



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

## Issued by the Chief Inspector

Name of designated centre:	The Ivies
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	22 January 2021
Centre ID:	OSV-0007868
Fieldwork ID:	MON-0030307

## About the designated centre

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

The Ivies is a two storey building in Co. Waterford that comprises a two bedroom unit and two supported living environments connected to the main centre. There is also a cottage on the grounds which has been converted into a one-bedroom stand-alone apartment. The property is surrounded by gardens. This centre provides 24-hour care for up to five adult residents, both male and female from 18 years of age onwards. At present the centre provides supports to three individuals. It is the purpose of The Ivies to deliver services to individuals who require support with Autism Spectrum Disorder (ASD), intellectual disabilities and/or individuals who exhibit behaviours that challenge. The Ivies will be staffed by a minimum of 34/8 full time staff and 8.7 relief staff (WTE). The staffing complement consists of social care workers and assistant social care workers, with nursing support provided if required.

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

Number of residents on the date of inspection:

3

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
Friday 22 January 2021	10:10hrs to 15:30hrs	Deirdre Duggan	Lead
Friday 22 January 2021	10:40hrs to 15:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between inspectors, residents, staff and management took place in adherence with public health guidance. To comply with the Health Information and Quality Authorities (HIQA) enhanced inspection COVID-19 methodology inspectors kept footfall throughout the centre to the minimum required in order to complete the inspection.

From what residents told us and inspectors observed, residents in this centre were receiving a good quality service. Residents were supported in safe decision making to allow for enhanced community participation and access to ordinary lived experiences.

There were three residents living in this centre at the time of this inspection, with two vacancies. This centre comprised of a large two storey detached dwelling that incorporated a two bed unit and two one bedroom apartments. There was also a one bedroom unit located in a cottage on the grounds of the centre. Inspectors had an opportunity to visit all areas of the centre. All three residents had transitioned to the centre in the three months prior to this inspection. Inspectors had an opportunity to meet and speak with two of the residents. One resident chose not to meet with inspectors and this wish was respected. A fourth resident who had been admitted to the centre in November 2020 had since been discharged. Inspectors did not have an opportunity to meet with family members during this inspection due to the government restrictions in place during the COVID-19 pandemic.

Overall, residents spoken with expressed satisfaction with the service provided in this centre. Residents spoke positively about the staff in the centre, with one resident stating they were "sound" and another resident highlighting that staff were kind and supportive. A resident also expressed satisfaction with the management of the centre. Residents spoke about previous placements prior to moving into this centre and the changes that had occurred for them as a result. A resident told inspectors that despite their own personal challenges and difficulties in life that it was the best placement they had been in so far. When asked what they didn't like about the centre, a resident expressed some dissatisfaction with the general location of the centre, in that it was located far away from some amenities and leisure activities. However, each resident had access to a vehicle and appropriate staffing in place to facilitate access to community activities as desired. A staff member working with a resident told the inspector that they had been temporarily transferred to the centre and that they were familiar with this resident from their previous placement. This staff member told an inspector that overall the move to this centre was a positive change for that resident and other staff members spoken to told inspectors that they felt that residents' needs were being met very well in the centre and that overall, residents experienced a good quality of life in the centre. There were plans in place for residents to access local amenities such as a gym and join a local soccer team, although these were on hold due to the COVID-19 Level Five government

restrictions in place at the time of this inspection. Residents were supported to access training, including online training courses during the COVID-19 pandemic.

Staff were seen to support residents and speak to them, and about them, respectfully. Resident consultation was occurring. For example, residents were informed about the inspection prior to it taking place and staff were seen to engage with the residents to discuss their preferences with regard to meeting the inspectors and where and when this would take place. A resident that smoked had access to a smoking shed on the premises and was seen to exit the centre as desired to use this. One resident told an inspector that they had went for a long mountain walk prior to meeting the inspector and was proud of their achievement. There was evidence that residents had access to training and education as required and were supported to maintain contact with their families and friends. While visits to the centre were not occurring at the time of this inspection due to the COVID-19 restrictions in place, residents were supported to use technology such as video calls to contact family members.

