



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

Issued by the Chief Inspector

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|----------------------------|---------------------------------|
| Name of designated centre: | Springfield |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 03 August 2021 |
| Centre ID: | OSV-0007225 |
| Fieldwork ID: | MON-0029004 |

About the designated centre

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

Springfield is located in a rural location within a short driving distance to a town in Co. Kildare. There are a number of vehicles available to residents to provide community access. The centre provides full-time care and support for individuals with an intellectual disability, autism and individuals with a mental health diagnosis. 24-hour care is provided for four adult residents. In the centre each resident has their own self-contained apartment which includes a kitchenette/living area, bedroom and bathroom. Each of these self-contained apartments are located off a main house. In the main house there is an office, kitchen and accessible bathroom. Two of the residents can access the kitchen in the main house. There is a spacious enclosed garden for recreational use. The aim of the centre is to provide a high-quality standard of care in a safe and comfortable environment for individuals with a range of disabilities. Residents are supported by a person in charge, deputy team leaders, social care workers and assistant social care workers.

The following information outlines some additional data on this centre.

| | |
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| Number of residents on the date of inspection: | 4 |
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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 |
|-----------------------|----------------------|-------------------|---------|
| Tuesday 3 August 2021 | 10:40hrs to 18:30hrs | Gearoid Harrahill | Lead |
| Tuesday 3 August 2021 | 10:40hrs to 18:30hrs | Michael Keating | Support |

What residents told us and what inspectors observed

The inspectors met the residents in this designated centre briefly and observed some interactions between residents and staff. They also met with members of the core teams directly supporting residents and reviewed resident commentary and feedback gathered through internal surveys and meetings.

Each resident was supported to pursue their own routine and activities for the day, and their assessed needs were central to the delivery of support for each apartment in the house. Each resident had their own self-contained apartment which was designed, furnished and decorated based on their preferences, and included design features and safety measures informed by their assessed needs and environmental risk reviews. In addition to having a designated team of staff, there were a sufficient number of vehicles available in the centre for residents to go into the community or on trips without interrupting the routine of their peers. During the day, inspectors observed residents coming and going from the centre. Some interests that residents enjoyed included going shopping, going to the beach or going to look at vintage cars. In the house, residents enjoyed activities such as baking, colouring, board games, building jigsaws, drawing with chalk, using a trampoline or watching movies and football. There were pleasant and safe gardens on the premises, which included features such as outdoor seating and smoking areas. While day services were restricted due to the COVID-19 pandemic, the staff team was in the initial stages of planning a return to day services as part of some residents' routine.

Residents met weekly with their core support team to discuss and plan out the coming week's activities, meal plans and social events, as well as discuss any concerns or complaints the resident had on the centre, the staff team, or their supports in place. Residents also met regularly with the team to consult on their routine, plan of support and personal objectives. Where residents raised concerns with the staff team or the centre managers, inspectors were assured that all concerns were treated seriously and that the outcome of any discussion or action was returned to the resident. The residents also wrote up cards complimenting and thanking the staff. Staff members who spoke with inspectors about resident supports on their behalf did so in a manner which was respectful towards residents, particularly when discussing matters which were sensitive or where residents were having a difficult time.

Inspectors found good examples of residents being involved and having their voice heard in care and support strategies and in internal centre audits. Residents' personal plans told a person-centred story about their background, likes and dislikes, hobbies, and long-term personal goals. The views of the residents were reflected in the centre's annual report and residents had the opportunity to get involved in a service user committee with this provider group. Residents also had access to national advocacy services to facilitate them to express their opinions and experiences.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that this designated centre was appropriately resourced for the number and assessed support needs of the residents. The service provider maintained an appropriate oversight of the operation of the service and were regularly apprised of the events, incidents and current risks related to the centre. The provider supported the local management team to give effect to risk control measures and ensure that the staff team are suitably skilled to provide safe and effective support to the residents.

