

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0004261
<b>Centre county:</b>	Tipperary
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Tom Flanagan
<b>Support inspector(s):</b>	Susan Geary;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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, 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 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.

**The inspection took place over the following dates and times**

From: 22 June 2015 09:50 To: 22 June 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the third inspection of the centre carried out by the Authority. It was unannounced and it took place over one day. The centre, according to its statement of purpose, provided long-term medium support residential care for up to four children between the ages of 12 and 17 years with intellectual disability and/or autism.

The purpose of this inspection was to ensure that certain issues that had been identified on the previous inspection as requiring immediate attention had been addressed by the provider and that the service was adequately staffed, resourced and managed to ensure a safe service. Other actions identified by inspectors in the previous report were not expected to be completed as the provider would require a reasonable timeframe to complete them.

Overall, inspectors found that immediate action had been taken to resolve the issues that had arisen in the previous inspection. Extra staff had been employed, an extra car had been provided to allow staff to take the children out at various times in the day, and shift patterns had been changed to take into account the needs of the children in the centre.

Inspectors found that the incidence of behaviours that challenge had reduced in general. The staff team had been increased in number and some staff who were

experienced in the provision of care to children with disabilities had been added to the team. The increased staffing ratio for one child was having a positive effect on the management of behaviour that challenges. Home tuition had begun for one of the children and a definite school placement had been secured for another child for the new school year. The provision of an extra vehicle meant that there were more opportunities to take individual children out of the centre.

As part of this inspection, inspectors met with children, the team leader, who was the person in charge, the deputy manager, the regional manager, a behaviour specialist and staff members. Inspectors also observed practices and reviewed a sample of children's files, medication records, policies and procedures and a range of other documentation such as reports on incidents since the last inspection.

Some improvements, which had not been identified during the previous inspection, were required. These included improvements in the following areas: complaints and children's rights, risk management, safeguarding and safety, medication management and governance.

The improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this 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, 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

During the previous inspection there were concerns regarding the maintenance of children's rights to privacy and dignity, given the challenging behaviour that the children presented with. The addition of extra staff and the provision of extra transport, to enable staff to organise activities and trips out for the children, appeared to have improved the situation in the house overall and the children who had been affected by the challenging behaviour now had less exposure to it, and overall children's privacy had improved. However, one child told the inspector that he/she didn't like the noise that was made by two other residents, in particular the banging of doors, and shouting.

At the previous inspection inspectors were told that there had been no complaints made about the service. However, a review of the children's files indicated that two parents had contacted the centre to express their dissatisfaction on particular issues. Although these met the criteria for complaints as outlined in the policy on complaints, they had not been considered by the centre as complaints and recorded as such on the complaints log. The team leader informed inspectors that they had not considered them to be complaints as they were not in writing. However, when asked, she confirmed that complaints did not have to be in writing and that verbal complaints were also acceptable.

One child was subject to having their room searched due to concerns regarding self-harming behaviour. However, there was no policy in place regarding room searches or personal searches, and any searches completed were not logged. This could lead to a breach of the child's privacy and dignity since there was no policy to guide staff as to how to carry out these searches and no clear instructions as to when to carry them out

and how to ensure the right of the child to privacy was balanced with his/her right to be kept safe. Although the risk assessment indicated that regular searches be carried out, the team leader did not know how often this meant, and did not know how often staff carried out the searches, as these searches were not recorded.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

A number of issues highlighted during the previous inspection had been addressed by the provider. However, risk assessments in relation to one child needed to be improved.

On the day of inspection the provider's health and safety officer was present in the centre to carry out a regular health and safety audit in the centre.

During the previous inspection, the water temperature in the kitchen taps exceeded an acceptable temperature and this issue was addressed immediately by the provider. On this inspection, inspectors checked the temperature of the water and it was at an acceptable level. There was evidence that water temperature is subject of ongoing monitoring by the maintenance department.

Another issue identified during the previous inspection was that part of the boundary fence contained barbed wire and was unsafe. The barbed wire had been removed since the previous inspection.

Inspectors viewed the risk assessments for one child who had a history of self-harming. While several risks were assessed and the control measures were outlined in relation to these, the environmental checklist did not refer to issues such as ligature risks, sharps, and chemicals. Despite being assigned one to one staffing and having had a number of attempts to leave the centre in recent weeks, this child had gone missing two days prior to the inspection. Staff searched for and found the child safe and well in a nearby town approximately one hour and forty minutes later. The team leader told inspectors that staff contacted a manager on call but were advised not to call An Garda Síochána for assistance. Following the inspection the regional manager assured inspectors that risk assessments for the child had been updated to include absconding and an absence management plan had been put in place, including a protocol for staff should the resident abscond in future. The child's personal plan and multi-element behaviour

support plan had also been updated to include guidance on absconding. The child's keyworker completed a key working session and social stories in relation to stranger danger and supported the child in understanding the importance of keeping himself/herself safe.