All residents in this centre had en-suite bathroom facilities. Two of the residents showed inspectors around their apartments. These were found to be comfortably furnished and personalised according to residents' tastes. An inspector had sight of the other residents' apartment, including their bedroom, which was seen to be large and appropriately furnished. The grounds of the centre contained large, mature garden areas, a shed for storing cleaning items, a smoking shed for residents and a large garage where the boiler was located. A treadmill was also kept in this shed and inspectors noted a strong smell of kerosene in this space. However on bringing this to the attention of the person in charge, the provider committed to relocating this treadmill, which was used occasionally by one of the residents. Residents had access to multimedia devices of their choosing. One resident was seen to use their own mobile phone and had access to gaming devices and TV. Where residents were restricted or supervised accessing multimedia such as their phone and the Internet due to specific safeguarding arrangements in place, there were specific protocols in place around this designed to ensure that staff were aware of them.

Overall, there was a high level of restriction present in this centre based on the levels of risk and assessed needs of residents and these are discussed in the quality and safety section of this report.

## Capacity and capability

This centre was registered during the COVID-19 pandemic and this was the first time it had been inspected. This inspection found that this centre was well managed and had good systems in place to ensure that residents received appropriate care and support based on their assessed needs. Management of this centre were responsive to incidents of concern that had occurred and strong reporting

procedures in place ensured that good provider oversight was maintained.

The person in charge was present on the day of the inspection. They reported to a director of operations (DOO), who was also present and both demonstrated strong knowledge and good management of the centre. There were very good systems in place to ensure adequate oversight was maintained, with a robust audit and reporting schedule in place. The residents in this centre were assessed as presenting with some significant high risk behaviours and were still in the process of transitioning into the centre. The DOO was making weekly visits to the centre to support the person in charge and staff team in managing this appropriately. Oversight was also maintained at provider level through review at weekly governance meetings.

The person in charge was also supported in their role from the staff team by two deputy managers who provided oversight at a centre level when the person in charge was not present. This person in charge worked on a full time basis in this centre only and was found to be knowledgeable about the specific needs of residents and their own role in ensuring compliance with the regulations.

A resident that had been admitted to this centre in November 2020, was subsequently discharged a month later. A number of notifications pertaining to this resident had been submitted to the office of the Chief Inspector during their brief stay in the centre. The management of the centre spoke about this admission to inspectors, and inspectors also reviewed documentation pertaining to this residents short time in the centre. Inspectors found that substantial resources had been deployed in an effort to meet the needs of this resident, who required numerous admissions to hospital and access to acute mental health services during their brief time in the centre. The provider had put in place appropriate healthcare plans, clinical supports and additional staffing, including nursing staff. Provider oversight of the situation was maintained by increasing the management presence in the centre and the use of a number of specific reporting mechanisms. Despite significant efforts, the provider had recognised that they were unable to meet this residents' needs and had made appropriate arrangements for this resident to transfer out of the centre, in accordance with their own wishes.

The centre was found to be adequately resourced. Staffing levels in the centre were good, the centre was well appointed and maintained and there were three vehicles available for the use of residents in the centre. The provider had ensured that additional resources were in place as required and equipment to enhance infection prevention and control during the COVID-19 pandemic such as disinfectant foot-baths, personal protective equipment (PPE) and appropriate hand sanitising gels were provided. Staff training was taking place as appropriate and staff spoken with on the day of this inspection reported a positive relationship with the management of the centre and told the inspector about their experiences of a robust induction procedure prior to commencing duties in the centre.

The next section of this report will set out the findings of inspectors in relation to quality and safety in this centre and how the effective governance and management systems in place provide for safe and effective services for residents living in this

centre.

### Regulation 15: Staffing

There were five staff supporting the three residents on the day of this inspection. Staff rotas viewed indicated that staffing levels were maintained and showed continuity of staffing in the centre. Staffing levels were seen to be adequate to meet the needs of residents and staff were provided with appropriate induction prior to commencing duties in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were viewed on the day of the inspection. Staff had completed up to date training in required areas including fire-safety, first-aid, medication management and safeguarding. Staff had received training in relation to infection prevention and control and donning and the use of PPE and staff were provided with appropriate support and supervision, including opportunities to learn from adverse events.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre. Inspectors had sight of this and found it to be accurately maintained. This document included details of present and past residents of the centre as set out in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre was adequately resourced to ensure effective delivery of care and support in line with the statement of purpose. There was a clearly defined management structure in place and systems were in place to ensure that the service provided was safe, effective, and appropriate to residents' needs, including effective



arrangements to support staff to deliver safe and good quality services. The provider had ensured that appropriate oversight arrangements were in place in the centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were appropriate contracts of care in place that detailed the terms on which residents would reside in the centre, including, where appropriate, the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place in respect of this centre and this had been submitted to the office of the chief inspector as part of an application to register this designated centre. This important document was present in the centre on the day of the inspection and contained all of the required information as per the regulations.

