

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011281
Centre county:	Kildare
Email address:	l.flynn@nuahealthcare.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Lisa Flynn
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 March 2014 10:00 To: 31 March 2014 18:00

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

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

Summary of findings from this inspection

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

While areas for improvement were identified, overall the inspector found that residents received a good person centred quality service. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff. The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. Improvement was required to the emergency plan and the risk management policy.

Improvement was also required around the administration records of some medications. These areas are discussed further in the report and included in the action plan at the end.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal care plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker. Daily records were also maintained of the how the residents spent their day. Key workers were assigned and the inspector saw evidence that goals were described and plans put in place to meet those.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express pain etc.

There was an extensive range of activities available to the residents both in the centre and out in the community. Transport was available within the centre. A daily plan was devised for each resident and the inspector saw that this included trips to the shops, community activities, life skills training, swimming and cycling. Staff confirmed that this changed depending on the wishes of the residents each day.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The organisation's risk management policy required further work to ensure compliance with the Regulations. For example, it did not outline the precautions in place to control the specified risks. Individual risk assessments were completed for each resident which included a risk assessment as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice. This was being addressed by the Director of Services prior to the end of inspection.

The inspector read the emergency plan and saw that it required additional detail to sufficiently guide staff in the procedure to follow in the event of some possible emergencies such as flood or power outage. In addition possible alternative accommodation for residents was not specified should evacuation be required. The inspector noted that negotiations were underway to ensure priority support was available in the event of a power outage.

Otherwise the inspector was satisfied that the health and safety of residents, visitors and staff was promoted. There was a Health and Safety Statement in place. There was an active health and safety committee and a monthly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed for residents. Risk assessments were also carried out on the use of staff vehicles to transport residents.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

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

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and reminders in pictorial format on issues such as the right to privacy were on display in areas throughout the centre. Topics were also included in each meeting with their keyworker.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector noted

that each episode was analysed and plans put in place to prevent reoccurrence. the inspector also noted that the overall incident of behaviour that challenged had decreased noticeably following implementation of the various interventions.

A restraint free environment was promoted and no resident was using either bedrails or lapbelts at the time of inspection.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost or gained weight. The menu choices were on display. Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that policies and processes were in place for the safe management of medications. However, some improvement was required with regard to the administration of 'as required' (PRN) medications.

Some residents required medications on a PRN basis. On reviewing the administration records, the inspector noted that the time of administering these medications was not consistently recorded. As this could lead to over or under administration of the medication, the inspector discussed it with the nurse on duty and the person in charge and requested that this be attended to.

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

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

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

The Director of Services and the Director of Operations outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. Resident satisfaction surveys were completed as part of this work and the results were presented to staff and residents. Visual aids were used to assist residents' understanding. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She also had responsibility for four other centres in the locality. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The person in charge told the inspector that she received regular support from her line manager. The person in charge was clear about the various roles and responsibilities of staff. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

Outcome 17: Workforce

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

Theme:

Responsive Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced had been introduced to ensure that required information was in place.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, first aid and the management of behaviour that challenges. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them. In addition there were regular 'five minute trainings' (FMTs) on issues and policies to ensure staff had up to date knowledge.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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
Centre ID:	ORG-0011281
Date of Inspection:	31 March 2014
Date of response:	23 April 2014

Requirements

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

Outcome 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:

The risk management policy did not meet the requirements of the Regulations.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk assessment policy is being updated and will include the identified risks as outlined in the regulations and it will reference other identified policies.
The following appendix will be attached to the policy

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

- Incident/SEN pathway.
- Individual risk assessment SOP template.
- Emergency plan template.
- Weekly vehicle inspections.
- Accident/incident forms.
- Health and safety Vi-clarity audit.

Proposed Timescale: 09/05/2014

Theme: Effective Services

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

The emergency plan did not contain sufficient detail to guide staff.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The service emergency plan is being updated.

Each designated centre will have its own individual emergency plan.

Emergency planning will be referenced in the service risk management policy.

Proposed Timescale: 09/05/2014

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 time of administering PRN medication was not consistently recorded.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The policy in relation to medication management is being updated.

All kardexs are being reviewed to

- incorporate a prescribing signature for each medication
- facilitate nurse signature when transcribing
- incorporate specific times for PRN medication and dosage
- a memo is being sent out to all staff in the company outlining the safe administration

of medication.

Vi-clarity quarterly medication audits have now been changed to monthly and will be completed by an auditor independent from the designated centre.

Proposed Timescale: 09/05/2014