

**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-0005180
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Mary Moore
Support inspector(s):	Aoife Fleming
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	6

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 renewal 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:
08 September 2015 09:00	08 September 2015 17:30
20 October 2015 09:15	20 October 2015 13:30

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

This was the first inspection of the centre by the Authority. As the centre was not yet registered, the centre was not actively providing residential services at the time of inspection and there were no residents living at the centre. Some preparatory work had been completed by the provider in relation to assessing prospective residents.

The inspectors met with and the inspection was facilitated by the director of operations, the area manager, the person in charge and the person participating in the management of the service. Inspectors reviewed and discussed documentation including, the providers policies and procedures, recruitment and staffing practice,

templates for medication management and residents support plans, fire and health and safety records.

Inspectors were satisfied that the provider was aware of its legislative responsibilities, had established experience of the operation of designated centres and had personnel and systems in place that should ensure that this centre once operational would be in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

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):

This was the centre's first inspection by the Authority.

Findings:

There were no residents living in the centre at the time of inspection. Inspectors spoke with staff and reviewed the policies, procedures and relevant documentation.

The complaints policy and procedure was in place and up to date. It was a generic policy to all centres under the auspices of this provider; the policy did meet regulatory requirements. The complaints and deputy complaints officers were named, the details of what to do in the event of appealing a complaint were outlined and an annual review of all complaints by the provider was outlined in the policy. The complaints process was presented in an accessible format with pictorial and easy to read narrative. The template for recording complaints was reviewed and prompted staff to record all the details of the complaint in line with the requirements of the Regulations. Staff spoken with had a clear understanding of the local implementation of the complaints policy and procedure.

The provider utilised an independent advocacy service for residents and the contact information was available in a pictorial and easy to read format. The policy and procedure on advocacy was up to date and outlined that all residents would have a named advocacy service or advocate documented in their personal plan.

There was a policy in place on the management of residents' personal property, personal finances and possessions.

The up to date policy on visitors to the centre outlined that there were no restrictions on visiting times unless requested by the residents, the courts or for reasons of privacy and dignity.

The privacy of residents' personal consultations and personal information would be respected as resident consent forms to allow access to this information were in place in the personal plan templates.

The person in charge told inspectors that residents would be consulted with on the organisation and management of the centre on an ongoing basis and formally on a weekly basis through the service user forum.

Each resident's civil, political and religious choices would be established as part of their assessment, incorporated into their personal plan and supported by staff as necessary so as to be facilitated.

The person in charge said that each resident would have a key-worker and that this was an established, structured and monitored system to ensure effective communication with residents and the consistent implementation of personal plans.

There was no CCTV in use and no plans to use it.

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):

This was the centre's first inspection by the Authority.

Findings:

There was an up to date policy in the centre on residents' communication needs. The policy outlined that the provider would provide speech and language therapy access for residents. There was a policy on access to augmentative electronic communication devices.

The template personal plan folder reviewed by inspectors contained an assessment form for resident communication which contained fields for documenting resident's goals, actions, the staff member responsible for and the timelines for implementing the actions associated with the plan. The personal plan folder also contained a template communication passport for residents which would be developed in a pictorial and accessible format to outline residents' communication needs.

Staff spoken with was aware of the requirement to assess and identify each resident's communication strengths and needs. Specific input as required such as speech and

language, occupational therapy and behavioural support was readily available from within the wider organisation. Staff had a ready understanding of specific communication supports such as PECS (a picture exchange communication system) and Lamh (a manual sign augmentative communication intervention). Staff confirmed that these and other interventions would be used as required as part of a resident's personal plan and staff training was provided in line with each identified resident need.

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):
This was the centre's first inspection by the Authority.

Findings:
Staff had undertaken a survey of the services and recreational amenities that were available locally and told inspectors that these would be matched with individual resident choices and preferences. Staff were confident that there would be no barriers such as inadequate staff supports to supporting and promoting residents to develop and maintain personal and social relationships and their integration into the local community. Staff confirmed that family contact and visits home would be facilitated as requested.

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):
This was the centre's first inspection by the Authority.

Findings:
There were policies and procedures on admissions, transfers, discharges and referrals to and from the centre including an admissions, discharges and transfers (ADT) committee

which oversaw and reviewed all such activities. The template for the initial needs assessment and the admissions template were reviewed and found to be comprehensive and addressed residents' health and social care needs. This assessment also addressed specialist needs for residents such as access to appropriate day services and multidisciplinary team support.

