



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

Name of designated centre:	Newhall
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	08 November 2018
Centre ID:	OSV-0005728
Fieldwork ID:	MON-0024081

About the designated centre

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

This is a centre comprising of a state of the art, detached two storey dwelling providing care and support for up to five residents with disabilities. Each resident has their own en-suite bedroom, decorated to their individual style and preference. Communal facilities include a large sitting room, a second sitting room for activities and/or visitors, a large, well equipped kitchen to include a breakfast bar and separate dining area. Large modern communal bathrooms are provided on both floors and the centre has a separate utility room. There are beautiful large, very well maintained gardens to the back and front of the house for residents to avail of as they wish. The centre is staffed on a 24/7 basis and the staff team comprises of a suitably qualified and experienced person in charge, two deputy team leaders and a team of social/health care professionals. Residents have access to a range of day service options and they choose their own daily routine. Their healthcare needs are comprehensively provided for and as required access to General Practitioner (GP) services and a range of other allied healthcare professionals form part of the service provided.

The following information outlines some additional data on this centre.

Current registration end date:	15/05/2021
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
08 November 2018	12:00hrs to 06:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met with two residents and spoke with one of them for a short time. The resident reported that they loved living in the centre, it was their home and that the staff team were great and very good to them. The resident appeared very much at home in the service and appeared relaxed and comfortable in the presence of staff. Staff in turn were observed to interact with the residents in a professional, caring, warm and dignified manner.

Written feedback on the service by residents informed that they were very happy and content in the house, they had no complaints about the service provided, they were very happy with their rooms, they could speak with staff about any issue they may have and they felt their rights were respected.

Capacity and capability

Residents appeared happy and content in their home, and the registered provider representative ensured appropriate supports and resources were in place so as to meet their assessed needs. The mode of care provided was person centred and this was reflected in the high levels of compliance found across all of the regulations assessed as part of this inspection process.

The centre has a management structure which was responsive to residents' needs and feedback. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who was supported by two deputy team leaders, the Director of Operations and Regional Operations Manager.

The person in charge (who was a qualified and experienced social care professional) was on leave at the time of this inspection however, it was observed that good leadership and support was provided to the staff team. The person in charge ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. Staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

The named registered provider had mechanisms in place to ensure the centre was appropriately managed in the absence of the person in charge. There were two experienced and qualified deputy team leaders working in the centre, who managed the day to day operations when the person in charge was on leave. The inspector met and spoke with both deputy team leaders and found that they had the skills and experience necessary to manage the service, knew the needs of the residents very well and managed the inspection process in a competent and responsive manner.

The inspector did not get to speak with any staff member over the course of this inspection as they were facilitating health and/or social appointments with the residents. However, one resident spoken with was very complimentary of the staff team and reported they loved living in the house and staff were very good to them.

From a small sample of files viewed, the inspector was assured that staff had the skills, experience and knowledge to support the residents in a safe and effective way. The deputy team leader also informed the inspector that many of the front line staff held third level qualifications and had undertaken a suite of in-service training courses to include safeguarding, fire safety, patient manual handling and safe administration of medication. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The Director of Operations and Regional Operations Manager provided regular support to the governance and management of the centre. They, along with the person in charge ensured there was systems in place so as it was monitored and audited as required by the regulations.

The inspector noted that as the centre had just recently opened, six monthly audits and the annual review of the quality and safety of care had yet to be undertaken. However, there were multiple mechanisms in place to ensure adequate oversight and monitoring of the centre and senior management were kept informed on a weekly basis (or sooner if required) of any issues and/or adverse incidents occurring in the centre and where required, took action to address such issues

The Director of Operations and Regional Operations Manager were also found to be responsive to the regulatory and inspection process and were present in the centre on the day of this inspection and were available to address any questions or queries from the inspector.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident were made aware of their rights (and reminded about the importance of their rights being respected and upheld) at weekly residents meetings. Access to independent advocacy services (if required) also formed part of the service and residents knew they had the right to make a complaint if they were dissatisfied about any aspect of the service. However, it was observed that no complaints had been made and verbal and written feedback on the service from residents was complimentary and very positive.

Overall, from speaking with residents, senior management and two deputy team leaders over the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they loved living in this house and appeared very relaxed, happy and content in their home.

