



Office of the Chief Inspector

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

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	30 September 2019
Centre ID:	OSV-0006448
Fieldwork ID:	MON-0027140

About the designated centre

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

Chapel View consists of a bungalow located in a rural area but within close driving distance to a number of towns. The designated centre provides a full-time residential service for up to three residents of both genders, over the age of 30 with an intellectual disability, acquired brain injury and mental health needs. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen/dining room, a lounge, a sitting room, a sunroom and staff facilities. Staff support is provided by a nurse, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
30 September 2019	11:00hrs to 17:55hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

On arrival in the designated centre, the inspector met two of the three residents who lived in this centre. Both of these residents greeted the inspector and gave permission for the inspector to see their bedrooms. The inspector did not have an opportunity to speak directly with one of these residents but they were seen to be supported by staff in the designated centre in a respectful, appropriate manner before going on an outing later in the day.

The inspector did speak with the second resident who said that their new home was all right but indicated that they did not like living in the centre. The resident did not go into further detail on this point. During the day of inspection the resident was seen to be supported by staff in making tea, watching a movie and reading a newspaper. Staff members were observed to engage with this resident in a pleasant and warm manner throughout the day with one staff member seen to play a game of cards with the resident.

The third resident who lived in this centre went on an outing with staff members shortly after the inspection commenced. This resident returned to the centre during the day for a period before again leaving the centre with staff. Before leaving the centre for the second time, the inspector had an opportunity to speak with this resident who indicated that they liked their new home and liked living in the centre.

Capacity and capability

The provider had put in place appropriate systems to maintain oversight of the running of the designated centre while also ensuring that residents were appropriately supported. This was reflected by an overall good level of compliance across the regulations reviewed on this inspection.

This designated centre was first registered in June 2019 to provide residential services for up to three residents. The centre was intended to be a home for a group of residents who had previously lived together in another designated centre run by the provider. Registration of the current designated centre had been granted for three years after a site visit to the premises provided, discussions with the provider and a review of documentation submitted by the provider in support of their application to register the centre.

One of the key pieces of documentation submitted by the provider was the statement of purpose for this centre which should set out how the centre will support residents. It was noted that this statement of purpose had been updated to reflect that the centre was now registered and contained all of the required

information such as details of the staffing compliment and the arrangements for complaints. On the day of inspection, it was observed that the statement of purpose was on display in the centre while residents had been given information on the statement of purpose by staff during a residents' meeting held in the centre.

In line with the statement of purpose, the running of the designated centre was overseen by the person in the charge. At the time of inspection, the person in charge was responsible for a total of two designated centres located over an hour's drive apart. However, this remit was not found to have a negative impact on the running of the current designated centre, as evidenced by the overall good level of compliance found on this inspection. It was noted that the person in charge attended staff team meetings, was regularly present in the designated centre and on days when the person in charge was not in the centre, at least one of two deputy team leader was present in the centre with the person in charge contactable.

The person in charge and the two deputy team leaders also oversaw the supervision of staff working in the designated centre. To promote professional relationships and a consistency of care, the provider had ensured that residents had been provided with a continuity of staffing. For example, it was noted that the majority of staff working in this centre had supported the residents in their previous designated centre. Staff members spoken with demonstrated a good knowledge of the residents and were seen to interact with them appropriately. Training in a range of areas such as fire safety, safeguarding and first aid had also been provided to staff to ensure that they were equipped with the necessary skills to support residents.

Based on the findings of this inspection, appropriate staffing arrangements had been put in place to support residents by the provider. The provider also had systems to oversee the running of the centre. For example, there was regular contact between the person in charge and a senior manager from the provider. The person in charge also completed a weekly report on the running of the centre which was provided to senior management while key metrics such as any accidents and incidents in the centre were also compiled for review. Given the length of time which the centre had been open for, the provider had yet to carry out an annual review or any provider unannounced visits to the centre as required by the regulations. It was noted though that the provider was aware of these requirements and had systems in place to ensure that they took place.

The provider had also ensured that other requirements of the regulations reviewed on this inspection, had been complied with. For example, it was seen that a directory of residents was in place that contained all of the necessary information such as details of residents' next of kin while residents' contracts for the provision of services had been updated to reflect that residents had moved into a new designated centre. It was also observed that information on how to raise complaints was on display in the centre while the provider had systems in place to maintain a log of any complaints raised.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for a total of two designated centres. Based on the findings of this inspection, the person in charge's remit was not negatively impacting the running of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents which included the provision of nursing staff. Planned and actual rosters were maintained in the designated centre. Staff files were reviewed during a previous site visit carried out in May 2019 and so were not reviewed during the current inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff members to be supervised while training in various areas such as fire safety, safeguarding, first aid, manual handling, food hygiene and hand hygiene were provided to staff members.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was provided that contained all of the required information such as residents' particulars, details of residents' next of kin and residents' dates of admission to the current designated centre.

Judgment: Compliant

Regulation 22: Insurance

Appropriate contracts of insurance were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to oversee the running of the centre including weekly reports on the running of the centre and regular contact between the person in charge and a member of senior management. The provider was also aware of their responsibilities to carry out annual reviews and provider unannounced visits to the centre to review the quality and safety of care and support provided to residents. No concerns were identified relating to the use of resources in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents' contracts for the provision of services had been updated to reflect that residents had moved into a new designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as the organisational structure in place, details of the staffing compliment and the arrangements for complaints. The statement of purpose was on display in the centre and was explained to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on the complaints procedure was on display in the designated centre while systems were in place so that a log could be maintained of any complaints raised.

