



## Office of the Chief Inspector

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

Name of designated centre:	Inisfree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	03 May 2019
Centre ID:	OSV-0003382
Fieldwork ID:	MON-0026715

## About the designated centre

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

Inisfree consists of a large dormer bungalow, located on the outskirts of a town. The designated centre currently provides a high support residential service for up to six female adults with autism, intellectual disability, mental health issues and those who display particular behaviour. Each resident has their own bedroom and other facilities in the centre include a kitchen, dining/living room, a sitting room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. At the time of this inspection the provider was applying to add an extra unit to the current centre for the purposes of providing an additional respite service.

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

Current registration end date:	03/09/2021
Number of residents on the date of inspection:	4

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 May 2019	10:15hrs to 18:45hrs	Conor Dennehy	Lead

## Views of people who use the service

During the course of this inspection, the inspector met all four residents who lived in this designated centre. The inspector had an opportunity to speak to two of the residents and was able to observe some residents in their environments and in their interactions with staff.

The two residents who spoke with the inspector talked about the activities they enjoyed such as going to the cinema, visiting the library, shopping, walking and attending restaurants. Both of the residents also spoke positively of the staff who worked in the centre. One of these residents said that they got well with the other residents sometimes while the other said that they liked living in the centre sometimes.

The remaining two residents were also met but the inspector did not have an opportunity to talk with one while the other indicated that they did not want to speak to the inspector. However, there was opportunities to observe residents in their environments and in their interactions with staff although not when all four residents were present together in the centre. Residents observed appeared relaxed while present in the centre and were seen to be comfortable with staff members present. Positive interactions were also observed between residents and staff.

All four residents completed pre inspection questionnaires, which described these residents' views of the designated centre they lived in. Three of the questionnaires contained positive views regarding the centre with a high level of satisfaction indicated for many aspects of life in the centre such as activities, bedrooms, meals provided, rights and staff. One resident though did indicate some unhappiness in these areas through their questionnaire while also stating that they felt unsafe when other residents screamed and shouted.

## Capacity and capability

Throughout this inspection evidence was seen that strong management systems were place to oversee the quality and safety of care and support that was provided to residents. This was reflected by the reviews into the designated centre carried out by the provider while appropriate staffing arrangements were also in place.

This designated centre had last been inspected by HIQA in May 2018 and following this the centre was registered until September 2021 to provide residential services for a maximum of six residents. In March 2019, the registered provider submitted an application to add an extra unit to this centre to provide an additional respite service

while keeping the maximum capacity at six residents. All of the required documents to support this application had been provided to HIQA and the purpose of this current inspection was to inform a registration decision on whether to accept the application.

During this inspection it was found that the provider had adequate staffing arrangements in place to support residents. This included maintaining a continuity of staff which is beneficial to ensure that professional relationships and a continuity of care are in place. Given the particular needs of the residents living in this centre, maintaining consistent staffing was of particular importance. This continuity was evident from talking to staff members present and reviewing rosters maintained in the centre. To provide for the specific needs of residents, the provider had also ensured that staff were provided with a range of up-to-date training in areas such as safeguarding, de-escalation and intervention, fire safety, first aid and hand hygiene.

Staff members spoken with during this inspection demonstrated a good overall knowledge of residents and how to support them. It was observed by the inspector that staff members engaged appropriately and respectfully with residents. Residents were seen to be comfortable in the presence of staff members while two residents spoke positively of the support they received from staff. A sample of staff files were reviewed during this inspection which contained all of the required information such as two written references, proof of identification and evidence of Garda Síochána (police) vetting.

To provide day-to-day oversight of this designated centre, the provider had ensured that either the person in charge or one of the two deputy team leaders was present in the centre on a daily basis. This ensured that there was a management presence in the centre throughout the week. Arrangements were in place for staff to receive supervision from either the person in charge or the deputy team leaders while staff team meetings took place regularly. Further structures were in place within the registered provider to support the running of this centre. This included the operation of an on-call system.

Evidence was seen during this inspection of strong oversight from the registered provider to monitor the quality and safety of care and support that was provided to residents. As part of this the provider had ensured that two unannounced visits were carried out since the previous HIQA inspection. Such visits are required by the regulations to be carried out at six monthly intervals and are important in reviewing the quality and safety of care in the designated centre. Written reports were maintained of such visits along with an action plan to respond to any identified issues.

