

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011138
Centre county:	Laois
Email address:	d.mccartney@nuahealthcare.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Danika McCartney
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 May 2014 10:30 To: 19 May 2014 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first monitoring inspection in this centre. The inspector met with the person in charge, residents and staff, observed practices and reviewed documentation such as personal care plans and records. The inspector had previously met with the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

Overall, the inspector found that residents received a good quality service. There was evidence of substantial compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

There was evidence of adequate fire safety and safe medication management practices. Access to allied health professionals was available. Staff had received training and were knowledgeable regarding the protection of vulnerable adults.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents.

Some improvements were required with regard to the management of hazard identification and risk assessment to ensure they were centre specific. These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the care and support provided to residents reflected their assessed needs and wishes.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described to inspectors how they liked to spend their day and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities, which ranged from work-based activities in shops and businesses to leisure activities such as swimming, bowling and dining out. Transport was available within the centre. A daily plan was devised for each resident although this often changed depending on the residents' wishes at the time.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. The inspector discussed the personal care plans with some of the residents and found that they were engaged in the development of the plans and their preferences and goals were reflected in the documentation. One resident told the inspector that she had presented her own personal plan at a recent review meeting.

The inspector saw ample evidence that residents were supported in transition between

services. For example, a step by step plan was drawn up to assist a resident in a planned move to a more appropriate centre. This was also in pictorial format. This included introductions to the new house and staff and residents, joining the staff and residents for a meal, staying over for one night and getting to know the local community while being supported by the current staff.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that while steps had been taken to promote the health and safety of the residents, staff and visitors, some improvement was required around the identification and control of risks.

The inspector saw that risk assessments were carried out and control measures were identified. However, the inspector was not satisfied that these were centre specific and actually reflected the current needs of the residents. For example, there was a risk assessment completed on the use of domestic electrical appliances such as the kettle and toaster. This stated that services users were monitored and supervised at all times. The inspector saw that some residents were independent in this and were using the appliances safely without supervision. This was confirmed by staff. Another example was where the controls to be used in the bathroom included paper hand towels or hot air dryers but the bathrooms did not have or require this.

Otherwise the inspector was satisfied that health and safety of the residents, staff and visitors was promoted. Adequate fire precautions were in place. Fire drills for staff and residents were carried out on a monthly basis at various times of the day and evening. The evacuation procedure was presented in pictorial format to some residents. Smoke alarms had weekly checks and fire extinguishers were serviced annually. Staff spoken to were knowledgeable and had attended training. The inspector saw that additional training was planned for the coming weeks.

There was an emergency plan in place and all staff had attended training in moving and handling. A matrix was maintained to identify when additional training was required.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and reminders in pictorial format on issues such as the right to privacy were on display in areas throughout the centre. Topics were also included in each meeting with their keyworker.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other.

There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. Residents had detailed positive behaviour support plans in place where necessary. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. Possible early identifiers and triggers were detailed and a relapse plan was in place. Management included access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists.

A restraint free environment was promoted and there were no restrictive practices in use at the time of inspection.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' health needs were met. There was evidence that regular reviews took place with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

The inspector was satisfied that measures were in place to adequately meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents actively involved in the preparation of the evening meal and a range of alternatives were available if any resident did not like the meal which was prepared. Weights were recorded if residents had lost or gained weight. The menu choices were on display. Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centres policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. There was evidence of regular reviews by the medical team.

Several residents were self medicating and the inspector saw that appropriate risk assessments had been completed and ongoing monitoring was carried out.

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. Staff confirmed that she was present regularly in the centre and was in contact with staff at least twice daily. It was clear that she was well known to the residents. She had a very good knowledge of the health and support needs of the residents. She had responsibility for one other centre in the locality.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service and the staff reported that they felt supported in their roles.

The Director of Services and the Director of Operations previously outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

Residents had also been consulted through resident satisfaction questionnaires where areas for improvement could be identified. There was also a resident forum meeting held regularly to discuss any issues as they arose.

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was

found that they contained the required documents as outlined in Schedule 2 of the Regulations. A checking system had been introduced to ensure that required information was in place. There were no volunteers attending the centre at the time of inspection.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Certificates of attendance were stored in the back of the personnel files. Staff spoken with confirmed that they had undertaken training in areas such as First aid, Food safety and Autism.

Staff appraisals were undertaken on a yearly basis. In addition monthly supervision meetings were held with each staff member to provide on-going support and mentoring.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider’s response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011138
Date of Inspection:	19 May 2014
Date of response:	16 June 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Hazard identification and control measures were not consistently centre specific.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

All Risk Assessments were reviewed and corrected to ensure all risk controls were location specific

They were reviewed by Nua Healthcare’s Health and Safety Officer and Person in

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

Charge.

They were released to the house and discussed at the team meeting to ensure all staff are informed of new updated document.

Proposed Timescale: 17/06/2014