The template of the contract for services was reviewed and it outlined the services to be provided in the centre for the support, care and welfare of the resident. The template was reviewed by the provider based on feedback from inspectors so as to provide greater clarity on the administration of a health levy to the Health Service Executive.

The contract for the provision of services was developed in an accessible format supported by pictorial images.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors reviewed the template for the assessment of residents' social care needs and the development of their personal plans. These assessments were found to be comprehensive and addressed residents' life skills, such as education and training, interpersonal skills and money management skills. The personal plans folder contained detailed templates to evaluate residents' social care needs including assessments of daily occupation, communication, community inclusion, goals and safeguarding. There was activities of daily living and activities planner included in the folder. There was evidence that a quarterly and annual review meeting of the resident's social care needs and progress was to be recorded in the folder.

As there were no residents living at the centre, it was not possible to evaluate the implementation of these assessments and plans in practice. However, the inspectors were satisfied that the overall aim of these assessments and personal plans was to support the residents in participating in activities that reflected their interests and

capacities and enhanced their quality of life.

Staff spoke with were aware of the requirement for transition plans for some prospective residents and said that initial assessments had been completed to this effect.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had invested significantly in the refurbishment of the property which was a spacious two-storey domestic type property located on a private site in a rural location. Inspectors were satisfied that the design and layout of the building was suited to its stated purpose and would promote resident privacy, dignity and independence.

The statement of purpose stated that the house was not suited to meeting the needs of residents with mobility requirements; staff spoken with confirmed this. The provider did have plans for the further development of the premises including the provision of a lift but confirmed for inspectors that this was a proactive measure to enhance and ease accessibility as opposed to meeting a specific requirement of any proposed resident.

Each resident was to be provided with their own private bedroom. Bedrooms were spacious, provision was made for personal storage and each bedroom offered en-suite sanitary facilities.

Additional sanitary facilities were provided on both the ground floor and first floor. Privacy locks, handrails and grab-rails were in place.

Adequate communal space that included choice was provided for the number of residents to be accommodated and was homely and welcoming in presentation. Space was also available for the provision of a sensory room.

The kitchen and dining area was combined and provided sufficient space, equipment and facilities.

Adequate provision was made for storage and facilities were available for the laundering of residents personal possessions.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There was a centre specific health and safety statement in place

There was a policy in place for risk management. This risk management policy addressed the measures and controls in place to address the risks specified in Regulation 26(1)(c) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Centre specific risk assessments had been completed in September 2015; these identified the existing controls and any further measures required including review once the centre was operational. There was evidence of controls such as the provision of handrails and grab-rails and the restriction of first floor windows.

The risk management policy outlined in a flow chart the lines of reporting responsibility and accountability and the recording requirements following any incident in the centre. This flow chart outlined that a weekly team meeting was held by management, behavioural specialist and the clinical co-ordinator to discuss significant events and that monthly centre meetings were held to discuss incidents. The inspectors were satisfied that these arrangements, if implemented would aim to record, manage, review and learn from incidents in the centre.

The risk policy contained templates for individual resident risk assessments and the personal plan folder for residents contained a section for the addition of these risk assessments.

There was a policy addressing potential resident absence without leave from the centre.

Inspectors were informed that at least one vehicle would be made available to the centre. These vehicles were leased from a car hire company who were responsible for the servicing of the vehicles.

There was a centre specific emergency plan that included alternative accommodation for residents in the event of an emergency.

Inspectors saw that the building was serviced by fire detection, emergency lighting, break-glass fire units and prominently placed fire fighting equipment. Certificates of inspection, testing and commissioning were available for inspection. A template was in place for the inspection and testing of fire safety systems going forward. Training records indicated that fire training including centre-specific training had been provided to all proposed staff. The provider supplied to the inspectors documentary confirmation that fire safety measures were completed in consultation with the relevant fire authority and that any recommendations of that authority would be complied with.

However some fire safety measures required further review as the inspectors observed that;

1. The main stairwell was not directly serviced by emergency lighting
2. There were manual final fastenings on exit doors that had not been risk assessed
3. Fire action and fire evacuation notices were not prominently displayed
2. The system of escape route signage (affixed to the emergency lighting) may not be suited to all residents needs

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy in place for the prevention, detection and response to any alleged, suspected or reported abuse. This policy referenced the most up to date national safeguarding policy. All allegations and incidents of abuse were reported to the designated officer who was responsible for addressing these concerns, conducting preliminary screening and taking further actions if necessary. Staff spoken with articulated a good understanding of what may constitute abuse, their individual responsibility to safeguard residents and the operation of the provider's policy and procedures.

