

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011273
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Philip Whelan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 June 2014 10:00 To: 17 June 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first monitoring inspection in this centre. The inspector met with the person in charge, the team leader, residents and staff and observed practices and reviewed documentation such as personal care plans and records. The inspector had previously met with the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

Overall, the inspector found that residents received a good person centred quality service. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff. The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust.

Improvements required related to the care planning documentation and staff awareness of its contents. Further improvement was also required to ensure that staff files meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013. These areas are discussed further in the report and included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence that residents were supported to live independent and fulfilling lives and a good system of personal planning was in place to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described to inspectors how they liked to spend their day and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities, which ranged from work-based activities to leisure activities such as swimming, walking, going to the cinema and attending concerts.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. However, the inspector saw that some clinical needs were not addressed in the personal plans. This will be discussed in more detail under outcome 11.

The inspector saw ample evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident should admission to general hospital services be required. This contained useful information such as personal details about the resident, aids and assistive devices used,

communication needs including how the resident would express pain etc.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected.

There was a Health and Safety Statement in place. There was an active health and safety committee and a monthly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed for residents. Safety checks were also carried out on the vehicles used to transport residents.

The risk management policy had recently been updated and met the requirements of the Regulations. In addition individual risk assessments were completed for each resident which included risk assessments as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice.

There were appropriate systems in place to carry out fire drills which were attended by staff and residents on a regular basis. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

An emergency plan had been drawn up to address foreseeable emergencies such as loss of power, flooding and loss of mains water supply. Evacuation procedures and emergency numbers were included.

Moving and handling training had been provided for staff.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to allegations, disclosures or suspected abuse. In addition the inspector found that residents were provided with sufficient supports to promote a positive approach to behaviour that challenges.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and a rights booklet in both word and pictorial format was also given to each resident.

There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input. Triggers and possible interventions were outlined.

A restraint free environment was promoted and although some restrictive practices were observed, the inspector saw that they were used as a last resort and the usage was guided by a robust policy.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was concerned that not all staff were familiar with some of the care plans in place which could impact on the continuity of care for residents.

The inspector reviewed some care plans and was concerned they were not made person specific and were not used to plan practice. For example the inspector saw where a diabetic care plan was maintained in a separate section of the personal plans and the staff member spoken with was not familiar with its contents. The inspector was concerned that this could impact on the continuity of care for the resident. Similar issues were seen for the management of other clinical issues.

Otherwise the inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. The inspector reviewed other health records and saw that residents had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropractors, opticians and dental services and those specialists previously mentioned under Outcome 8.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost or gained weight. The menu choices were on display. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector also saw that where possible some residents prepared the evening meal for all residents and staff. One resident told the inspector that this meant she did not have to wash up.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the centre's policies and procedures for medication management.

All medications were administered by a social care worker or nurse. Detailed descriptions and a photograph of each medication were available to assist staff. Each resident's medication was supplied in a blister pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. There was a comprehensive policy in place to guide practice and there was evidence of regular reviews by the medical team. Medication audits were also undertaken on a regular basis.

There was evidence that the supplying pharmacy were involved in providing support and advice to staff.

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector recently met with the Director of Services and the Director of Operations

for the organisation. They outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. He had responsibility for four other centres in the locality. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. However further improvement was required to ensure that staff files met the requirements of the Regulations.

The inspector examined a sample of staff files and found that one of the four reviewed did not meet the requirements of the Regulations. It did not contain evidence of the person's identity including a recent photograph.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. The inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, first aid and the management of behaviour that

challenges. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. There were regular 'five minute trainings' (FMTs) on issues and policies to ensure staff had up to date knowledge. Staff spoken with confirmed that there was a range of training available to them.

The inspector reviewed the staff rosters and staff spoken with confirmed that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. There were no volunteers in the centre at the time of inspection.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011273
Date of Inspection:	17 June 2014
Date of response:	14 July 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A staff member spoken with did not know there was a care plan in place for an assessed need of a resident in their care.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The care plan that was in place was a recent addition. The health care plans are currently under clinical review in order to clearly identify and address health needs and plan care accordingly. There are structured handovers in place (verbal in the mornings

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

and at shift changes and in written communication through the handover communication log) and as well as verbal communication, there is written documentation and notification of any clinical changes (identified as an update at the start of Personal Plans) that are easily identifiable.

Proposed Timescale: 31/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One of four staff files reviewed did not contain evidence of the person's identity including a recent photograph.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:

Human Resource Department notified of omission and immediately put in place a review to ensure that all Personnel Files have the appropriate information and conform to regulations. All files will be adherent to regulations.

Proposed Timescale: 31/07/2014