

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Meadows
Centre ID:	OSV-0003384
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Anna Doyle
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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, 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(s).

The inspection took place over the following dates and times

From: 13 December 2017 10:15 To: 13 December 2017 16:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was an unannounced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the third inspection of the centre and was conducted over one day. The last inspection of the centre was completed in April 2015 where all outcomes were found compliant.

How we gathered our evidence:

The inspector met four of the residents, staff members, the person in charge and the regional manager during the inspection. Documentation pertaining to personal plans, fire safety, auditing practices and restrictive practices were reviewed. The inspector met two residents who expressed some of their views on the quality of the care and support provided in the centre. Information submitted subsequent to the inspection from family representatives was also reviewed. The feedback from this outlined that family members were very satisfied with the care and support being provided in the centre.

Description of the service:

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare

Services and aims to provide 24-hour care to both female and male adults. The centre comprises of one large bungalow which provides accommodation to four residents. There is also a living complex attached to the bungalow where one resident resides. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities.

Overall judgment of our findings:

The inspectors found that the supports provided in the centre were individualised some of which were aimed at promoting independence for residents. Residents spoken to said that they were happy with the care provided in the centre.

Staff were observed to treat residents with dignity and respect throughout the inspection and were knowledgeable around the needs of the residents in the centre.

Of the eight outcomes inspected, two were found moderately non compliant. This included outcome 6; safe and suitable premises, where improvements were required in the overall cleanliness, storage facilities and hand washing equipment in one area of the centre, and outcome 8; safeguarding where considerable improvements were required in the management of restrictive practices in the centre.

Three outcomes were found to be substantially non compliant under Outcome 5; social care, outcome 11; healthcare needs and outcome 18; documentation. All other outcomes were found compliant.

The findings are discussed further in the report and the areas for improvement are included 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 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

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had a personal plan in place which included an up to date assessment of need. However, it was not clear how some proposed outcomes outlined in residents plans were being addressed and reviewed.

The inspector found from talking to staff and some residents, that residents were involved in numerous activities in the centre. For example, all residents had activity schedules in place that were formulated around their needs and wishes. Activities included singing groups, swimming and soccer. Residents were also supported to improve independent living skills e.g. cooking and personal care.

Four residents were being supported in outreach programmes which included volunteer work and employment opportunities. Residents had agreed goals which included long and short term goals and in addition to this monthly outcomes were also agreed with the resident. While the majority of these had been implemented or were in progress at the time of the inspection, it was not evident how some had been actioned and reviewed.

Staff spoken with were clear about the supports to be provided to residents and were knowledgeable around the residents needs. Of the personal plans viewed an annual review had been completed and was attended by the resident's representative if agreed with the resident. Family members stated that they were fully informed around the care and support being provided to their family member.

One resident had transitioned to the centre last year, however these records were not

reviewed as part of this inspection.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the layout and design of the centre was suitable for its stated purpose and was in line with the statement of purpose for the centre. However, improvements were required in the storage facilities for one resident and the cleanliness in one area of the centre.

Overall the inspector found that the premises were well maintained and clean. However, improvements were required to the general cleanliness in one area of the centre. The inspector was informed that arrangements had been made to address this at the feedback meeting.

In addition, the storage facilities for one resident and the arrangements in place for one resident's access to hand washing materials required review. This was discussed during feedback.

Each resident had their own room which was personalised to their own tastes.

From a walk around of the centre, the inspector found that the centre provided:

- Adequate private and communal accommodation, including adequate social and recreational space.
- Rooms of a suitable size and layout
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table.
- Shower and toilet facilities suitable to meet the needs of the residents
- Adequate facilities for residents to launder their own clothes if they so wished

Residents had access to three garden areas and one resident spoke to the inspector about new outdoor furniture that was been purchased for the centre.

<p>Judgment: Non Compliant - Moderate</p>

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were arrangements in place for the management of risk in the centre.

There was a risk management policy available in the centre. While this did not contain the requirements under regulation 26 in respect of the arrangements in place for the identification, recording and investigation of serious or adverse incidents, the inspector was satisfied that the provider was reviewing this as part of a wider organisational plan.

There was a system in place to review incidents in the centre, so as to inform learning and identify trends. For example, all incidents were reviewed at staff meetings, escalated to the provider and regional manager on a weekly basis and were reviewed at weekly clinic meetings in the organisation which was attended by allied health professionals and senior management.

Fire management systems were in place in the centre. From the records viewed, the inspector found that all fire fighting equipment had been serviced appropriately. Fire drills had been completed and the records indicated that all residents could be safely evacuated from the centre in such an event.