Judgment: Compliant

## Quality and safety

Inspectors looked at the quality and safety of the service provided in this centre and found it to be of a good standard. Residents' wellbeing and welfare was maintained by evidence-based care and support. Risk management procedures were in place in this centre provided for safe and effective care of residents who had very specific and complex care and support needs. A number of residents in the centre were the subject of court orders and inspectors found that up to date information and supports were in place in line with individual court orders and court directives.

Residents living in this centre had very specific and complex assessed needs and inspectors saw that there was careful consideration given to ensuring that appropriate measures were in place to ensure that residents were kept safe and that their assessed needs were met. Where adverse incidents had occurred, it was clear that there was significant learning from these. The management team of the centre were found to be both reactive when incidents occurred, and proactive in their efforts to prevent adverse events. For example, changes had been made to the

procedures for accessing certain places in the community following incidents that had occurred. An individual risk assessment that was in place was seen to have been updated 12 times since the admission of that resident in October 2020 in response to incidents that occurred and learning during the residents transition period into the centre. Inspectors found that an appropriate balance was maintained between residents' safety and welfare and residents' rights. While it is acknowledged that there was a significant level of restrictions present in this centre for some residents, it was seen that residents were consulted with about their daily lives in the centre and were offered choices and supported to take part in activities of their own choosing. Residents had access to legal supports and were facilitated in attending court where there was a requirement for this to take place. Where residents were present in the centre under specific court orders, the appropriate documentation was in place around this. The management of the centre were providing regular updates to court committees in respect of residents who were wards of court.

There was appropriate documentation in place around the supports that residents required and how risks were managed in the centre and this was found to provide good information for staff working in the centre. Care plans in place outlined residents' needs, their wishes and goals, and the actions that were required to achieve these. Goals set out in personal plans were spoken about by residents and were seen to be an accurate reflection of the care and support that was being provided to residents and their own wishes for the future.

Staff were aware of the need to report any concerns, and there was evidence that this had occurred and was responded to swiftly. The provider had notified the inspectors of a number of serious incidents that had occurred in the centre since opening. Some of these involved residents putting themselves at risk of harm. Inspectors found that these had been responded to, reported and managed by the provider in a timely and appropriate fashion. Further staff training and support had been put in place for the entire staff team where it had been identified that this was required. On the day of this inspection, all staff spoken with had a good awareness of the plans in place to support residents and their own obligations and responsibilities when it came to safeguarding residents and managing risk. The threshold of risk and requirement for continual staff supervision of residents was assessed as very high in this centre.

There was a high level of restrictions in place in this centre. Keypads were located at gates, entry doors and exit doors and at the entrance to residents' apartments which were locked. Some residents had access to some of the codes to gain entry or exit their own apartments. There were some restrictions in place also around access to multi-media such as mobile phones and the Internet. This measure was in place to safeguard residents. Residents had access to vehicles to facilitate community access, activities and medical appointments. There were specific protocols in place for some residents in relation to where they sat and what type of vehicle was used. These were seen to be appropriate to the needs of the residents living in the centre. Following serious incidents that had occurred since the transition of one resident to the centre, enhanced supervision arrangements were in place for this resident, meaning that they could not be afforded periods of time on their own.

Some physical restraints had occurred in the centre. There was a rationale and protocols in place for the use of all restrictive practices - which were found to be continually reviewed by management.