**Judgment:**

Non Compliant - Moderate

**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

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that the incidence of behaviour that challenges had decreased since the previous inspection and children appeared to be more settled. This had a positive impact on the sense of safety in the centre.

Inspectors viewed the multi-element behaviour support plans for a number of children. They were detailed and provided clear guidance for staff. However, inspectors found that, though a decision had been taken approximately six weeks earlier to increase the staffing for one child from one to one to two to one for the child during the majority of the day, the behaviour support plan for the child had not been updated in relation to this.

Inspectors interviewed the behaviour specialist who attended the centre on the day of inspection to undertake sensory work with one of the children. He told inspectors that he visited the centre weekly and met each of the children, when possible. He told inspectors that he reviewed each of the incident forms which were emailed to the behaviour team and that he was available to be contacted immediately in the event of an urgent query from the staff team. He also told inspectors that he attended many of the quarterly reviews for the children and all of the annual reviews. Staff told inspectors that the behaviour specialist had met the staff team on a number of occasions and that the guidance he provided was extremely helpful. They also told inspectors that the provision of extra staff and another vehicle had helped staff to manage behaviour that challenges.

Inspectors found that there was very little use of restraint in the centre. Records showed that one child had been restrained while on an outing in the community. This was done in order to protect the child who was at risk of placing himself/herself in danger. The restraint was not recorded in the restraints log and the person in charge explained that this was an oversight. This meant, however, that the issue was not reviewed to ensure that use of restraint in this instance was in line with good practice.

**Judgment:**

Substantially Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

There had been improvements in relation to children's educational placements since the previous inspection. Children continued to be supported to take part in activities in the community.

Seven hours of home tuition per week had been sanctioned for one child since the previous inspection and a tutor had visited the child in the centre on the week prior to inspection to begin the tuition. Staff reported a very good relationship between child and teacher, who went on a drive with centre staff and the child as part of getting to know him/her. The tutor was also present on the day of inspection.

The team leader told inspectors that a school placement had been secured for another child in a special school in the locality and that he/she would begin in the new school in September 2015.

The team leader also told inspectors that discussions were underway regarding the possibility of a child returning to school he/she had previously attended near home.

The team leader outlined the schedules for each of the children for the day and these included outings in the community for activities such as shopping or exercise. Staff told inspectors that the provision of an extra vehicle had made a positive difference as it meant that more opportunities could be provided for children to access community activities. Inspectors also found that children were facilitated to visit their family homes on a regular basis when this was possible and appropriate.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors viewed the prescription and administration sheets and other documentation in relation to the medication management for one child. As at the time of the previous inspection, there were no clear instructions for staff in relation to when a PRN (as required) medication should be administered to a child. Instead, staff were instructed that a PRN medication can be offered if staff think the child needs it. This was unsatisfactory as it meant that individual staff had to use their own judgement in relation to the circumstances in which psychotropic medication should be administered.

A handwritten note was attached to the file explaining the difference between the child's regular night-time medication and a PRN (as required) medication and informing staff that a six-hour gap was required between the administration times of the PRN medication. Inspectors found that this practice was unsafe as all instructions about the child's medication should be contained in the child's individual medication plan.

Inspectors found that, on one occasion, the PRN medication was administered to the child twice in a period of less than six hours which was contrary to the prescription. This error was not recorded in the record of medication errors which meant that the appropriate procedures to be followed in the event of an error were not followed and, as well as the possibility of an adverse effect on the child, no learning accrued as a result. This was pointed out to the team leader.

**Judgment:**

Non Compliant - Moderate

**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

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

Following the previous inspection and a subsequent meeting with the provider to discuss issues of concern that were raised during that inspection, the provider submitted an internal action plan to the Authority. This set out a number of measures to strengthen the governance of the centre and included the following: the management and administrative hours of the person in charge were increased; the regional manager was instructed to attend the centre weekly to observe all aspects of the centre; a behavioural specialist was instructed to attend the centre on a fortnightly basis; a senior manager would carry out monthly unannounced inspections; and a senior manager would attend monthly team meetings. The provider also gave an assurance to the Authority that the impact that incidents involving some children had on other children would be subject to ongoing review and that action would be taken to address this if it continued to be problematic.