Regulation 14: Persons in charge

While there was a person in charge in the centre who was a qualified social

care professional with experience of working in and managing services for people with disabilities

The person in charge was not met with as part of this inspection (as they were on leave) however, they has been met with on previous inspections of other centre and was found to be aware of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The person in charge also had systems on place to ensure that in their absence the service was being managed appropriately and in line with the Regulations.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supported and supervised on an a regular basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. From a sample of files viewed the inspector saw that staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication , Positive Behavioural Support, Fire Safety and Patient Manual Handling

There were also systems in place to ensure that refresher training was provided to staff as required.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis and effective management systems were in place to support and promote the delivery of safe, quality care

services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was also systems in place to undertake six monthly audits and an annual review of the quality and safety of care. Unannounced visits to the centre by management formed part of the monitoring process and there was a weekly governance matrix conducted, which alerted senior management to any issues/adverse incidents occurring in the centre which facilitated the process of taking corrective action in a timely manner if or when required.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the deputy team leader informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints process found that it met the requirements of the Regulations. In addition the complaints procedures were available to residents in the centre (and in an easy to read format).

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, no complaints had been made about this service to date and feedback from residents were very positive about the house, management and staff team.

It was also observed that residents would have access to advocacy services if required.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives of their choosing. The quality and safety of care provided was being monitored, it was to a good standard and residents' health, emotional and social care needs were being supported and comprehensively provided for. A minor issue was identified with regard to fire safety however, when this was brought to the attention of the deputy team leaders the issue was addressed promptly.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. A range of day service options were made available to the residents and they chose for themselves if they wished to attend. Some residents liked art therapy and this service was made available to them on a regular basis. Resident were also supported to go on holidays of their choosing and transport was provided so as they could access community based facilities such as shops, cafes, parks, hotels and restaurants.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had regular access to a GP, dentist, physiotherapist and dietitian. Hospital appointments were facilitated as required and comprehensive care plans were in place guide practice. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and if required had access to a range of mental health professionals such as a behavioural support specialist and psychologist. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support

residents in a professional and calm manner if required.

One residents reported to the inspector that they loved living in this centre and were informed of their rights, were supported to make a complaint if they had to and had access to independent advocacy services if required. Staff also had training in safeguarding of vulnerable adults so as to ensure they had the knowledge to respond to any safeguarding issue should one occur.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, 1:1 staffing support was provided. This ensured that the resident remained connected to their community and could engage in regular social activities in a safe and dignified manner.

There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspectors that staff undertook as required check on all fire fighting equipment and where required, reported any issues or faults. Fire evacuation drills were facilitated and recorded as required. The most recent fire drill informed that one resident refused to leave the house when the fire alarm was activated and their personal emergency evacuation plan had not been updated to reflect this. However, when this was brought to the attention of one of the deputy team leaders, they addressed the issue in a prompt and adequate manner.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. p.r.n. (as required) medicine, where in use were kept under review and there were protocols in place for its administration. There were also systems in place to manage, escalate and address a drug error should one occur in the centre.

Overall, residents reported to the inspector (verbal and written feedback) that they loved living in this house, they felt adequately supported and safe and their health and social care needs were being adequately provided for.

Regulation 17: Premises

The premises provided a spacious, homely and welcoming environment for the residents to live in. It was a state of the art modern facility and each resident had their own individual bedroom with an en suite. There were systems in place to ensure the building was maintained appropriately and on the day of this unannounced inspection, the premises were observe to be clean, warm, bright, homely, beautifully decorated and in a very good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating/ factors and control measures in addressing such risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place in the centre to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting. All fire fighting equipment was serviced as required by a fire fighting consultancy firm

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place. One evacuation plan had not been updated after the most recent fire drill, however, when this was brought to the attention of one of the Deputy Team Leaders, they addressed the issue promptly and adequately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were satisfactory and safe and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage and respond to medication errors should one occur.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans as required.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing and had a range of say service options to avail of (if they so wished)

Residents were also supported to go on holidays and frequent local amenities such as shops, restaurants and parks in their community.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

If or when required, residents were also supported to experience best possible mental health and access to a range of mental health professionals formed part of the service offered.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe in the centre and there were systems in place to respond to nay safeguarding issues should one occur. Staff had training in Safeguarding of Vulnerable Adults and access to independent advocacy services was also provided for if required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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 8: Protection	Compliant