

**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 Services
Centre ID:	OSV-0001931
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	10
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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 February 2015 10:15	17 February 2015 20:00
18 February 2015 10:30	18 February 2015 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

The inspector found that residents received good quality support and care which was focused on supporting residents to live independent lives of their choosing. In most areas there was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and

Adults) with Disabilities) Regulations 2013. Evidence of this was reflected in a range of positive outcomes for residents.

There were satisfactory governance and management arrangements in place. The system of auditing which was in place was focused on improving quality and safety. Systems were in place to manage risk and prevent fire. The person in charge was supported by a committed staff team who had the required knowledge and experience to support and enable residents to achieve their individual goals.

Residents were treated with respect and were consulted about the operation of the centre. There was a person-centered system of personal planning in place and plans were regularly reviewed. Arrangements were in place to meet the health care needs of residents.

Some areas of improvement were identified. While a restraint-free environment was promoted, some restrictive practices, which were in place, were not managed in line with the requirements of the Regulations. There were gaps in the mandatory training for staff relating to fire and the protection of vulnerable adults. Some issues were identified with regard to the management of hygiene. Improved systems for responding to medication errors was required.

These matters are discussed further in the report and in the action plan at the end of the report.

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, 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Effective systems were in place for consulting with residents and residents had a say in the running and operation of the centre.

Residents' had regular weekly meetings where were referred to the centre as the "Service Users Forum". A record of these meetings was maintained. The inspector read a sample of the minutes and found that they were used to consult about routines and activities for the week, outings cinema and food. Residents views were listened to and issues raised at these meetings were promptly acted upon by the staff. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed the staff and residents communicating freely and openly with staff on both days of inspection.

Residents' religious beliefs were respected and promoted. Residents told the inspector that they received support to attend religious services of their choosing.

The inspector found that residents could make a complaint at any time. The inspector asked to see the log of complaints, however, at the time of inspection there were no recorded complaints to review. The complaints procedure was not displayed in the centre, however this matter was addressed before close of the inspection. The procedure identified complaints officer and the process to follow for appeals in an easy to understand format. Residents told the inspector they could freely raise any issue of concern with the person in charge or any member of staff.

An independent advocacy service was not available in accordance with the requirements

of the Regulations. The person in charge took action to address this during the inspection. The name and contact details of an independent advocate were subsequently displayed in the centre explaining to residents how they could access this service as they needed.

Residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents in the centre were supported to communicate. Staff responded to each resident in a personalised way in accordance with their needs.

Residents' communication needs were assessed and identified in the personal planning documentation and supports were put in place as required. For example some residents had been seen by the speech and language therapist (SALT) and any recommendations were documented and followed up by the staff. A communication guide was in place for each resident. Some residents used pictorial charts to express preferences and plan their daily routine. The person in charge stated that a pictorial menu would be developed.

Easy to read versions of documents such as residents' guide were in place and were available in a communication folder held in each resident's bedroom.

Residents had access to television, radio, social media and internet. Some residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit once this was agreed with other residents. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. All contact with family members was documented. Residents told the inspector about their weekend trips away and holidays with family members. Care plans were in place to support this process and residents told the inspector about their families.

Residents participated in their community in a number of different ways, for example, residents described their trips to local restaurants, cafes and the cinema. Residents regularly attended local events and concerts. Residents said that staff members were available to them when they needed support for any outings.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The admissions process was appropriately managed. Written agreements dealing with the service to be provided to residents were in place.

The inspector found that admissions to the centre were appropriately managed. The inspector reviewed the records of a resident who had recently moved to the centre and found that this process was well managed. Transitional arrangements were documented and there was frequent consultation with the resident and family members. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a signed written agreement in place dealing with the service to be provided to the resident in accordance with the requirements of the Regulations.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' wellbeing and welfare was promoted through a good standard of evidence based care and support.

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 personal plans were developed to a good standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations. The inspector found that there was multi-disciplinary input in the care of residents as required in areas such a psychiatry, psychology and behavioural support as required.

Residents' personal plans identified health and social care needs, goals and aspirations and provided detailed guidance on how to meet these needs. All care plans were based on detailed assessments and the plans were updated in response to any changes in the resident's condition. Resident's files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships.

Residents described busy daily routines which involved attending day care services, active retirement groups, fitness classes and beauty treatments. Residents said that staff members supported them to pursue work based activities and the inspector noted that a work placements was being arranged for one of the residents at the time of inspection.

Judgment: Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The premises met the needs of the residents who were living in the centre at the time of inspection. Improvements were required in the management of hygiene.

The centre was located a short drive from a town centre. A range of local amenities were available close by. The premises consisted of a large, detached two storey house set on a large site with a well maintained secure garden area. A self contained apartment was attached to the house. This provided sleeping and living accommodation for one of the residents. While this apartment had its own front door access, an internal door also allowed direct access to the main part of the centre.

