



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

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	12 December 2018
Centre ID:	OSV-0001931
Fieldwork ID:	MON-0025800

## About the designated centre

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

It is the purpose and function of Chapel View to deliver services to individuals who have an intellectual disability and require support. The service is provided to adult males. The service can accommodate 10 residents. Eight of the residents reside together in the main house and two residents are supported in individual apartments which are attached to the main house. Each of the residents have their own bedroom and the main house has two sitting rooms, a kitchen and dining room. There is secure external grounds for use by residents. The centre is located in Co. Kildare in a rural setting with day services available in the grounds. The day services operate separately to the designated centre. A full-time person in charge is employed in this centre alongside a full-time nurse, 15 social care workers, 12 assistant support workers, 2 administrators and one maintenance staff. Transport is available in this centre, with three cars available to support residents attend appointments, activities and day trips.

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

Number of residents on the date of inspection:	5
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
12 December 2018	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met and spoke with three of the five residents and observed elements of their daily lives. Where appropriate, residents' views were relayed through staff advocating on their behalf. Residents' views were also taken from the centre's feedback surveys, the minutes of residents' meetings and various other records that endeavoured to voice the residents' opinions. On the day of the inspection, one of the residents was in hospital.

The residents, who the inspector spoke with, advised the inspector that they were happy with the service provided to them in this centre. Residents said they were looking forward to Christmas and were enjoying the festive decorations displayed throughout the house.

Feedback from residents demonstrated that residents felt comfortable in the house and that they enjoyed the garden and patio area at the back of the building.

One of the residents who spoke with the inspector advised that, even though they did not want to make a complaint, they were aware of how to make a complaint and who they should go to.

The inspectors observed that residents' needs were very well known to staff. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions. All of the residents' feedback questionnaires relayed positive comments about the staff.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken in to account. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. Improvements that were required from the previous inspection had been implemented.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in

place.

There was a governance matrix system in place which assisted the person in charge in ensuring that the operational management and administration of centre resulted in safe and effective service delivery.

The inspector found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with the director of operations and other persons in charge from the same organisation on a regular basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The inspector saw that staff mandatory training was up to date which enabled staff provide care that reflected best practice. Staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

The person in charge had carried out one to one supervision and support meetings with all staff to support them perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

## Regulation 14: Persons in charge

The inspector found that centre was managed by a suitably skilled person in charge who was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was made available and was up-to-date with all the required information.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. However, on the day of the inspection the six monthly unannounced review was found to be overdue.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

### Regulation 34: Complaints procedure

On the day of inspection the person in charge ensured that the complaints' procedures were appropriately displayed and available to residents and families.

Judgment: Compliant

### Quality and safety

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspector looked at a sample of personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the residents, relevant keyworker and where appropriate, allied health care professionals and family members.

The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that residents were supported to progress their goals through regular one to one key-working sessions and that after each session residents' personal plans were updated to take in to account any changes, progress or achievements made by the resident.

Overall, residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. Residents were supported to sample different courses and activities such as art classes, dance therapy and woodwork classes. A music therapy class was currently being sourced as a number of residents had expressed interest in this activity.

Residents were supported to engage in social activities that promoted community inclusion such as going for walks in the local area, attending music concerts, lighting candles in the local church, attending the organisation's 'sensory room' service and dining out in nearby restaurants, pubs and cafés. On the day of the inspection a number of residents had planned to attend the organisation's annual

Christmas community show which was performed by individuals who attended the organisations' services.

A number of residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Residents were supported to look after their own laundry if they so wished and prepare meals such as breakfast and lunch for themselves. Residents also helped with outdoor tasks such as organising the bins and sweeping the leaves. Furthermore, one of the residents, who had the appropriate skills and knowledge, was supported to assist staff with the maintenance and care of the centre's vehicles.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety however, some improvements were required in relation to supporting residents develop knowledge and self-awareness to protect themselves.

The registered provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured specialist and therapeutic interventions were implemented. There were systems in place to ensure regular monitoring of the approach to behavioural supports and where incidents of behaviours that challenged occurred they were being documented and reviewed by the appropriate professionals involved in the assessment and intervention with the resident.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair. The centre displayed festive decorations through-out the premises including two Christmas trees. The inspector was advised that one of the residents, who particularly enjoyed the festive season activities, played a large role in decorating the house including the two Christmas trees. Christmas music was playing throughout the house and a relaxed atmosphere was observed by the inspector.

Overall, the inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. Where appropriate, residents had been supported with visual aids on the back of their bedroom doors to support them with evacuation procedures.

## Regulation 17: Premises

Overall, the premises met the needs of the residents and the design and layout promoted resident's safety, dignity, independence and well-being. However, a number of structural and decorative repairs were required and some of these had already been logged in maintenance book;

The flooring in one en-suite bathroom required replacing;

The counter-top and sink in the laundry room required replacing and the wall behind it required painting.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The residents guide was not available for residents on the day of inspection however, by the end of the day the provider had ensured that a copy was made available to residents.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Overall, there were systems in place for the prevention and detection of fire and audits ensured that precautions implemented reflected current best practice. However, the inspector found that one of the resident's personal evacuation plans required updating.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

## Regulation 6: Health care

The health and development of each resident was promoted and supported in a variety of ways. Residents had up-to-date health care plans which demonstrated appropriate access to a GP of their choice and allied health professionals when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Staff had up-to-date skills to enable them appropriately respond to behaviours that challenge.

Judgment: Compliant

## Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

On the day of inspection the person in charge ensured there was clear signage and information regarding the designated officer in communal areas of the house however, the inspector found that further supports were required to fully assist and support residents develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Chapel View OSV-0001931

Inspection ID: MON-0025800

Date of inspection: 12/12/2018

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The six monthly unannounced review was carried out on 19.12.18 and 20.12.18. 2. A copy of the report that was compiled is now available in the Centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. The flooring in one en-suite bathroom has been completely replaced with new flooring on the 14th of December 2018. 2. The counter-top and sink in the laundry room has been ordered and the wall behind it will be painted once installed and a back-splash will also be installed.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: 1. A copy of the residents guide is available for all residents in the Centre located in the main hallway in the house information folder. 2. This was discussed with the residents on 23rd of December 2018 at the Service User forum within the Centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The personal evacuation plan that required updating has been updated to include the	

recommendations of the inspector and is located in the Fire Folder in the Centre.  
2. This was discussed with the resident on 14th of December 2018 through a key-working session.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
1. An easy read guide on "what is abuse" will be developed in conjunction with the safeguarding team to further support and assist residents to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.  
2. Once this has been developed, this guide will be communicated to all staff at the monthly staff meeting that it should be used as a tool to educate service users during key-working sessions on what constitutes abuse.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/01/2019
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	23/12/2018
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	20/12/2018
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced	Substantially Compliant	Yellow	31/12/2018

	visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/12/2018
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	28/02/2019