



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

Name of designated centre:	Cara House
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	13 June 2018
Centre ID:	OSV-0005199
Fieldwork ID:	MON-0022115

## 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 care and support for up to six adults (both male and female) with disabilities. The centre is located in Co Laois and comprises of a large, very well decorated and maintained three story dwelling. Residents have their own individual bedrooms, decorated to their individual style and taste and there was ample communal space provided to include two sitting rooms, a large kitchen cum dining room and very well maintained gardens to the back and front.

There is a full time person in charge in place along with a team of social care professionals and assistant support workers. The centre is staffed on a 24/7 basis to include waking night staff in order to provide for the needs of the residents. The centre provides on-going support so as to ensure the assessed health and social care needs of the residents are comprehensively provided for and has mechanisms in place to ensure their voice is represented and heard in the centre.

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

Current registration end date:	30/09/2021
Number of residents on the date of inspection:	6

## 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
13 June 2018	09:00hrs to 17:00hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector spoke with two residents living in the house. Residents reported that they were very happy there, they got on very well with management and staff, they were very happy with the service provided and that they felt safe in their home. Two residents were happy to show the inspector their room and it was observed that they were decorated to their individual style and preference. Residents were observed to be at ease with management and staff and told the inspector that they would speak with any staff member at any time if they had any issues. Residents also reported that they were very happy with the choice of activities on offer and the supports provided so to engage in their local community. Overall the residents informed the inspector that they were very happy with the service provided and felt safe, comfortable and secure in their home.

## Capacity and capability

The residents living in this house appeared very much at home and content, and the provider had ensured that adequate supports and resources were available so as to meet their assessed needs. In turn, the centre achieved very good levels of compliance across the majority of regulations assessed. The model of care provided supported residents to have choice, promoted their autonomy and independence.

The centre had a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined and effective management structure in place which included an experienced person in charge who worked on a full time basis in the centre. She was supported in her role by the Director of Operations and Operations Manager.

Key management positions were filled appropriately. The person in charge was a skilled and qualified social care professional and provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. She also ensured staff in the centre were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

The supervision she provided to her staff was to a good standard and she had used her management skills to ensure that staffing issues were addressed appropriately and the team remained focused on the needs of 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 safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, fire training and manual handling. This in

turn meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The Director of Operations and Operations Manager provided regular support to the governance and management of the centre. They, along with the person in charge ensured it was monitored and audited. Good quality and effective audits were a feature of this service. Monthly assurances reports were provided to senior management of the organisation to keep them informed about issues arising in the centre. As required by the Regulations, there was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were bringing about positive changes to the operational management of the centre in turn ensuring it remained responsive to the needs of the residents.

For example, a recent audit on the centre identified residents health care plans required quarterly reviews. This issue had been addressed in response to the audit and this inspection found that the centre was comprehensively providing for the residents health care needs.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Residents were supported to have 'significant conversations' with their key workers this was supportive of ensuring any concern they may have was heard and acted upon. Where required, residents were also supported to make a complaint. Where a complaint was made, it was logged and acted upon in a timely manner. It was observed that some residents had made some minor complaints however, these had been addressed to the satisfaction of each resident. There were some complaints in progress at the time of this inspection.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy living in the centre, they had lots of social activities to engage in and that they got on very well with the staff team.

#### Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of the centre was received by HIQA in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector found that there was a full time 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.

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.

She provided good supervision and support to her staff team and knew the needs of each individual resident at an intimate level. It was also observed that she was actively engaged in ensuring that the team worked collectively so as to meet the needs of the residents.

Judgment: Compliant

### Regulation 15: Staffing

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 recruited, selected and vetted in accordance with best recruitment practices.

It was also found that staff were responsive to meeting the needs of the residents and residents spoke very highly of the staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with all 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.

From speaking with a 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.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear and explicit management structure in place in this centre. The quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

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

It accurately described the service provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The centre was notifying HIQA as required and the person in charge was aware of her remit with regard to notifying HIQA of notifiable events.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy it met the requirements of the Regulations. In addition the complaints procedures were available to residents in the centre.

There was a logging 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. From reading a sample of documentation, the inspector could see that complaints were being responded to appropriately in the centre.

It was also observed that residents would have access to advocacy services if or

when required.

Judgment: Compliant

## Quality and safety

Residents in this centre were being supported to have meaningful, active and inclusive lives in their community. The quality and safety of care provided was to a good standard and residents' health, emotional well being and social care needs were being comprehensively provided for. Some minor issues were identified with the visitors policy however, this was not impacting in any way on the residents and the director of operations assured the inspector it would be reviewed by the end of June 2018.