The inspector reviewed both of these unannounced visits reports and found them to be detailed and in-depth while the action plans in place assigned responsibility for responding to the issues identified. Evidence was seen that the provider was responding to issues identified in this designated centre. For example, there had been meetings to review safeguarding matters in this centre with a further such meeting scheduled, a process for considering alternative settings for some residents

had commenced while a triggered audit had been carried out in relation to medicines errors.

It was also noted that an annual review of the designated centre had been carried out in September 2018. This is another regulatory requirement and is intended to review the quality and safety of care and supported provided to residents and also to determine if such care is in accordance with relevant National standards. This annual review was reviewed by the inspector and found to meet these requirements while also providing for consultation with residents and their representatives.

### Registration Regulation 5: Application for registration or renewal of registration

All of the required information to support an application add an additional unit to this designated centre were submitted.

Judgment: Compliant

### Regulation 15: Staffing

At the time of this inspection, suitable staff arrangements were in place to support residents. Planned and actual staff rosters were maintained in the centre which indicated a consistency of staffing. A sample of staff files were reviewed which contained all of the required documents such as two written references and evidence of Garda vetting.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. Training was provided to staff in a range of areas such as fire safety, safeguarding, first aid and hand hygiene.

Judgment: Compliant

### Regulation 22: Insurance

Appropriate insurance arrangements were in place for the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance structure was in place within the designated centre and the wider organisation. There was evidence of strong levels of oversight from the provider. The provider had been carrying out annual reviews and unannounced visits as required by the regulations.

Judgment: Compliant

### Quality and safety

Active efforts were being made by the provider to ensure that the needs of the existing residents were supported on an ongoing basis. It was noted though that the mix of residents living in this designated centre posed challenges while practices related to medicines required improvement.

The inspector visited the proposed new unit which the provider was intending to add to this designated centre. This unit was located to the rear of the current designated centre and was designed as a supported living environment for one individual. It consisted of a kitchenette, an en suite bedroom, an additional toilet and a staff office. This unit was observed to be presented in a well maintained and furnished manner and could provide ample space for one individual. The premises of the existing designated centre was also reviewed during inspection. It was noted that this too was well maintained and was presented in a clean and homely manner on the day of inspection. Arts works which had been completed by residents were on display throughout this premises.

Both the existing designated centre and the proposed additional unit contained appropriate fire safety systems which included fire alarms, fire extinguishers and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure they were in working order. Since the previous HIQA inspection fire drills had been carried out at varying times of the day and night with low evacuation times recorded. Records reviewed indicated that all staff had undergone relevant fire safety training. It was also observed that the procedures for evacuating the current designated centre and the proposed new unit in the event of a fire were on display.

During this inspection, the supports that were being provided to existing residents were considered. As part of this the inspector reviewed residents' individual personal

plans. Such plans are important in identifying the needs of residents and outlining the supports required to provide for these. It was found that these plans had been informed by detailed assessments which covered all residents' health, personal and social needs. The supports required to provide for any identified needs were clearly outlined in the residents' personal plans. Staff members spoken to demonstrated a good knowledge of residents' overall needs and the necessary supports to be provided in response to these.

In addition, it was observed that active efforts were being made to ensure that the needs of the current residents were being met. Residents were supported to participate in activities of interest. For example, one resident was facilitated to engage in work with animals. Residents spoken with during the inspection also talked about some of the things they were supported to do such as going to the cinema, the library and restaurants. To facilitate residents in these, the designated centre had good access to transport. Similar findings were evident during HIQA's previous inspection. It was also noted that residents were consulted in relation to the running of this centre through weekly resident meetings where issues such as social events, food menus and rights were discussed.

The May 2018 inspection had found though that while there were systems in place to keep residents safe, a high number of notifications relating to adverse incidents had been submitted to HIQA from this designated centre. The majority of such notifications related to incidents of verbal aggression directed from one resident to another. At the present inspection it was found that safeguarding plans and risk management plans were in place in relation to such matters. Staff members spoken with demonstrated a good knowledge of these and it was noted that efforts had been made to limit the potential for such interactions to occur. This contributed to a reduction in the rate of notifications that were being submitted to HIQA and a calm sociable atmosphere was observed by the inspector while present in the centre.