One fire exit was observed to be locked on the day of the inspection. The regional manager informed the inspector that this was due to a falls risk. They confirmed that a fire officer had completed a review of the premises, which they submitted after the inspection. This report did not highlight concerns in this area.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures to protect residents being harmed or suffering abuse in the centre. However, improvements were required in the review of restrictive practices in the centre.

All staff were trained in safeguarding vulnerable adults. The inspector found that safeguarding issues had been reported and managed to ensure that residents were safe in the centre. This included the implementation of safeguarding plans, which staff spoken to were aware of and these plans were also discussed at staff meetings in the centre.

Staff had completed training in the management of behaviours and support plans were outlined in personal plans to guide practice. Staff spoken to were clear around the implementation of the documented supports.

There were restrictive practices in place in the centre which had been notified to HIQA. However, the inspector found that improvements were required in a number of areas, which included

- Some restrictions in place in the centre had not been identified as such.
- It was not clear why some restrictions were in place. For example, window restrictors were in place to prevent a resident absconding, despite the resident being risk assessed as a low risk.
- The records maintained for some restrictions were incomplete. For example, consent forms and record logs for when a restriction was used.
- Some restrictive practices had not been reviewed after their implementation e.g. physical interventions.
- The location of equipment for one restrictive practice required review so as to ensure that the resident's privacy and dignity was maintained in the centre at all times.

The inspector did find some good practices in this area. For example, the review of one restriction viewed was comprehensive and consideration had been given to reducing the use of this and educating the resident around its use.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to maintain best possible health. However, improvements were required to ensure that records stored were updated.

On review of a sample of personal plans, the records demonstrated that residents had access to a number of allied health professionals in line with their assessed needs. The assessment of need had been updated and there were supporting interventions in place that outlined the supports required. Staff spoken to were aware of the residents health care needs. However, one intervention required improvement so as to ensure that staff were aware of when to seek further advice in relation to monitoring vital signs for residents.

In addition, protocols developed for the administration of medication as referenced in healthcare interventions viewed were generic in nature and did not guide practice.

It had also not been included in one residents plan, that while the resident's right to refuse an intervention recommended by an allied health professional had been respected, it was not clear if this had been brought to the attention of the allied health professional who recommended this.

It was observed on inspection that residents were supported to prepare and cook their own meals. Menus were displayed on the notice board in the kitchen and choices were provided to residents.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that there were effective management systems in place which included a defined management structure that monitored the delivery of care provided in the centre.

The person in charge was present for the inspection. They had recently been appointed to this position and were found to be suitably qualified and had experience in this area. They demonstrated a good knowledge of the residents support needs in the centre. They were fulltime in their role and were supported by two deputy team leaders in the centre.

The person in charge reported to a regional manager. They liaised with the regional manager over the phone on a daily basis and the regional manager facilitated supervision with the person in charge.

There were reporting structures in place in the centre which highlighted concerns to the regional manager and the provider on a weekly basis. For example, the person in charge submitted a governance report for the attention of the provider and also completed a weekly report to the regional manager.

Staff meetings were held in the centre and the records viewed found that they were comprehensive.

An unannounced quality and safety review for the centre had taken place in the centre. This report had been issued in June 2017, a second one had not taken place at the time of the inspection; however, the regional manager confirmed that this was due to take place.

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):

No actions were required from the previous inspection.

Findings:

Overall there were sufficient staff to meet the assessed needs of residents which was consistent with the statement of purpose for the centre and contingencies were in place to cover staff on leave.

Staff spoken to felt supported in their role. There were procedures in place for the supervision of staff and a deputy team leader was on duty in the absence of the person in charge to supervise care practices in the centre.

There was a planned and actual rota maintained in the centre.

Staff had completed mandatory training and there was a system in place to highlight when refresher training was required for staff in the centre.

There were no volunteers employed in the centre.

Staff files were not reviewed as part of this inspection in order to assess the requirements under Schedule 2 of the regulations.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that some reviews taking place for residents were not stored in the residents' personal plans. For example, residents care needs were reviewed at each staff

meeting, however this was recorded as part of the staff meetings and not included in the personal plans.

No other aspects of this outcome were inspected.

Judgment:

Substantially 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:

Anna Doyle
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Regulation Directorate
Health Information and Quality Authority

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 Services Unlimited Company
Centre ID:	OSV-0003384
Date of Inspection:	13 December 2017
Date of response:	31 January 2018

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 05: Social Care Needs

Theme: Effective Services

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

It was not outlined in personal plans how agreed outcomes for residents were being achieved and reviewed.