The individual social care needs of residents were being supported and actively encouraged. From viewing a sample of files, inspectors 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 volunteer in meaningful roles in their community of which they reported they loved doing. They also had the option of attending a range of day service placement where they learnt new skills and engaged in activities of their choosing. One resident informed the inspector that they loved to do woodwork activities and this was something they were supported to do several time each week.

Residents were also supported to use their local community and frequent local amenities such as beauticians, hairdressers, cinema, shopping centres, cafes and restaurants. One resident informed the inspector that that they were soon going to a Gala Ball and they were supported to get prepared for the big event. The resident was delighted to speak with the inspector about this social event and said they were really looking forward to it. Another resident was preparing for a day trip for a range of beauty therapies to include a trip to the hairdressers and beauticians and told the inspector that they were really looking forward to it.

Residents were supported to experience best possible health. Regular and as required access to a range of allied health care professionals formed part of the service provided and residents had regular access to a GP, dentist, optician, dietitian and audiologist. Hospital appointments were facilitated if required and comprehensive care plans were in place to guide staff to support residents with special conditions.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals to include behavioural support and psychotherapy. One resident informed the inspector that they found their sessions with the psychotherapist very beneficial and very helpful. Staff also 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.

Residents reported to the inspector that while there may be some noise in the centre from time to time they felt safe safe there. They were informed of their rights, knew how to make a complaint if they had to and had access to independent advocacy services. Information contained on their files with regard to advocacy and complaints was in a format suitable to their communication needs.

Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they knew how to ensure the residents safety and report any concern should they have one.

There was one safeguarding issue in the centre which required ongoing management. The provider had responded appropriately to this situation. The issue was being comprehensively managed by the person in charge and there was an up-to-date safeguarding plan in place. It was observed that the visitors policy, which was an integral document informing this safeguarding issue required review. When this was brought to the attention of the director and manager of operations they assured the inspector that this policy would be reviewed by the end of June 2018.

There were systems in place to manage and mitigate risk and promote residents' safety. For example, where a resident may be at risk or deemed to be vulnerable in the house or in the community, staffing levels were at a level to mitigate that risk. This ensured that the residents were safe in their home, remained connected to their community and could successfully hold down jobs that were meaningful to them.

There were some restrictive practices in place and it was observed that they were the least restrictive possible, only in place to keep residents safe, unobtrusive, reviewed regularly and not impacting on residents rights to access all parts of their home.

There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspectors that staff undertook daily, weekly and monthly checks on all fire fighting equipment as required. All fire fighting equipment was serviced by a fire fighting consultancy company as required by the regulations.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. All residents had undertaken a self administration of medication assessment and where required, staff provided support to residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration. It was observed that some of these protocols could have been more descriptive with regard to their administration however, the director and manager of operations said this would be addressed as a priority.

Overall however, residents told the inspector that there were very happy with the service provided, they got on very well with the staff team (including the

management of the centre), felt adequately supported and safe, their independence was being supported and their health and social care needs were being comprehensively provided for.

### Regulation 17: Premises

The premises consisted of a large detached three story house, which was in very good condition, warm, spacious and provided for a homely environment. Each resident had their own spacious bedroom (some en suite) which were decorated to their personal style and preference. There was adequate communal space to include a very large sitting/TV room, a second sitting room, a very large fully equipped kitchen cum dining room and a separate laundry facility.

There were large gardens to the back and front of the house and the back garden was suitably furnished and very well maintained. Residents reported they loved their home and very happy with centre and their individual rooms.

Judgment: Compliant

### Regulation 18: Food and nutrition

It was observed that the range of food provided to the residents was varied, nutritious and in accordance with preferences. Residents were supported to make healthy eating choices and there was a range of healthy options made available to them.

Some residents required support with managing a healthy diet and it was observed that they had access to a dietitian and there were healthy eating care plans on their files.

Judgment: Compliant

### Regulation 26: Risk management procedures

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

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

The inspector observed that risk was being managed adequately across the centre

Judgment: Compliant

### Regulation 28: Fire precautions

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 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.

It was observed that some prn protocols required review, however staff were knowledgeable on the requirements of their administration and the director of operations informed the inspector that plans would be put in place to address this.

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 where appropriate, family members and the multi-disciplinary team provided input into resident's personal 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 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 regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists, psychology and . Staff also had received specific training in positive behavioural support.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents safety. The inspector observed a plan of action to reduce one restriction that had been put in place for a resident, with the ultimate aim being to remove the restriction in its entirety in an agreed and appropriate time frame. Input from allied health care professionals to include psychiatry was being provided to the resident with regard to this intervention.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant