



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

| | |
|----------------------------|---|
| Name of designated centre: | Hempfield |
| Name of provider: | Nua Healthcare Services Unlimited Company |
| Address of centre: | Clare |
| Type of inspection: | Announced |
| Date of inspection: | 03 July 2018 |
| Centre ID: | OSV-0003379 |
| Fieldwork ID: | MON-0022106 |

About the designated centre

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

Hempfield provides 24 hour residential care to children and adults, both male and female with autism and intellectual disabilities aged from sixteen to twenty three years of age. The number of service users accommodated in Hempfield is four. The centre was a detached bungalow with a rear garden. There were four bedrooms, two sitting-rooms, a kitchen and three bathrooms, one of which was designated for staff use only. Three of the residents had their own en-suite facilities. The centre was located on the outskirts of a town and the residents had access to services in the local community and beyond.

The following information outlines some additional data on this centre.

| | |
|--|------------|
| Current registration end date: | 10/12/2018 |
| Number of residents on the date of inspection: | 4 |

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|--------------|----------------------|---------------|------|
| 03 July 2018 | 09:00hrs to 17:00hrs | Cora McCarthy | Lead |

Views of people who use the service

On the day of inspection the inspector met with the two of the four residents. The residents communicated that they were satisfied with the care and support provided, although one resident who spoke to the inspector outlined clearly that he wished to live independently with outreach staff support near his family home. The resident was very articulate and outlined his plans for living independently verbally and reiterated these plans in a written letter to the inspector. The staff were observed to interact very well with residents and to treat residents with warmth and respect.

Capacity and capability

The inspector found that a good quality service was provided in this centre to residents who were also treated in a warm and caring manner.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The person in charge had a continuous system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. The provider had also completed unannounced audits as required and an annual review of the service was also completed following a consultation process with residents. The inspector found that actions generated from these audits had been addressed by the person in charge in a prompt manner, which resulted in continuous improvements in the quality of care provided to residents.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person in charge was in a full-time role and was found to have a good understanding of the service and of the residents' care needs.

The provider had ensured that staffing arrangements were in line with the assessed needs of residents, The quality and safety of the centre was maintained by facilitating staff training in areas such as fire safety, safeguarding and supporting residents with behaviours of concern.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. The provider had also ensured that safe services were provided in the centre by seeking vetting disclosures for all current staff members.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre and had submitted information as prescribed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the residents' care needs. The person in charge had responded to actions plans generated from internal reviews which ensured that the quality and safety of the service was maintained to a good standard.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staff numbers were in place to meet the assessed needs of residents and continuity of care was provided in the centre. The person in charge maintained an accurate rota and all prescribed information in relation to staff files, as stated in the Regulations, was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with training needs and appropriate support and supervision was in place for all staff members.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which outlined a summary of the

| |
|---|
| services and facilities provided and the terms and conditions relating to residency. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| The governance arrangements in this centre ensured that residents received a good quality service. Both the person in charge and the provider had sufficient oversight to ensure that the quality and care provided to residents was effectively monitored. |
| Judgment: Compliant |
| Regulation 24: Admissions and contract for the provision of services |
| A tenancy agreement outlined the terms on which the resident would reside in the centre and included the support, care and welfare the resident would receive in the centre. It also detailed the services to be provided and the fees charged. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| The provider had produced a statement of purpose which contained all prescribed information as stated in the regulations. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents. |
| Judgment: Compliant |

Regulation 34: Complaints procedure

The provider had put in place an effective complaints procedure which was in an accessible format, included an appeals process and was displayed in a prominent position in the centre. There was evidence that the provider had ensured that this policy had been implemented fully within the service. A resident had made a formal complaint and received a response from senior management; however, this complaint was not addressed to the satisfaction of the resident. The person in charge assured the inspector that they would address this immediately.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All of the required Schedule 5 policies had been reviewed within the required time frame.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard. However, improvement was required to the planning and completion of transition plans for residents who were moving from the centre in the near future.

