



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

## Issued by the Chief Inspector

Name of designated centre:	Mount Eslin
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	18 June 2020
Centre ID:	OSV-0005445
Fieldwork ID:	MON-0029807

## 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 care and support to six adults in Co. Leitrim. The centre consists of a large two storey house on its own grounds in a rural location. One resident has their own self-contained studio apartment within the house; comprising of a fully equipped kitchen/dining area, a sitting room and bathroom. The other five residents have their own en-suite bedrooms which are decorated to their individual style and preference. Communal facilities include three large sitting rooms, a large well equipped kitchen/dining room, a second dining room and a laundry facility. The gardens to the front and rear of the property are large and very well-maintained with adequate private parking available. The service is staffed on a 24/7 basis by a person in charge, a team leader, a deputy team leader and a team of social care professionals. Managerial support is also provided from the director of operations. Systems are in place to provide for the social, health and overall well-being of each resident and as required access to GP services and a range of other allied healthcare professionals form part of the service provided.

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

Number of residents on the date of inspection:	6
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## How we inspect

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 18 June 2020	09:30hrs to 15:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with four of the residents as part of this inspection process to get their views on what it was like to live in this centre. They also observed staff interactions with residents over the course of the inspection and it was observed that residents were relaxed, comfortable and enjoying the company of staff members. Staff were seen to be warm in their interactions with residents and attentive to their needs.

The residents spoken with reported that they were very happy with the service provided and spoke positively about the staff team. They said they got on well with management and staff and loved living in the house. One resident made a coffee for the inspector and invited them to view the house, which was observed to be a welcoming, well-maintained and homely environment. There were multiple sitting rooms, a large kitchen/dining area, a separate dining room and large well-maintained gardens to the rear and front of the property. The resident's bedroom was observed to be decorated to their individual style and preference and they informed the inspector that they loved their room and own personal space.

Another resident told the inspector that they were looking forward to getting back to work once the current lock down was over. This resident had their own apartment within the centre and invited the inspector to view it. The resident informed the inspector that they had decorated their own apartment to their individual preferences and was very happy living there. They also reported that they got on very well with both management and staff of the centre. They also had a pet cat which was very much part of their home.

Other residents reported that they enjoyed working around the house, going for drives and walks and spending time chatting with staff in the garden. The inspector observed that all these activities were being facilitated on the day of this inspection.

However, a number of complaints had been received from some residents over the last few months related to an ongoing issue in the centre. This issue was adversely impacting at times, on their daily lives and quality of service provided. While plans were at an advanced stage to address this issue, it had not been fully resolved at the time of this inspection. Notwithstanding, residents reported to the inspector that for the most part, they were generally very happy with their home and the service provided.

Systems were in place to comprehensively meet the assessed healthcare needs of the residents and access to allied healthcare professionals (including GP services) was provided for as required. Management of the centre had also ensured that ongoing access to multi-disciplinary support was maintained during the current pandemic and where appropriate, residents could avail of support via telephone and

video calls.

Residents were also supported to continue to engage in community based activities during the current pandemic and outings, drives and walks where being facilitated as requested. One resident informed the inspector that they were heading to town later in the day with support from staff and were looking forward to their evening out.

Overall, the house appeared to be welcoming, warm and well-maintained and over the course of this inspection residents were observed to be engaging in household and leisure activities of their choosing with the support of the staff team where required. While some residents had expressed some dissatisfaction with the service via the complaints process, they reported to the inspector that in general, they were happy living there and got on very well with management and staff.

## Capacity and capability

Residents reported to the inspector that for the most part they were very happy and contented living their home. However, some improvements were required with the management of complaints and at times, compatibility issues between some residents was impacting on the quality of care provided in the centre.

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified social care professional. The person in charge worked on a full-time basis in the organisation and was supported in their role by a full-time, qualified team leader and a deputy team leader. The director of operations also provided support to the operational day-to-day management of the centre.

The staffing arrangements were adequate in meeting the assessed needs of residents and where required, one-to-one staffing was provided to support residents achieve their health and social care goals. From speaking with two staff members over the course of this inspection, the inspector was also assured that they had an adequate knowledge of the residents' personal plans so as to meet their assessed needs and ensure continuity of care. Staff also reported that they felt supported in their role and said they could raise concerns or talk to their manager at any time.