1. Action Required:

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

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

1. Personal plans action plans will be reviewed and updated by the PIC as required ensuring the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.
2. Proposed outcomes in residents personal plans are reviewed in consultation with the residents through keyworking sessions and monthly outcomes, which will be overseen by the PIC.
3. The above points will be discussed with care staff at next team meeting on the 22/02/2018.

Proposed Timescale: 01/03/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Improvements were required to the general cleanliness in one area of the centre.

2. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

1. A deep clean of the individualised living complex took place on 16 December 2017 following the inspection.
2. Individualised living complex is cleaned on a daily basis and a deep clean to occur as required.

Proposed Timescale: 01/03/2018

Theme: Effective Services

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

The arrangements in place for one resident's access to hand washing materials required review.

3. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities

and independence of residents.

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

1. Hand washing materials were put into the Individualised Living Complex on 15 January 2018.

Proposed Timescale: 15/01/2018

Theme: Effective Services

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

The storage facilities available for one resident required review.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. Maintenance support team have reviewed the Individualised Living Complex with the PIC and storage facilities will be implemented into the complex.

Proposed Timescale: 01/03/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

- Some restrictions in place in the centre had not been identified as such.
- It was not clear why some restrictions were in place. For example, window restrictors were in place to prevent a resident absconding, despite the resident being risk assessed as a low risk.
- The records maintained for some restrictions were incomplete.
- Some restrictive practices had not been reviewed after their implementation e.g. physical interventions.
- The location of equipment for one restrictive practice required review so as to ensure that the resident's privacy and dignity was maintained in the centre at all times.
- There was no guide outlined in the personal plans as to when one intervention should be implemented.

5. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- 1.The PIC reviews resident's incidents of concern after a physical intervention is implemented.
- 2.A full review of all physical interventions will be complete by Behavioural Support Specialist and PIC on the 24 January 2018 to ensure that every effort to identify and alleviate the cause of residents' behaviour was made and that all alternative measures were considered before a restrictive procedure hold was used.
- 3.A full review of physical interventions will take place on 01 February 2018 by a Subject Matter Expert relating to the Management of Actual and Potential Aggression to ensure that each physical intervention used was the least restrictive procedure, for the shortest duration necessary.
- 4.All restrictive practices in the Centre are scheduled for review with the Director of Services and the PIC to ensure all restrictions implemented in the Centre are the least restrictive procedure possible and that the rationale for the restriction is clearly identified, documented, reviewed and monitored effectively.
- 5.A Schedule for regular review of restrictive practices to be developed and implemented to ensure that no restriction remains in place longer than necessary.
- 6.Restrictive practices were discussed and reviewed with the Centre's Care Staff at their team meeting on Tuesday 23 January 2018 and the above points will reviewed and discussed at the next team meeting on the 22 February 2018.

Proposed Timescale: 14/03/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not clear if a resident's right to refuse a recommended intervention had been brought to the attention of the allied health professional who recommended it.

6. Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

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

- 1.Residents right to refuse a recommended intervention will be brought to the attention of their allied health professional who recommended it, for review.

Proposed Timescale: 01/03/2018

Theme: Health and Development

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

One health intervention required improvement so as to ensure that staff were aware of when to seek further advice in relation to monitoring vital signs for residents.

Protocols developed for the administration of medication as referenced in health care interventions viewed were generic in nature and did not guide practice.

7. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- 1.Care Staff were provided with training on monitoring residents vital signs on 23 January 2018.
- 2.Protocol for administration of medication is in place and individualised for each resident since the date of the inspection.
- 3.Resident's health care needs and documentation were reviewed by a staff nurse on 24 January 2018

Proposed Timescale: 24/01/2018

Outcome 18: Records and documentation

Theme: Use of Information

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

Some reviews taking place for residents were not stored in the residents personal plans. For example, residents' care needs were reviewed at each staff meeting, however this was recorded as part of the staff meetings and not included in the personal plans.

8. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- 1.Following discussion at monthly staff meetings any actions relating to resident care needs are to be included in residents personal plans with the names of those responsible for pursuing objectives in the plan within agreed timescales.
- 2.Personal plans action plans will be reviewed and updated by the PIC as required ensuring the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

3. Proposed outcomes in residents personal plans are reviewed in consultation with the residents through keyworking sessions and monthly outcomes, which will be overseen by the PIC.

4. The above points will be discussed with care staff at next team meeting on the 22/02/2018.

Proposed Timescale: 31/01/2018