



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

Name of designated centre:	The Glade
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 January 2019
Centre ID:	OSV-0005398
Fieldwork ID:	MON-0025279

## 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 residential services for up to 5 adults (both male and female) with disabilities. The centre comprises of a large, well maintained detached two-story dwelling located in Co. Louth. Each resident has their own private bedroom (four of which are en-suite) and communal facilities include a large kitchen/dining area, two sitting rooms and private gardens areas to the front, side and rear of the premises. Transport is provided to residents so as they have access to community based facilities such as shops, post-office, banks, restaurants, hotels and shopping centres. Residents have a range of educational and day service options available to them, where they can engage in a range of educational and social activities of interest to them, attend school or engage in skills development training initiatives. There are systems in place so as to ensure the healthcare needs of the residents are comprehensively provided for and access to a range of allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a qualified person in charge, two qualified deputy team leaders and a team of social care workers/support care assistants. There is also a management on-call system in place so as to support the overall governance and managerial oversight of the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or 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
10 January 2019	10:30hrs to 16:30hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector met with two residents that live in the centre and spoke with one of them for some time. This resident was happy to show the inspector their room and appeared happy, comfortable and content in their home and in the company of staff. The resident used a number of mediums to communicate and informed the inspector that they liked their room. The inspector observed that the room was decorated to the individual style and preference of the resident and the resident invited the inspector to look at some of their photographs and told the inspector about their plans for the day. The resident discussed their plans for a holiday to the UK. The resident also communicated to the inspector that they like to go on outings for coffee and to visit restaurants every now and again. They also spoke about important people in their life and places they like to visit. Overall the inspector observed that from speaking with this resident they were generally happy in their home, were happy with their room and appeared very comfortable and content in the company and presence of both management and staff of the centre.

## Capacity and capability

For the most part, residents appeared happy and content in this centre and the provider put appropriate supports and resources in place to meet their assessed social and healthcare needs. However, some minor issues were identified with staff training and the governance and management of the centre.

It was also identified that a number of issues were on-going at the time of this inspection which were impacting negatively on some aspects of the quality and safety of care provided to the residents. These issues were discussed in more detail in section two of this report 'Quality and Safety'.

The centre was well-resourced, supportive and responsive in meeting the individual and assessed needs of the residents and the model of care provided to residents supported their individual choice and promoted their independence.

There was a clearly defined and effective management structure in place. There was an experienced person in charge who worked on a full time basis with the organisation and was supported in his role by the Director of Operations

The person in charge was a qualified social care professional and provided leadership and support to his team. He ensured that resources were used appropriately which meant that the individual and assessed health and social needs of the residents were being met as required by the Regulations. He also ensured staff were appropriately qualified, supervised and supported so as they had the required skills to provide a person centred and responsive service to the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a caring manner. Many held

third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, fire safety, food hygiene, hand hygiene and manual handling. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable way.

It was observed that there were some gaps in some aspects of staff training to include Safeguarding however, the inspector saw that management were aware of this and had systems in place to address it.

The Manager of Operations provided regular support to the governance and management of the centre. She, along with the person in charge ensured it was monitored and audited as required by the regulations. However, while it was observed that six monthly audits and localised audits were being carried out as required by the Regulations, the annual review of the quality and safety of care required review. While this report had been completed for 2017, there was inadequate information available in it regarding how some areas of non compliance and/or issues identified in the centre would be addressed.

Overall, from speaking with one resident, management and staff during the course of this inspection, the inspector was assured that the service was being managed so as to meet the assessed health and social care needs of the residents in a competent and effective manner. It was also observed that while some issues were on-going at the time of this inspection impacting on the quality and safety of care, for the most part residents appeared happy and content in their home.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with significant experience of working in and managing services for people with disabilities.

He was also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

He provided supervision and support to his staff team and knew the needs of each individual resident at an intimate level.

Judgment: Compliant

#### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of

residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis and from speaking with two staff members the inspector was assured they knew the needs of the residents very well.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication and Positive Behavioural Support.

Having spoke with one staff member over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

However, on viewing a small sample of documentation the inspector observed that some staff required updating of training in Safeguarding of Vulnerable Adults.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were systems in place to monitor the quality of care and experience of the residents in the centre however, the annual review of the safety and quality of care required review.

The six monthly audits and local internal audits were found to be to a very good standard however.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge was aware of his remit to notify the Health Information and Quality Authority as required by the Regulations.