Systems were also 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. Action plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame. For example, the most recent audit identified a number of issues regarding the upkeep of documentation of some residents care plans and some issues with the premises. These issues had been addressed (or were in the process of being addressed) at the time of this inspection.

The inspector observed that an ongoing compatibility issue between some residents was at times, adversely impacting on the quality and safety of care provided in the centre. Some residents had also complained about this issue and in response, management had put a number of measures in place to address those complaints. The inspector spoke with the person in charge and a member of the senior management team about this situation and they provided assurances that a plan of action was at an advanced stage so as to address this concern within a three to four week time frame of this inspection. This was followed up with written confirmation from the director of operations that a detailed plan had been agreed and finalised to resolve the issue no later than July 12, 2020. Notwithstanding, on the day of this inspection this issue remained ongoing and had not been adequately addressed.

Overall, while residents reported to the inspector that they were contented and happy in their home, ongoing compatibility issues between some of them were at times, impacting on the quality of care provided in the centre.

#### 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 experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and knew the needs of each individual resident well.

Judgment: Compliant

#### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents.

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.

The centre was also being monitored and audited as required by the regulations.

However, aspects of the management system required review. As already identified in this report, ongoing compatibility issues between some residents was at times, impacting on the quality of care provided in the centre. This had been ongoing for some time in the centre and while plans were at an advanced stage to resolve the issue, it had not been adequately addressed on the day of this inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector saw that there was a system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. The inspector also observed that some complaints were being addressed in a timely manner.

The inspector found that a number of complaints had not been resolved satisfactorily and related to an on-going compatibility issue between some residents, these complaints had been made in February, April and May 2020. However, while management had put a number of measures in place to address these complaints and plans were at an advanced stage to resolve the issue that gave rise to these complaints, it had not been fully resolved at the time of this inspection.

Judgment: Substantially compliant

### Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the regulations and residents complex healthcare needs were being comprehensively provided for. However, ongoing compatibility issues between some residents had resulted in a number of safeguarding concerns in the centre. While residents reported to the inspector that they were generally happy and content in their home, these issues were at times, impacting on the overall quality and safety of care provided.

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 maintain links with their families and friends. At the time of this inspection, access to the community was restricted for residents due to the current COVID-19 pandemic. However, residents were supported to go for walks and drives of their choice in the local community. Some residents also had jobs in the local community and were looking forward to getting back to work once the current



pandemic was over and it was safe to do so.

Systems were also in place to ensure the healthcare needs of the residents were being provided for. Regular access to GP services and a range of other allied healthcare professionals, such as speech and language therapist and dietitians, were provided for as required. Hospital appointments were facilitated and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals. Residents were also supported to enjoy best possible mental health and, where required, had access to psychotherapy, psychiatry and behavioural support specialists. Systems were in place during the pandemic to ensure residents could keep in regular contact with multi-disciplinary professionals such as psychotherapists via telephone and video conference calls.

However, an ongoing compatibility issue between some residents was at times, impacting on the quality and safety of care provided in the centre. In order to manage this issue, additional staffing hours had been deployed to the house (including an additional night duty staff member) and a number of safeguarding plans had been developed. However, the inspector observed that this issue could, on occasion, continue to impact on some residents' daily routines and the quality and of service being provided. Some residents had also complained about this issue. Management assured the inspector that plans were at an advanced stage to address this ongoing concern and, after the inspection, provided written assurances that it would be resolved no later than July 12, 2020. However, at the time of this inspection it had not been fully resolved and remained of concern to the residents affected.

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk in the community, additional staff were provided so as to ensure their safety and ensure they could continue to access local amenities in safe manner. Control measures were also in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. Staff temperatures were also taken prior to commencing work (and at four hour intervals). Where physical distancing was not possible, staff were required to wear personal protective equipment (PPE) as required by national policy and guidelines. The inspector witnessed these measures in place on the day of the inspection.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents complex healthcare needs were being comprehensively provided for. However, compatibility issues between some residents had resulted in a number of safeguarding issues in the centre which at times, were impacting on the quality of care provided. Notwithstanding, the residents that spoke with the inspector as part of this inspection process, reported

that they were generally very happy and contented in their home.