An analysis of accidents and incidents was submitted to the Authority prior to this inspection and, on the day of inspection, a behaviour specialist provided inspectors with a summary of incidents for each child up to the week prior to the inspection and this showed that the number of incidents had decreased. When inspectors viewed the records of incidents they also found that the number of incidents had decreased since the previous inspection. However, an initial review of the records showed that there were some discrepancies between the numbers contained in the behaviour specialist's overview and the numbers contained in the centre's records of incidents and the graphs of incident analysis underestimated the number of incidents. This was pointed out to the team leader and behaviour specialist who updated his overview as a result. However, on further examination of the updated records inspectors found significant discrepancies. For example, the overview of incidents for one child showed that there had been seven incidents in May 2015 whereas the record of incidents in the centre showed that there had been 21 such incidents. This meant that some information which was used to apprise senior managers of the safety of the centre was not entirely accurate.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated*

*centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Since the previous inspection, a new deputy manager had been appointed. She was appropriately qualified and experienced and, when interviewed by inspectors, she demonstrated adequate knowledge of the regulations and of practices in the centre.

**Judgment:**

Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

During the previous inspection, there were concerns regarding the adequacy of staffing levels when a child remained in the centre with just one staff member present. The provider responded by changing the staff roster to ensure that there was an overlap of shifts and by giving an assurance that there would be a minimum of two staff present if only one child remained in the centre. Inspectors viewed the roster and found that the shift times had been changed to ensure an overlap of shifts.

The staff team had also been increased since the previous inspection. The core staff team had been increased to 16 staff, including the team leader. The team leader told inspectors that two members of staff, who were experienced in the provision of care to children with disabilities, had been added to the team. Some other members of staff who had been on a relief panel were made permanent. The team leader's responsibilities had been changed and she was now facilitated to concentrate fully on the management and administration of the centre. The team leader told inspectors that the increase in staffing levels had had a positive effect on the children's behaviour and

on the morale of the team. A staff member told inspectors that the larger staff team had formed good working relationships and that some of the newer staff were quite experienced in working with children with disabilities.

Inspectors met some staff and observed staff in their interactions with children. Staff were very knowledgeable of the children's needs and they were observed to be skilful and caring in their interactions with them.

A number of staff who were interviewed told inspectors that the increase in staffing had brought more stability to the centre. They also told inspectors that they had been provided with further training and guidance in relation to the care of particular children by the behaviour specialist and the occupational therapist and that this had had a positive effect on their work with the children.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Tom Flanagan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0004261
<b>Date of Inspection:</b>	22 June 2015
<b>Date of response:</b>	12 August 2015

### 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

There was no policy on personal searches or room searches to guide staff and to inform the children who were subjected to this practice.

#### 1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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.

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

Policy created on Environmental and Room Searches to guide staff and to inform the residents who were subjected to this practice are in place.

Environmental and personal searches log created and in place.

Specific protocol put in place in relation to one resident.

**Proposed Timescale:** 31/07/2015

**Theme:** Individualised Supports and Care

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

The centre policy on complaints was not followed when parents contacted the centre to express their dissatisfaction with an issue. As complaints were not formally recorded as such, the outcome of the complaint and whether they were satisfied with the response was not clear.

**2. Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Policy on comments, compliments and complaints, contains complaints/concerns log.

This was in place in the designated centre and staff have been instructed to follow this policy. PIC to monitor to ensure this is being completed and processed at all times.

**Proposed Timescale:** 31/07/2015

**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:**

The environmental checklist in relation to a child who had a history of self-harm did not refer to issues such as ligature risks, sharps or chemicals.

**3. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Reviewed and updated Risk Assessments and Standing Operation Procedures.  
Section 1: Environmental Risks, all environmental hazards and risks in relation to ligature/sharps/chemicals are identified.  
Section 2: individual risk assessment on self-harm updated to include all known hazards, risks and existing control measures.  
Policy created on environmental/personal room searches.

**Proposed Timescale:** 14/08/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

An incident of restraint was not recorded in the restraints log and was not reviewed to ensure that its use was in line with national policy and evidence based practice.

**4. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Incident/Accident Log updated to include a section on restraints.  
Log to be discussed at monthly Team Meetings and monthly Team Leader meetings.  
Restraints will be reviewed by a multidisciplinary team on monthly basis through clinical meetings.

**Proposed Timescale:** 14/08/2015

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There were no clear instructions for staff in relation to when a PRN (as required) medication should be administered to a child.

Instructions regarding a child's medication were contained on a handwritten note attached to the file rather than in the child's individual medication management plan.

An error in the administration of medication was not recorded as an error and the appropriate procedures to be followed in the event of a medication error were not

followed.

**5. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PRN administration times added to administration sheet/record.

Detailed Standing Operating Procedure in place in relation to PRN medication which will contain clear instructions in relation to when the PRN medication should be administered

Medication management plan of all service users to be updated in relation to PRN medication.

Learning brought back to staff, at team meeting by designated Nurse in relation to medication errors.

**Proposed Timescale:** 31/07/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

Some information which was used to apprise senior managers of the safety of the centre was not entirely accurate.

**6. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Discrepancies reviewed and rectified.

Close monitoring will continue by the Behavioural Team.

Senior management and Behavioural Specialists will review the incident pathway to ensure accuracy at all times.

**Proposed Timescale:** 14/08/2015