Bedrooms were provided on the ground and first floor and a lift was provided. A kitchen, utility area, dining room and two large sitting rooms were provided. The rooms were of a suitable size and layout to meet the needs of the residents.

A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents had personalised their rooms with their own furniture, pictures and personal belongings. Additional storage had been provided for residents who required this. All bedrooms had full en suite facilities which were finished to a high standard. Additional toilet and bathing facilities were provided on the ground floor with a large Jacuzzi bath provided in one of these.

While a satisfactory standard of hygiene was noted in most areas, the inspector was found that satisfactory arrangements were not in place to maintain acceptable levels of hygiene at all times. In particular, there was a strong smell of urine on the first floor on both days of inspection. The inspector noted that the provider had highlighted concerns regarding hygiene during two unannounced audits and despite this the matter had not been remedied.

Judgment:

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff. Some improvement was required with regard to fire safety training.

The inspector found that systems were in place for the prevention and detection of fire. Regular fire drills were carried out and staff told the inspector that they were used as opportunities for learning or both staff and residents. Fire drills were also carried out at night and the inspector noted that where issues were identified as part of these drills they were followed up and corrective action was put in place.

The provider had taken steps to address aspects of fire safety identified for improvement on the previous inspection. For example, a resident with particular mobility needs now resided on the ground floor. However, satisfactory systems had not been put in place to ensure all staff members were appropriately trained. The inspector found that while staff on duty at the time of inspection, were knowledgeable regarding fire safety there were gaps in the mandatory training in this area. Fire orders were displayed and outlined the fire procedure to be followed in an emergency. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

A detailed risk management plan was drawn up for each resident based on assessments and knowledge of the residents. For example, one of the plans identified smoking as a risk. The action plans highlighted the need for supervision and for staff to keep all cigarettes and lighters in a safe place. The inspector observed this being carried out. There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were carried out for any identified risks in the centre and controls were put in place to manage these risks.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge.

There was also an emergency plan which guided staff regarding incidents which might

require evacuation and safe alternative accommodation.

Judgment:

Substantially Compliant

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Some improvements were required in the management of restrictive procedures and there were gaps in the mandatory training provided to staff.

There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy. However, the inspector was concerned that three members of relief staff who were due to attend work on the days after inspection had not attended the required minimum training in this area. This area had been raised at the previous inspection, and despite assurances given in response to an action plan after the inspection, the matter had not been addressed. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they could confide in the staff if they had concerns or issues which troubled them.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and all communicated with ease. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours if they arose. Residents had access to appropriate allied health professionals such as the psychologist or members of the behavioural support team in the event that they needed this. The inspector read a positive behaviour support plan which had been drawn up in order to support a resident. The inspector found that this document was of a good quality and staff were familiar with it and adhered to the recommendations contained in it.

However, the inspector had concerns with regard to the management of restrictive

practices. While a restraint free environment was promoted by staff in the centre, satisfactory systems were not in place to demonstrate compliance with the Regulations. For example, in the case of a resident who used a bed rail no risk assessment had been carried out and it was not demonstrated that appropriate alternatives had been considered. The inspector also noted that a number of doors were locked and this restricted freedom of movement especially in the case of the apartment area. However, this issue had not been documented and addressed in line with the requirements of the Regulations.

Systems were in place to protect residents from financial abuse and to promote independence in this area. Some residents had their own bank accounts and managed their money independently. In the case of residents who required assistance there was a clear and accountable system for checking transactions which were made on behalf of residents. Receipts were maintained and staff members signed where transactions were made on behalf of residents.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Systems and practices were in place to promote residents' quality of life and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment. Some residents were participating in paid employment at the time of inspection. Residents attended various day services which suited their interests best and staff were provided to facilitate any travel required. Residents were supported to pursue their own interests, for example in music and shopping. One resident told the inspector about a new shed which was being delivered. The shed was being provided in order to provide an area where music could be played loudly without disturbing other residents. Other residents liked to bake and this was facilitated in the large kitchen.

Residents had a busy schedule of activities each week. Residents attended various classes and activities associated with art, fitness and swimming. A record of each resident's participation in activities was maintained and was reviewed by the inspector. Residents told the inspector how much they enjoyed these classes and educational opportunities. Residents described going on holidays and also for weekend trips away. Regular shopping trips, concerts and visits to local restaurants and coffee shops were also important to the residents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents received support to achieve and maintain health.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector that they were happy with their GPs and could see them whenever they wished. The inspector reviewed the appointment record for some residents and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as the dentist, optician, psychologist and speech and language therapist (SALT) as required.

Care plans were in place to address the health care needs of the residents. Instructions

from the GP and any medical professionals were clearly described.