Judgment: Compliant

Quality and safety

Residents' needs were being provided for since they had come to live in this designated centre while staff members were seen to interact appropriately with residents. It was noted though that not all residents had an easy-to-read version of their individual personal plans provided for.

The premises provided for this designated centre consisted of a bungalow located in a rural area where each resident had their own en suite bedroom. The inspector viewed two of these bedrooms and noted them to be well decorated, personalised and spacious with plenty of storage provided for residents' belongings. Other rooms provided in the premises included a kitchen/dining room, a lounge, a sitting room and a sunroom while there were garden areas to the front and rear of the property. The premises provided also supported residents with mobility needs and overall it was seen that, on the day of inspection, the designated centre was presented in a clean, well-maintained and homely manner.

Appropriate fire safety systems were also provided for in the premises. These included a fire alarm, emergency lighting, fire extinguishers, a fire blanket and fire doors. Such systems were checked regularly by staff to ensure that they were in proper working order and it was noted that since the centre became operational, the fire alarm and emergency lighting had also been checked by an external contractor. Records reviewed indicated that all staff members had received relevant fire safety training. Fire drills had been carried out in the centre involving residents and it was also noted that the procedures for evacuating the centre in the event of a fire were discussed with residents on an individual basis with their keyworker if necessary to ensure that residents knew what to do in the event of an evacuation being required.

Each resident in the centre had a keyworker in line with the provider's personal planning process. The role of a keyworker is to support a resident in developing their individual personal plan and then implementing that plan. Individual personal plans are required by the regulations and are intended to outline the services and supports to be provided to residents to help them enjoy a good quality of life. Such plans should be informed by an assessments of a resident's abilities, skills and needs and must be reviewed on an annual basis or sooner if there is a change in circumstances. Based on the findings of this inspection, it was seen that the provider had a clear personal planning process in operation to support residents in meeting their needs.

The inspector reviewed a sample of residents' individual personal plans and noted that they had been informed by comprehensive assessments of need, carried out before residents moved into this centre, and provided clear guidance for supporting residents. Monthly goals were identified for residents but it was noted that for some goals, it was not clearly documented if such goals had been achieved or not. However, it was seen that goals such as holidays abroad and having a birthday party were achieved for residents. Personal plans were subject to regular review and efforts were made to involve residents in their personal plans. It was noted though

that not all residents had a version of their individual personal plan available to them in an easy-to-read format

Overall though it was seen that arrangements were in place to meet the assessed health, personal and social needs of residents. For example, it was observed that the centre had access to two vehicles to support residents to engage in community activities. The health needs of residents were also actively provided for with access to a range of allied health professionals facilitated. Where residents had identified health needs there was specific care plans in place to provide guidance for staff in supporting residents with these needs while there was regular monitoring of residents' health needs. Key screening assessments for residents were noted to have been facilitated where required.

The safety of residents was also promoted. All members of staff had undergone relevant safeguarding training while staff members spoken to demonstrated a good awareness of what to do in the event that a safeguarding concern arose. Details were also available in the designated centre on how to contact the provider's designated safeguarding officers if required. Systems were also in use to protect residents from various forms of abuse. For example, residents had intimate care plans in place to guide staff practice in this area while systems were in operation to support and safeguard residents with their finances.

Residents were observed to be comfortable in the presence of staff members on duty while also seen to be treated respectfully. It was noted that safeguarding was discussed with residents, either individually with their keyworkers, or as a group during weekly resident meetings that were held in the centre. Such resident meetings provided an opportunity for residents to be consulted about the running of the designated centre. Carrying out such meetings with residents was provided for in the residents' guide that was in place for this centre. Having such a guide is a requirement of the regulations and it was noted that the residents' guide was available in the centre and contained all of the necessary information such as details of how to access HIQA inspection reports.

Regulation 17: Premises

The premises was presented in a clean manner and was observed to be well-decorated, well-maintained and spacious on the day of inspection. It was also seen that measures had been made to ensure that the premises was accessible for residents with mobility needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place which contained all of the information required by regulations such as how to access HIQA inspection reports and details of the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place in the designated centre including a fire alarm, emergency lighting, fire extinguishers and fire containment measures. Such systems were being checked to ensure that they were in proper working order. All staff had been provided with fire safety training while fire drills had taken place in the designated centre since residents first came to live in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents had specific care plans in place relating to identified health needs. Access to allied health professionals such as general practitioners, psychiatrists and chiropodists was provided for. There was regular monitoring of residents' health needs while key screening assessments were also facilitated.

Judgment: Compliant

Regulation 8: Protection

Residents had intimate care plans in place. All staff members were provided with relevant training and those spoken with demonstrated a good understanding of what to do in the event of a safeguarding concern arising. Processes were in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in relation to the running of the designated centre by weekly resident meetings where they were given information on issues such as

social events, food, safeguarding, upcoming visits and the centre's statement of purpose. Residents were seen to be treated respectfully by staff members throughout the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan in place but it was seen that not all residents had an easy-to-read version of such their plan in place. Personal plans were informed by assessments and subject to regular review. It was noted though that some reviews did not clearly demonstrate if identified monthly goals for residents had been achieved or not. Overall though it was seen that arrangements were in place to support the needs of residents living in this 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Chapel View OSV-0006448

Inspection ID: MON-0027140

Date of inspection: 30/09/2019

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none">1. The Person in Charge will ensure an easy read Personal Plan will be provided for all residents in the centre.2. The Person in Charge will ensure that residents monthly outcomes detail the rational for the outcome and review if the goals set out in the monthly outcomes are measurable and beneficial to the resident.3. The Person in Charge will ensure that resident's outcomes and achievements are evident in the Personal Plan for all residents.	

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 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	08/11/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	08/11/2019