It was noted though that the overall amount of notifications submitted to HIQA involving this centre remained high. This was related to the mix of residents that were living in this centre at the time of this inspection and it was seen that the provider had commenced the process to seek alternative settings for some residents. The majority of such notifications again related to incidents of verbal aggression directed from one resident to another and all such incidents were being reported, investigated and reviewed. However, in the months leading up to this inspection HIQA were notified of two instances of physical aggression which were directed from one resident to another. These both resulted in the impacted resident, with the support of the provider, contacting an external body to highlight these incidents. HIQA were subsequently notified of another similar incident that happened the day after this inspection took place.

While such incidents impacted on residents, evidence was seen during the inspection that active efforts were being made to support residents to engage in positive behaviour. As part of these residents had behaviour support plans that were developed and recently reviewed by a relevant professional. Residents were also facilitated to regularly access relevant allied health professionals. In the sample of

behaviour support plans reviewed it was seen that they contained clear and detailed guidance for staff on the supports to that were to be provided to residents to promote positive behaviour and respond to particular behaviours. Staff members spoken to demonstrated a good understanding of these plans and the steps they would take in this area. The inspector was also informed of specific strategies which were used in the centre to reward residents for good behaviour. Records reviewed indicated that all staff had received relevant training in de-escalation and intervention.

The provider's most recent unannounced visit report carried out in April 2019 identified that safe medicines practices had not been followed by staff. This was reflected by errors identified during this unannounced visit including administration records not being completed accurately and robust documentation procedures not being consistently followed for controlled medicines. It was seen though since this unannounced visit by the provider, steps had been taken to address such issues such as getting nursing input around medicines while a representative of the provider outlined potential new practices that the provider was considering introducing.

It was noted though that similar medicines errors had been identified in the provider's unannounced visit report from October 2018 and in an additional medicines audit carried out in February 2019. In addition, while reviewing documentation relating to residents' medicines the inspector observed two recent incidents where robust documentation regarding controlled medicines had not been followed. Controlled medicines can potentially lead to harm if misused and as a result such medicines are subject to stricter legal controls so it is important that robust procedures are consistently followed in this area. It was seen though that suitable secure storage was in place in the designated centre including storage for controlled medicines.

### Regulation 17: Premises

The proposed new unit was observed to be presented in a well maintained and furnished manner. The premises of the existing designated centre was also reviewed during inspection which was noted to be well maintained and presented in a clean and homely manner on the day of inspection.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk register was in place along with individual risk management plans for individual residents. Staff present in the centre had a good knowledge of any risks and what actions they would take in response to these. Systems were in place for the recording of any adverse incident in the centre. An emergency plan was also in place for the centre which had been reviewed in 2019.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place in both the current designated centre and the proposed new unit. Fire drills were taking place in the designated centre while training records reviewed indicated that all staff had undergone fire safety training. The procedures for evacuating the designated centre and the proposed new unit in the event of a fire were seen to be on display.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

It was not demonstrated that there was consistent practices being following relating to medicines practices. This included controlled medicines which required stricter and robust controls.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

All residents had individual personal plans in place which set out the needs of residents and how to meet these needs. These plans were subject to regular review and were informed by relevant assessments. Staff present in the centre demonstrated a good understanding of residents' needs and active efforts were being made to ensure all health, personal and social care needs were met.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour support plans were in place for all residents. Staff present on inspection demonstrated a good understanding of the contents of these. Staff training records indicated that all staff had been provided with training in de-escalation and intervention. Systems were in place for the assessment and review of any restrictive practices in use.

Judgment: Compliant

### Regulation 8: Protection

As at the previous HIQA inspection in May 2018, there continued to be a high number of notifications sent to HIQA regarding adverse incidents of a safeguarding nature in the designated centre. This was related to the resident mix in the centre. While most of these incidents were related to verbal aggression, included amongst these were instances of physical aggression which resulted in an impacted resident highlighting such incidents to an external body.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents were seen to be treated respectfully during the inspection and were consulted in relation to the running of the centre through weekly resident meetings.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Inisfree OSV-0003382

Inspection ID: MON-0026715

Date of inspection: 03/05/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC will review and ensure robust measures and strict controls in place regarding documentation of controlled medication and overall medication management.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Full review of the current mix of residents in centre will be conducted in line with regulation 8 and residents individualised comprehensive needs assessments.	

## 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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	31/07/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2019