also trained to do so. Systems were in place to manage any drug error (if one should occur) and it was observed that in some cases, retraining of staff was mandatory if a drug error were to occur. This reduced the likelihood of a re-occurrence and ensured staff had the appropriate skills and training to administer medication.

Overall, the inspector found that the centre was warm and welcoming and kept in a good state of repair. Residents reported that there were happy with the service and systems were in place to ensure their health, emotional, spiritual and social care needs were being comprehensively provided for.

Regulation 17: Premises

The premises were designed and laid out to meet the aims and objectives of the service. They were found to be in a good state of repair, clean and suitable

decorated. One resident liked to use an external building (on the grounds of the centre) as a music room and storage space for their music equipment. It was observed that this building could be enhanced and upgraded so as to provide for a more appropriate environment for the resident to engage in their favourite past time. Notwithstanding, the centre itself was spacious, warm and welcoming and each resident had their own large en suite bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals (monthly outcomes) and it was observed that there was both family and multi-disciplinary input into resident's person plans. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing. Some aspects of the personal planning process required review however, this had already been identified in the centres auditing process and a plan of action was in place to address this issue.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required. An issue pertaining to some monitoring health care documentation (as found in the last inspection) had been addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology and behavioural support and had strategies identified in personal plans in order to support the resident and staff with the management of behaviours of concern.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents health, safety and overall wellbeing.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the centre and where required, safeguarding plans were in place. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Compliant

Compliance Plan for Tulla House OSV-0005323

Inspection ID: MON-0025652

Date of inspection: 15/01/2020

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> · PIC has reviewed all complaints and all complaints are now marked closed. [17 Feb 2020] · Where the provider cannot confirm the satisfaction of the complainant in relation to the complaint, this will be documented as an on-going process. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> · The PIC to conduct a full review of the Supervision which has taken place in the Centre and will review schedule to ensure it is in line with the Supervision Policy. [28 Feb 2020] PIC conducted a review of Fire Awareness Training all staff training is up to date at present. [20 Jan 2020] 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/01/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2020
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	17/02/2020