There was a policy on the management of behaviours that challenged.

The centre had a policy on restrictive procedures which addressed physical, environmental, mechanical and chemical restraint. The centre's policy outlined that these procedures were not advocated by the provider and were only considered based on advice from the behavioural support team, psychiatrist or multidisciplinary team. The policy on behavioural support in the centre outlined that residents' multi-element behavioural support plans would be developed by the behavioural support team and reviewed on a monthly basis. Staff spoken with confirmed that residents as appropriate to their needs would have ready access to this professional expertise within the organisation.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy and procedure on the submission of required notifications to the Chief Inspector. The person in charge had sufficient knowledge and experience of the submission of notifications to allow her to meet her regulatory responsibilities once the centre was operational.

As discussed in Outcome 7 there were detailed policies, procedures and templates for the recording, reporting, investigation and learning from accidents and incidents.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on and a suite of supporting assessment tools for identifying needs and facilitating resident access to education, training and development.

Given the location of the centre and in line with the providers overall development plan, the provider had taken action to ensure that as required residents would have opportunities for new experiences, skill development and ongoing access to education and training. Staff told the inspector that a new provider owned and led day service was to be developed and steps had already been taken in its development. Through this day service residents would have access to the multi-disciplinary team and workshops for the acquisition of practical skills such as cooking, carpentry and arts and crafts. This service would augment the opportunities available locally as discussed in Outcome 3: Family and personal relationships.

Staff spoken with described the pro-active use of risk assessments to support and facilitate rather than restrict resident participation in new activities and experiences.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were informed that residents would be facilitated to maintain timely and regular access to general practitioners (GP) and other allied healthcare professional supports as required.

The residents' initial admission assessment template addressed the residents' health needs regarding medical diagnoses, medications, GP and specialist supports required. The statement of purpose outlined the clinical team in place for the designated centres and residents under the care of the provider; this team included psychiatrists, psychologists, behavioural specialist, an occupational therapist, speech and language therapist and a counsellor. Nursing input was included in the skill-mix of the centre.

A template of each resident's health folder was reviewed. A comprehensive suite of medical assessments was outlined as well as templates of specific care plans for

indications such as epilepsy, asthma, anxiety and type two diabetes mellitus. These assessments and plans indicated that a multidisciplinary approach to meet residents' health needs in the centre was planned.

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):
This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to guide the safe administration and management of medications as required by the Regulations. The policy outlined that medication was only to be administered based on a doctors prescription. The policy outlined that if PRN (as required) medications were administered this was to be recorded in the medication administration record as well as a separate PRN administration sheet with details of the indication for and effect of the medication. The administration of PRN medications required authorisation by the person in charge or the regional manager and all occasions of administration would be reviewed on a weekly basis at a clinical meeting attended by the behavioural specialist, clinical co-ordinator and senior management.

The medication management policy also contained a detailed self-medication assessment to risk assess residents' willingness, ability and capability to self-medicate. Based on verbal feedback from inspectors the self-administration assessment form was amended to include a review date and a narrative section to outline the needs or routines of individual residents.

Templates of forms to record medication errors were seen.

Staff informed inspectors that medications would be supplied from the pharmacy in monitored dosage systems with an accompanying medication identification reference tool. Two staff members would check the medications on receipt from the pharmacy to ensure accuracy. The medication prescription and administration records were reviewed and contained the fields necessary to document all prescription and administration requirements. However, there was no space to record the maximum daily dosage of PRN (as required) medications.

Training records indicated that staff had completed medication management training including specific medication interventions such as the administration of medications in

the event of seizure activity.

Arrangements were in process for the safe and secure storage of medications including the segregated storage of medications no longer required, however, these were not complete at the time of inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose was reviewed and found to be current and to include all of the information required by Schedule 1 of the Regulations.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the provider had selected appropriate persons and had a

management structure in place. On a day to day basis the centre was to be managed by the person in charge, supported by the deputy team leader and in collaboration with the area manager. Staff spoken with were clear on their own respective roles and responsibilities, their reporting relationship and the wider governance structures.

The person in charge worked full time and once the centre was operational this was to be her substantive role; the person in charge was suitably qualified and experienced. The person in charge had up to date training in the required areas of medication management, manual handling, fire safety, protection of residents and other areas such as hand hygiene, epilepsy, communication, food hygiene and person centred planning. The person in charge articulated sufficient knowledge of the legislation and her statutory responsibilities.