Judgment: Compliant

## Quality and safety

Residents were being supported to have meaningful and active lives in the centre and their community. While the quality and safety of care provided to the residents was being monitored, some aspects of monitoring required review so as to ensure the centre could respond to some adverse incidents/behaviours of concern occurring in a more timely and effective manner

Many aspects of the quality and safety of care provided to the residents was was to a good standard and residents' health, emotional and social care needs were being supported and provided for. However, some issues were identified with the assessment of risk and with the management of some peer to peer related issues at the time of this inspection.

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 and to maintain links with their families and community. Residents were being supported to have jobs in the community and engage in a range of leisure activities of their preference and choice.

Independent living skills also formed part of the service and residents were supported to maintain their independence, learn new skills and some were attending school at the time of this inspection.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had regular access to a GP, dentist, physiotherapist and chiroprapist. Hospital appointments were facilitated and where required, nursing care and support was available to the centre.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals such as a behavioural support specialist and psychologist. 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.

However, one resident had been engaging in behaviours of concern for a number of months prior to this inspection and this behaviour was impacting negatively on the quality and safety of care delivered in the centre. There were also a number of complaints on file from other residents about this behaviour. At the time of this inspection there were multiple intervention strategies in development to support this person however, there was no multi-element behavioural support plan in place so as to guide and support staff in managing theses behaviours of concern.

There were systems in place to manage and mitigate risk in the centre. For example, where a resident may be at risk from one of their peers, additional staffing support was provided. However, some risk assessments required updating and



review as some of the mitigating factors in managing risk were not in place in the centre. For example, one of the ways in which to manage the risk of aggression displayed by one resident was to adhere to their multi-element behavioural support plan. However, there was no such plan in place at the time of this inspection.

It was also observed there were some peer to peer issues that were on-going at the time of this inspection. While the centre had put a number of steps in place to address this risk, some issues with regard to verbally abusive interactions between residents remained on-going and required a more timely response from management and the provider.

There were systems in place to ensure all fire fighting equipment was serviced annually or as required. A sample of documentation informed the inspectors that staff undertook daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were conducted as required by the Regulations and it was observed that there were no issues reported with the last two fire drills in the centre. Each resident also had a personal emergency evacuation plan in place.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. p.r.n. (as required) medicine, where in use was kept under review and there were strict protocols in place for its administration. There were also systems in place to manage a medication error should one occur in the centre.

Overall however, the inspector observed that residents were happy with many aspects of the service they were in receipt of and that their health and social care needs were being comprehensively provided for. However, there were some behaviours of concern and peer to peer related issues ongoing at the time of this inspection which was impacting negatively on some aspects of the quality and safety of care provided to the residents.

### Regulation 26: Risk management procedures

Some risk assessments required updating and review as some of the mitigating factors in managing risk were not in place in the centre. For example, one of the ways in which to manage the risk of aggression displayed by one resident was to adhere to their multi-element behavioural support plan. However, this plan was not in place at the time of this inspection.

Judgment: Not compliant

### Regulation 27: Protection against infection

There were systems in place to ensure the upkeep and hygiene of the centre. There was adequate warm water and hand sanitising gels available and each resident had their own bathroom and/or en-suite facility. Residents also had an intimate personal care plan so as to ensure their personal care was provided for in a safe and dignified manner

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 blankets 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.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

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

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals 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.

Judgment: Compliant

## Regulation 6: Health care

The inspector was satisfied that residents healthcare 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 regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

## Regulation 8: Protection

There were some peer to peer issues that were on-going at the time of this inspection. While the centre had put a number of steps in place to address this risk, some issues with regard to verbally abusive interactions between residents remained on-going and required a more timely response from management and the provider. Residents had also complained to management on several occasions about this issue.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	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 8: Protection	Not compliant

# Compliance Plan for The Glade OSV-0005398

Inspection ID: MON-0025279

Date of inspection: 10/01/2019

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC conducted a full review of the training and development. Staff outstanding in Safeguarding of Vulnerable Adults training will be completed by 12th March 2019.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC reviewed the Annual Review and updated in line with Regulation 23. This was completed on the 13th February 2019 (Completed)	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC to review all Individual Risk Management Plans for each Resident to ensure compliance with Regulation 26. This will be completed in full by the 20th February 2019.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Bi-weekly Safeguarding reviews are now being completed for the Designated Centre. Learnings from these meetings will be fed back to team to help reduce Safeguarding's Concerns. Frequency of these meetings will be reviewed on the 26th March 2019. MDT will work closely with the PIC of the Designated Centre to address ongoing Safeguarding Concerns. Designated Centre is reviewed in the Governance Meeting which is held weekly with senior management. On-going safeguarding concerns are reviewed in these meetings.	

## 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	12/03/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	13/02/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Not Compliant	Orange	20/02/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	27/03/2019