The designated centre was appropriately resourced to deliver support for the assessed needs of the residents. A large body of staff was employed and available in this centre and each resident had a team of between two and three staff members supporting them during the day and night in their apartment. Inspectors spoke with members of the direct support team and found them to be very knowledgeable on the residents' support needs, routines, interests, personalities and how to most effectively support them during times of distress. Due to the complex support needs of the residents, it was particularly important that they were supported by staff who were familiar with them and could effectively meet their needs. Inspectors found examples of how this continuity was achieved. In instances where the staffing levels could not be met with the core team due to sickness or annual leave, staff could rotate to other teams to support other residents with whom they were familiar, and the supernumerary team leaders could work shifts directly supporting residents. There was a small number of staffing vacancies for which the provider had interviewed and was at the stage of filling the posts. In a sample of weeks reviewed on worked rosters, inspectors found that there was limited use of a relief staffing panel and there had been no need to employ the services of an agency. While worked rosters were overall clear, some improvement was required to ensure that they accurately reflected correct times and locations worked by all personnel.

The staff team was led by a person in charge and a team leader who worked full-time in this designated centre. They had suitable deputation and on-call arrangements in place so that the team was appropriately led at all times. Inspectors reviewed a random sample of supervision records and found that one-to-one meetings and performance management sessions were occurring in line with provider timeframes. The content of these discussions included competency assessments, identifying objectives for development within the role, and outlining how the staff member could be supported by their respective line manager to achieve said goals. The inspectors found evidence of where specialised training, mentoring and support with formal education courses was provided where

identified, as well as opportunities for staff to take ownership of particular projects. Staff were suitably trained for their respective roles, both in training which was mandatory under the regulations, and training and skills required to deliver support for the residents of this designated centre.

The service provider was furnished with a weekly report which identified events including incidents, complaints, allegations and accidents occurring in the designated centre. These reports trended and analysed events to identify where developments or strategy changes were required to maintain a safe and effective service which suitably supported residents' assessed needs. At the time of the inspection, the provider was in the process of composing their annual review of the service for August 2021. Inspectors found examples of where the provider had outlined their objectives for the coming year, reflected on the operation of the service in the previous 12 months, and set out time-bound actions to address areas identified as being in need of improvement. The inspectors also found evidence of how the feedback, commentary, suggestions and satisfaction of those living in this centre were gathered for this report to reflect the opinions and lived experience of the residents.

Regulation 15: Staffing

Some improvement was required to ensure that worked rosters accurately reflected the times and locations worked by personnel in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were suitably trained to meet the support needs of the residents and were provided with specialist training where required. Supervision structures were in place to support staff to fulfil their roles to the best of their ability and to raise any concerns or support requests in their roles.

Judgment: Compliant

Regulation 23: Governance and management

The service provider maintained regular and detailed oversight of the operation of the designated centre and the quality of care and support offered to service users. The designated centre was subject to regular audits and incident analysis and the local management team met often with the provider level representatives to keep

them apprised of events, risks and concerns raised in the service.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge gave the Chief Inspector notice of the details and actions related to events and practices occurring in the designated centre as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that this was a service which supported the assessed needs of its residents in such a way which was subject to ongoing change in line with residents' needs and desired outcomes. This support was subject to robust oversight by the multidisciplinary team and those advocating for the resident, as well as the resident themselves, to ensure that residents were provided with a safe and effective service which supported their needs and responded appropriately to adverse incidents occurring in the centre.

There had been a high frequency of incidents, adverse events, allegations of poor care, and use of restrictive interventions recorded in this service and in the delivery of care and support for complex resident needs. Inspectors were assured that the provider and local management took all alleged or suspected safeguarding incidents and allegations seriously and all allegations and incidents were progressed and investigated in accordance with organisational and national policy. Referrals were made to the safeguarding designated officer for all incidents, and where relevant, incidents were notified to the Chief Inspector of Social Services and to An Garda Síochána. If grounds for concern were identified following the preliminary screening process, safeguarding plans were put into effect and communicated to support staff, implementing recommendations made by the safeguarding and multidisciplinary support teams. Investigation into safeguarding matters were carried out promptly, with actions and learning taken for future reference and ongoing resident support. Staff were trained in the protection of vulnerable adults and in de-escalation strategies, and were clear on how to identify and respond to potential or actual episodes of abuse. Social stories and discussions were also carried out to support the resident to self-protect and to raise any concerns they may have.