An on-call management system operated each day after 17:00hrs and at weekends.

There were systems in place to provide oversight of the quality and safety of care and services provided to residents, these systems included consultation with residents and a forum for staff to raise any concerns and exercise their personal responsibility for the services they provided. Staff described daily access and contact with the area manager, weekly regional meetings and monthly team leader meetings. Local staff meetings were to be convened monthly and a nominated staff representative attended staff meetings held in the provider's head office every two months with the minutes forwarded to each designated centre.

The person in charge confirmed that arrangements were in place for completion of the unannounced visits of the provider to the centre and the annual review of the quality and safety of the care and services in the centre once it was operational.

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):
This was the centre's first inspection by the Authority.

Findings:
The deputy team leader was to work full-time in the centre and was the nominated person participating in the management of the centre in the absence of the person in charge. The person in charge and provider were aware of the notification required to the Authority in the event of the person in charge being absent for 28 days or more.

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):

This was the centre's first inspection by the Authority.

Findings:

The director of operations confirmed for the inspector that there were and would be adequate resources available to ensure the delivery of safe, quality supports and services to residents. Inspectors were satisfied that there was evidence of sufficient resourcing in the development of the centre and in the recruitment of staff.

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):

This was the centre's first inspection by the Authority.

Findings:

The provider had measures taken in relation to the staffing of the centre. Staffing levels and skill-mix had been identified; staff were recruited including the person in charge and the deputy team leader. A sample of staff files was reviewed by inspectors and was fully compliant with regulatory requirements.

As the centre was not operational inspectors could not make a judgement as to the adequacy of staff numbers and skill-mix but staff spoken with including the person in

charge were confident that adequate staff resources would be available and would be informed by the needs of residents. For example staff told the inspector that a resident may need 1:1 support while in the centre but 2:1 socially and this was always facilitated by the provider.

There was a policy and procedure on the recruitment and selection of staff. All staff files reviewed had a job description and contract of employment. The provider had a human resources department which oversaw the recruitment of staff and staff appraisals. A structured supervision system was in place which reviewed staff on a monthly basis and a detailed annual appraisal of staff was planned. The person in charge confirmed that this system allowed for both staff development and performance management if required. Templates for regular staff meetings were seen which included fields to record the items to be discussed, the actions to be taken, the persons responsible and the timelines by which actions were to be completed

Training records for staff recruited at the time of inspection showed that all staff had up to date mandatory training. Further training to meet the residents' needs in medication management, food hygiene, first aid, person centred planning, epilepsy, key-working, autism and asperger's syndrome was also conducted.

Staff training was organised centrally by the provider with some training sessions provided internally by trained instructors and other sessions provided externally. Some e-learning was also provided and the person in charge said that learning was evaluated through the monthly supervision meetings and observation in practice.

At the time of the inspection there were no volunteers involved or proposed to be involved in the centre.

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):
This was the centre's first inspection by the Authority.

Findings:

The centre had up to date policies to meet the requirements of Schedule 5 of the Regulations.

The templates of residents' personal plans and other templates such as for the directory of residents that were viewed contained the necessary detail to meet the requirements of Schedule 3 of the Regulations; records to be kept in respect of each resident.

The residents guide satisfied regulatory requirements and it and other core policies were available in a format that enhanced their accessibility and usefulness to residents.

There was documentary evidence that the provider had the required public and employers liability insurance in place.

Judgment:

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:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0005180
Date of Inspection:	08 September 2015
Date of response:	03 November 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 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 main stairwell was not directly serviced by emergency lighting; there were manual final fastenings on exit doors that had not been risk assessed; fire action and fire evacuation notices were not prominently displayed; the system of escape route signage (affixed to the emergency lighting) may not be suited to all residents needs.

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

1. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Nua Healthcare Services take on board the views and findings of the Inspectors

Action: additional emergency lighting will be placed on the stairwell as highlighted by the inspector.

Action: Risk assessments to be complete on all exit doors.

Action: A full review of fire signage to be completed on the premise in line with legalisation.

Proposed Timescale: 16/12/2015

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:

Arrangements were in process for the safe and secure storage of medications including the segregated storage of medications no longer required, however, these were not complete at the time of inspection.

There was no space to record the maximum daily dosage of PRN (as required) medications.

2. 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:

Nua Healthcare Services take on board the views and findings of the Inspectors and

Action: The Secure storage of medication system to be completed in line with Legislation

Action: Medication recording sheets to be updated to include section for maximum daily dosage of PRN.

Proposed Timescale: 16/12/2015