There was a safeguarding concern in the centre; however, the provider had systems in place which promoted the safety of residents, which included a safeguarding plan and also ensuring that staff had received appropriate training. Staff had a good understanding of these systems and were observed to interact with residents in warm and caring manner.

While a resident was planning to move to another centre in the future the inspector found that a transition plan needed to be completed to ensure that the resident was fully supported during this period. This had been identified on a previous inspection and had not been completed by the provider.

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place, which monitored these risks on an on-going basis. The provider also had systems in place for recording and

responding to adverse events in the centre which ensured that the safety of residents was monitored at all times. The person in charge had a good understanding of this system and had addressed all adverse events in a prompt manner.

The designated centre appeared to be a pleasant place to live and was comfortably furnished and decorated throughout. Each resident had their own bedroom which was of a good size and storage for personal possessions was available.

The centre had appropriate medication storage and administration practices in place. The provider had ensured that these practices were maintained to a good standard by ensuring that staff had received appropriate training and by maintaining suitable prescription sheets and administration records.

The health of residents was also promoted in the centre and residents enjoyed a good quality life. Each resident had a health management plan for identified medical needs and this plan ensured that consistency of care was delivered. Residents were also supported by health care professionals such as general practitioners, speech and language therapists.

Regulation 10: Communication

The residents were supported and assisted at all times to communicate in accordance with their needs. Residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of personal property and possessions. Both residents received support with personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents had access to facilities for occupation and recreation. Residents had opportunities to attend classes in the community and attend a day facility. The residents were facilitated to develop and maintain

| |
|---|
| relationships with family and friends in the community. |
| Judgment: Compliant |
| Regulation 17: Premises |
| The inspector observed that the residents' home was maintained to a high standard and was warm and homely. There was adequate communal space and appropriate storage for personal possessions. |
| Judgment: Compliant |
| Regulation 18: Food and nutrition |
| The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual dietary needs and preferences. |
| Judgment: Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents |
| One resident required transition supports and a transition plan as recommended following his annual review, to support his transition from residential services to independent living. This action was outstanding at the time of inspection. |
| Judgment: Not compliant |
| Regulation 26: Risk management procedures |
| The provider had systems in place to ensure that risks were appropriately managed. This ensured that the safety of residents was promoted at all times. |
| Judgment: Compliant |

Regulation 28: Fire precautions

Fire precautions were taken seriously by the provider and a record of fire drills in the centre indicated that all residents could be evacuated in a prompt manner in the event of a fire occurring. The provider also ensured that appropriate emergency lighting and fire doors were in place and that all equipment was serviced as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had suitable medication storage and administration practices in place. The person in charge also assessed residents to manage their own medications which promoted their independence.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident was supported to identify and achieve personal goals which reflected their individual preferences and interests.

Judgment: Compliant

Regulation 6: Health care

Residents enjoyed a good quality of health care and were supported to attend healthcare professionals on a regular basis and in times of illness.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were some restrictive practices in place which had been recommended by an appropriate professional. All of these practices had been assessed in terms of their

impact on the rights of the residents and their representatives had been informed of their use.

Judgment: Compliant

Regulation 8: Protection

The provider had suitable procedures and systems in place to ensure that residents were protected from potential abuse. There was a safeguarding concern identified; however, appropriate measures were in place in the form of a safeguarding plan and training for staff.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Not compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Hempfield OSV-0003379

Inspection ID: MON-0022106

Date of inspection: 03/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must act on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must act *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The PIC will ensure that all complaints are closed off in line with policy and the topic of complaints will be discussed with the residents monthly through individualized key working sessions.</p> | |
| Regulation 25: Temporary absence, transition and discharge of residents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>A Meeting was held with the residents HSE representative on the 17.07.18 to discuss the residents request to leave the designated central. An action plan has been developed and communicated to residents regarding the proposal for this resident to move to closer to his community. This is being monitored through bi weekly clinical meeting and ADT meeting. The resident is being involved in each step of this plan.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 25(3)(a) | The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through: the provision of information on the services and supports available. | Not Compliant | Yellow | 01.01.2019) |
| Regulation 34(3)(a) | The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to. | Substantially Compliant | Yellow | 31.08.2018 |