Inspectors discussed a sample of resident care and support plans with members of the staff team. Inspectors found plans to be highly personalised and clearly reflected

the input and consultation with the resident, their core staffing team and the relevant healthcare professionals, with a comprehensive assessment of need informing the guidance provided to staff. The staff evidenced a good knowledge of the plans and their content, and described how they facilitated the resident to participate and consent to their support. The changing needs of residents required frequent review to ensure staff were guided on the most up-to-date practices and procedures to follow. The support plans provided detailed information on supporting residents' dietary requirements, personal hygiene, intimate support, communication, safety, and healthcare needs.

Where residents expressed frustration, discomfort or anxiety in a way which created a risk to themselves or to other people or property, staff were provided with detailed guidance on proactive and reactive response strategies to mitigate potential harm and deescalate incidents. For each form of behavioural expression, there was a description of what may trigger an incident and how to maintain a low arousal environment. Where physical interventions were required to avoid injury or further distress, protocols around these were clearly described and kept under frequent review so that the provider could be assured that the strategies were the least restrictive option for the shortest amount of time to deescalate an adverse incident and support the resident to stay safe in that time and place.

There was a high amount of restrictive practices in effect in the living environment including secured doors, security devices, equipment and belongings being stored securely, restricted access to certain services and controlled access to items which may be used to cause harm. For these practices, there was regular review to ensure that each of these measures was appropriate to address the relevant risk, and done in agreement with the resident. Many of these practices were implemented alongside a proposed plan to ease or remove them where an objective was met or a certain amount of time passed without occurrence of specified incidents.

Each resident had a multi-element behavioural support plan in place to support residents to self-regulate expressions of stress or anxiety, relax during a distress incident, proactively manage risks relates to injury towards self or others, avoid over stimulation, and maintain a safe and healthy routine of self-care and healthy living. These strategies were discussed with the multidisciplinary team and core support staff, and there was evidence of discussion between the resident and the behavioural specialist to agree upon plans. Some of these plans were based around a form of rewards systems; for example, if a resident followed their agreed-upon routine or did not engage in risk behaviour, they would be permitted access to online activities, sweets or snacks, or vouchers for treat items. Progress charts and tokens for maintaining routines and behaviours were used to incentivise self-regulation and adherence to the plan of support. The inspectors acknowledged that these strategies were the result of ongoing review of what had the desired effect on reducing certain incidents; however, assurance was required to ensure that adherence to routine and care objectives were not being reinforced through means which may impact upon the dignity and autonomy of residents.

Each resident lived in a single-occupancy apartment with their own living room, kitchen and dining space. Each of these apartments was designed and featured

based on the assessed needs, safety measures and personal preferences of its occupant. Each resident had access to suitable garden spaces, smoking areas and a central communal space between the apartments. There was sufficient storage for residents' belongings, including items which were locked away until required. Each staff team, of up to three personnel, was based in each resident's apartment on a waking night shift. This meant that a typical night shift consisted of eight staff members working through the night in relatively close proximity to each resident's bedroom, with one sleeping staff member on call if required for a specific resident team. Inspectors discussed with management the potential impact that this many awake and active staff members based in the person's apartment through the night had on the homeliness of the living space and the privacy of the resident.

All areas of the internal and external premises were clean and in a good state of maintenance. The house was also equipped and featured to allow for effective cleaning and sanitising of the apartments. The building and all of its apartments were suitably equipped to detect, contain and extinguish flame and smoke in the event of a fire. Fire safety equipment was serviced regularly and appropriate signage and emergency lighting was in place to support an efficient evacuation. Staff were knowledgeable of what to do in the event of an alarm, and regular practice evacuations took place to ensure that staff and residents followed correct procedures. Inspectors found that these drills achieved consistently low evacuation times and identified any sources of potential delay for future reference.