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being

Judgment: Compliant

### Regulation 27: Protection against infection

Control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre.

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.

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 psychotherapy, psychiatry and behavioural support which were reflected in their individual plans.

There were a number of restrictive practices in use in the centre. However, they were being reviewed as required and were used to promote the residents health, safety and overall well-being.

Judgment: Compliant

### Regulation 8: Protection

The systems in place to ensure residents were adequately safeguarded at all times in the centre required review.

Judgment: Not compliant

### Regulation 9: Residents' rights

The rights of the residents were being supported and promoted in the centre and residents were consulted with about the running of their own home. However, an ongoing compatibility issue between some of them was (at times) impacting on their daily lives/sleeping patterns and the quality of care provided in the centre

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mount Eslin OSV-0005445

Inspection ID: MON-0029807

Date of inspection: 18/06/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1) Safeguarding concern noted day of Inspection in Centre has been addressed and Resident causing concern has been discharged to a more suitable placement to meet their assessed needs. This move occurred on the 7th July 2020.</li> <li>2) Bi-weekly Safeguarding reviews will continue to take place for the Designated Centre. Learnings from these meetings will be fed back to team to help reduce any further concerns that may occur. Frequency of these meetings will be reviewed on the 14th Aug 2020.</li> <li>3) MDT will work closely with the PIC of the Designated Centre to address any Safeguarding concerns that may arise.</li> <li>4) Designated Centre is reviewed in the Governance Meeting which is held weekly with senior management. Any on-going safeguarding concerns are reviewed in these meetings.</li> <li>5) Key working Session will be completed with each Resident on their Rights and Complaints procedure. This will be completed by the 20th July 2020.</li> </ol>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> <li>1) Safeguarding concern noted day of Inspection in Centre has been addressed and Resident causing concern has been discharged to a more suitable placement to meet their assessed needs. This move occurred on the 7th July 2020.</li> <li>2) Bi-weekly Safeguarding reviews will continue to take place for the Designated Centre. Learnings from these meetings will be fed back to team to help reduce any further concerns that may occur. Frequency of these meetings will be reviewed on the 14th Aug 2020.</li> <li>3) MDT will work closely with the PIC of the Designated Centre to address any Safeguarding Concerns that may arise.</li> </ol>	

4) Designated Centre is reviewed in the Governance Meeting which is held weekly with senior management. Any on-going safeguarding concerns are reviewed in these meetings.

5) Key working Session will be completed with each Resident on their Rights and Complaints procedure. This will be completed by the 20th July 2020.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1) Safeguarding concern noted day of Inspection in Centre has been addressed and Resident causing concern has been discharged to a more suitable placement to meet their assessed needs. This move occurred on the 7th July 2020.

2) Bi-weekly Safeguarding reviews will continue to take place for the Designated Centre. Learnings from these meetings will be fed back to team to help reduce any further concerns that may occur. Frequency of these meetings will be reviewed on the 14th Aug 2020.

3) MDT will work closely with the PIC of the Designated Centre to address any Safeguarding Concerns that may arise.

4) Designated Centre is reviewed in the Governance Meeting which is held weekly with senior management. Any on-going safeguarding concerns are reviewed in these meetings.

5) Key working Session will be completed with each Resident on their Rights and Complaints procedure. This will be completed by the 20th July 2020.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1) Safeguarding concern noted day of Inspection in Centre has been addressed and Resident causing concern has been discharged to a more suitable placement to meet their assessed needs. This move occurred on the 7th July 2020.

2) Bi-weekly Safeguarding reviews will continue to take place for the Designated Centre. Learnings from these meetings will be fed back to team to help reduce any further concerns that may occur. Frequency of these meetings will be reviewed on the 14th Aug 2020.

3) MDT will work closely with the PIC of the Designated Centre to address any Safeguarding Concerns that may arise.

4) Designated Centre is reviewed in the Governance Meeting which is held weekly with senior management. Any on-going safeguarding concerns are reviewed in these meetings.

5) Key working Session will be completed with each Resident on their Rights and Complaints procedure. This will be completed by the 20th July 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/08/2020
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	14/08/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	14/08/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	14/08/2020



	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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