Changes in residents' condition or health care needs were documented and care plans were drawn up. Areas identified at the previous inspection regarding the monitoring or residents clinical conditions appeared to have been addressed. Two nurses had been recently appointed to the staff team. The inspector noted that no specific health care assessment or health monitoring functions had yet been assigned to these team members. However, the person in charge described plans which were in place to develop the nursing role within the centre and use this resource in a more targeted way.

Appropriate equipment had been provided for monitoring weight in response to the previous inspection. Staff weighed residents frequently and in the event that there were any concerns about significant weight fluctuations referrals were made to the dietician. Appointments had been made for dietetic review for a number of residents at the time of inspection. Measures were in place to meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around resident's social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While effective medication management arrangements were in place some improvements were required.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place for the most part. Staff had received training and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions was carried out.

The inspector reviewed the records of a recent medication error and found that improvements were required. The matter had not been addressed in line with best

practice, for example, the residents GP had not been consulted and appropriate monitoring of the resident had not been recorded. While the medication policy provided detailed guidance in most areas it did not guide staff on how to respond to a medication error.

While no residents were managing their own medications at the time of inspection there were systems in place to facilitate this as appropriate.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations. The person in charge had the required experience and had a nursing qualification which was relevant to the role. The person in charge attended a range of continued professional development training in areas such as behaviours that challenge and infection control. During the inspection the person in charge demonstrated knowledge of the roles and responsibilities under the Regulations. The regional manager provided supervision and support to the person in charge on a daily basis.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place. The person in charge stated that this system was operating effectively and provided a framework for identifying training needs.

There were systems in place for monitoring the quality and safety of care. The Director of Services and the Director of Operations oversaw audit systems 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. The inspector a recent audit of personal planning documentation and noted that a high standard of compliance had been found at that time.

As highlighted under outcome six, the provider also carried out checks on the quality and safety of care. The inspector noted that an action plan was generated after these visits and follow ups were generally carried out to ensure the required improvements had been made.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry areas. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A number of transport vehicles were provided and residents told the inspector that transport was always available to them when needed.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The number and skill mix of staff was appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that there was ongoing training in a range of areas such as first aid, medication management, behaviours that challenge and food safety. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff at the time of inspection. The person in charge gave an undertaking to address this.

Effective recruitment and vetting procedures were in place. The inspector reviewed a sample of staff files and found that the required documentation was in place.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records and documentation were securely stored and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all

of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However, as highlighted under outcome 12, the medication policy did not provide sufficient guidance to staff. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
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 Services
Centre ID:	OSV-0001931
Date of Inspection:	17 February 2015
Date of response:	19 March 2015

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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The management of hygiene was not satisfactory and resulted in the build-up of odours in the centre.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and

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

suitably decorated.

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

In the area identified by the Inspector, a review of the furnishings and flooring was undertaken to identify the cause of the odour. The incontinence management plans for residents were reviewed and updated, a more thorough cleaning protocol was put in place following the 2015 Policy on Infection Control Re: Incontinence.

Proposed Timescale: 13/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

A number of staff members had not attended mandatory training in fire safety.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff who have not received adequate training have since received training. A new comprehensive Induction Process commenced in March 2015 that ensures the training needed is provided before staff work in any residential centre.

Proposed Timescale: 13/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The use of bedrails and environmental restraint was not carried out in line with evidence based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Using the Department of Health publication "Towards a Restraint Free Environment in Nursing Homes (2011)" and the HSE "Policy on the Use of Physical Restraints in Residential Care Units 2010" by the National Working Group on Restraint as guidance,

as referenced in the HIQA document Guidance for Designated Centres – Restraint Procedures (2014), a risk assessment relating to the use of safety bedrails has been done and alternatives have been explored such as “ultra low beds” and floor safety mats. In relation to the environmental restraints identified, using the aforementioned publications we are aligning policy and practice, working towards eliminating any use of restrictions with continuous review.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

A number of staff members had not been provided with training in the protection of vulnerable adults and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All staff who have not received adequate training have since received training. A new comprehensive Induction Process commenced in March 2015 that ensures the training needed is provided before staff work in any residential centre.

Proposed Timescale: 13/03/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The response to medication errors did not protect residents.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Medication Policy regarding reporting errors was reviewed and updated in line with the recommendations of the Inspector to include contacting a resident’s GP or Psychiatrist and next of kin/guardian/HSE when necessary in the event of an error. This policy directs practice across the Service.

Proposed Timescale: 13/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The medication management policy did not provide sufficient guidance in relation to the response to medication errors.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Medication Policy regarding reporting errors was reviewed and updated in line with the recommendations of the Inspector to include contacting a resident's GP or Psychiatrist and next of kin/guardian/HSE when necessary in the event of an error.

Proposed Timescale: 13/03/2015