Residents were assessed to determine the level of support required in the administration of medications, with clear guidance for staff to ensure that they were administered as per the prescribed dose, frequency and methods. Medications were stored securely, with additional precautions and counts implemented for controlled drugs. Residents who received medication on a PRN basis (administered as the need arises) had clear protocols and criteria set out by the prescribing clinician on how, when, and for what purpose they were to be used. Complete administration sheets were recorded by staff, including instances on which the resident refused their medication, for referral to the clinical department as part of their ongoing review.

Regulation 17: Premises

The design and layout of the apartments was suitable for the assessed needs and preferences of each resident living in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed strategies to prevent and respond to emergency

situations. Incidents, accidents and other adverse events were recorded with details of actions taken and learning for future reference and ongoing risk review.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was found to have sufficient equipment and design features to be cleaned and sanitised effectively and to support staff to follow good infection control procedures.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to contain, detect and extinguish fire and smoke. The provider had measures in place to ensure that staff and residents could evacuate safely from the premises in an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate procedures were being followed in the prescribing, administration, storage, recording and disposal of medication. Residents were assessed to determine the support required and clear guidance was communicated to staff on the correct protocols to follow for regular and as-required medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Support plans for health, social and personal care objectives were person centred and were informed and updated based on evidence gathered from regular assessments of residents' support needs, changing circumstances and effectiveness of the supports in place. Plans were developed in consultation with the residents, their direct support team and the relevant healthcare professionals.

Judgment: Compliant

Regulation 6: Health care

Inspectors found evidence that residents were supported to access their general practitioner as well as out-of-hours medical services. Residents met regularly with healthcare professionals to discuss the effectiveness of their supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with detailed guidance on strategies to prevent and respond to incidents in which residents' express their anxiety or frustration in a way which creates a risk to themselves or others. For instances in which restrictive practices are implemented, there is clear rationale for their use and ongoing oversight to ensure they are the least restrictive measure to achieve the desired outcome, and discontinued or revised where no longer required or effective.

Judgment: Compliant

Regulation 8: Protection

Staff were clear on the procedures of identifying, responding to and reporting actual or potential incidents or allegations of abuse. Where abuse allegations or suspicions arose, the provider followed suitable investigation processes to be assured that residents were safe in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Some of the strategies implemented to maintain behavioural regulation and encourage adherence to healthy routines carried the potential of impacting on the rights, dignity and autonomy of the residents through a system of rewarding or restricting treats and benefits based on behaviour and routine.

A large number of waking night staff worked in residents' apartments through the

night in close proximity to where they slept. This impacted on the homeliness and privacy of their living space.

Judgment: Substantially 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 |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | 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 | Substantially compliant |

Compliance Plan for Springfield OSV-0007225

Inspection ID: MON-0029004

Date of inspection: 03/08/2021

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 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The Person in Charge will ensure that the roster is updated daily to reflect the times and locations of Staff and to make it more clear if a member from management supports a resident for a certain period of time throughout that shift. | |
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. The Person in Charge will conduct a review with the Behavioural Specialist Team regarding the reinforcements strategies used to support Service Users to achieve positive outcomes. 2. Whilst Service Users are consulted on their Behavioural Support Plans in regards the use of reinforcement assessments to identify the most appropriate reinforcer, the Person in Charge will review and implement alternative strategies to avoid the potential of impacting on the rights, dignity and autonomy of the Service Users. 3. Each of the Service Users are appropriately staffed as per their assessed needs, however while there is a high number of supports in terms of staffing levels within the Centre during Waking Night hours, the Person in Charge will review the locations of the staff with the aim of reducing the number of staff directly in the Service Users apartments but to have them closeby in the event that their support is required. Following the review of the above points, all relevant care plans and risk assessments will be updated by the Person in Charge and the Staff Team will be fully briefed at the Centre’s monthly Team Meeting in conjunction with the Behavioural Specialist. | |

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 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 31/08/2021 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Substantially Compliant | Yellow | 10/09/2021 |