The inspector found that good plans had been put in place to ensure that transitions into this centre were as positive as possible for the residents, and to support them during this significant life event. As per this providers procedures, a weekly report was compiled for 12 weeks following a resident's transition to the centre and this was used to ensure that any issues identified during the transition plan were addressed in a timely manner and to maximise the chance of a successful transition for residents. As discussed in the capacity and capability section of this report, one resident had been admitted and was subsequently discharged from this centre after a month. There was evidence in place to show that while they were present in the centre, substantial efforts had been made to ensure that the transition was successful and that this resident had received all appropriate medical and social care supports in a timely manner.

Overall the quality and safety needs of the residents living in this centre were found to be upheld based on the inspection findings.

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and wishes. Residents had access to facilities for occupation and recreation. Some activities were curtailed due to the ongoing COVID-19 pandemic restrictions in place. Some residents were also restricted in specific ways due to court orders that were in place. There were robust protocols in place around these restrictions and plans in place that reflected residents wishes to ensure that residents were appropriately supported and had choices in relation to activities and meaningful occupation. One resident had enjoyed a long mountain walk on the day of this inspection and this was in keeping with the goals identified in their personal plan.

Judgment: Compliant

### Regulation 17: Premises

The centre was situated in the countryside and was found to be clean, well maintained, and well presented throughout. Residents had access to ample gardens and outdoor space and the person in charge told the inspector about adaptations that had been made in line with residents preferences. For example, one resident had recently had a bath fitted as they preferred using a bath to a shower. All bedrooms were en-suite. Residents' living spaces were suited to the needs of the

residents living there and were decorated in line with their preferences.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents were supported to transition to this centre, with the needs and wishes of residents taken into account during this process. Plans were in place to enhance the success of transition to the centre. Where the provider had recognised that they were unable to appropriately meet the needs of a resident, appropriate arrangements had been made for the discharge of a resident that took into account the residents own preferences and wishes.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a high level of inherent risk present in this centre. The registered provider had strong systems in place for the identification, recording and management of risk in the centre. There was a proactive approach to risk management and where adverse incidents had occurred, learning was taking place and appropriate measures were put in place to respond to them.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Infection control measures were in place to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE) and screening of staff and residents. Staff had undertaken training in recent months on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire detection and containment measures. This included fire doors, fire fighting equipment such as extinguishers and fire blankets. There was emergency lighting throughout the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had appropriate assessments carried out prior to their admission to the centre. Personal plans were viewed and these were found to be comprehensive and provide good guidance for staff. Plans contained identified goals and details of actions that would be taken and were being taken to achieve these goals. Goals were seen to be meaningful and appropriate for residents and were current. For example, one resident had a goal in place to join a local gym and another resident was working on achieving a long term goal of employment by completing a training course.

Judgment: Compliant

## Regulation 6: Health care

There was evidence that residents had accessed numerous multidisciplinary supports as required, including appropriate medical input and mental health supports. Plans were in place to support residents to transfer to acute services, should the need arise. Nursing care had been provided when required. The provider had recognised when additional healthcare resources were required for an individual and taken appropriate action. Residents at this centre were supported to manage any behaviours of concern and had access to appropriate supports, including mental health supports.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had access to a variety of multi-disciplinary supports including a dedicated behaviour support team and regular psychology input. Staff were trained in

therapeutic techniques such as the Management of Potential and Actual Aggression (MAPA). Where restrictive practices were in use, including physical and environmental restraints, these were seen to be used in line with best practice and there was appropriate documentation in place to ensure that these were reviewed and considered on a regular basis.

Judgment: Compliant

### Regulation 8: Protection

A centre specific safeguarding plan was in place that provided clear guidance to staff and this was being reviewed regularly and updated to reflect changes and new safeguarding concerns in the centre. Some residents of this centre were in the centre due to court orders and there was significant and appropriate documentation in place around this. Staff spoken to were aware of the safeguarding procedures in place in the centre and their responsibilities to report any safeguarding concerns they had.

Judgment: Compliant

### Regulation 9: Residents' rights

Some of the residents living in this centre were subject to specific court orders and did not therefore maintain full control over all of their own affairs. However, residents spoke of being consulted with in relation to their lives in this centre and safe choices were seen to be facilitated as appropriate. Residents were supported to maintain contact with family and friends and were involved in developing goals in their personal plans. Residents were supported to access appropriate legal services and documentation viewed showed that religious beliefs were respected in the centre.

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>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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