

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Fairways
Centre ID:	OSV-0003389
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Lead inspector:	Raymond Lynch
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:	1

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: 15 November 2017 11:00 To: 15 November 2017 15:00

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

Background to Inspection:

This was an unannounced inspection by the Health Information and Quality Authority (HIQA) in order to assess the centres on-going compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

The centre was first inspected on 06.08.14 where a moderate non compliance was found in healthcare and a minor non compliance in medication management. However, a registration inspection on 15.06.15 found that these issues had been addressed and all 18 outcomes as part of that inspection were found to be compliant.

The centre later applied to HIQA to vary their conditions of registration and increase the number of residents from five to eight. An inspection against this application to vary on 10.12.15 found that the centre was adequately equipped to increase the number of residents it supported.

This inspection found that the centre was supporting residents from an age range of 17 to 30 as in line with their statement of purpose. Some residents presented with behaviours that posed significant levels of risk to themselves and others. In turn, to

manage that risk the centre used a range of individual and environmental risk assessments and restrictive practices to keep residents, staff and members of the public safe.

How we gathered our evidence:

The inspector spoke with the person in charge at length over the course of this inspection and it was found that she was knowledgeable of her remit to the Health Act (2007) and Regulations. She was also familiar with the residents and their assessed needs. She was a qualified social care professional, who was undertaking a part time honours degree at the time of this inspection.

The inspector also spoke directly with two staff members, both social care professionals. Both were found to be responsive to the regulatory process and familiar with the assessed needs of the residents.

The inspector also reviewed a sample of documentation such as risk assessments, safeguarding plans, audits, multi-element behavioural support plans and healthcare documentation.

Description of the Service:

The centre comprised of a large two storey detached house on the outskirts of a large town in the midlands. Upstairs comprised of eight individual ensuite bedrooms (decorated to the residents' individual choice and preference), a staff room and an additional communal bathroom.

Downstairs comprised of a large accessible kitchen, separate laundry facilities, a staff office, two sitting rooms, a separate apartment area for one individual resident and a communal bathroom.

There was a large well maintained garden area to the rear of the centre. This area had an extensive range of activities such as a trampoline and a large basketball court to the side of the house for the residents to avail of as they so wished. There was also ample private car parking space to the front of the premises.

Overall Judgment of our Findings:

This inspection found that the care and support provided to the residents was to a good standard. Some residents were happy to show the inspector their rooms and it was observed they were individualised and decorated to the residents' preferences and choice.

Residents appeared comfortable in the company of staff and staff in turn interacted with residents in a warm, dignified and professional manner.

Because of the significant level of risk the centre was supporting, a range of environmental and individual risk assessments were in place, along with a significant level of restrictive practices. While it was found that these measures were in the

main keeping residents, staff and members of the public safe, the process of how risk was being managed required review as did some of the restrictive practices in place.

This inspection found the healthcare and social care needs of the residents were being adequately supported and there was regular input from a range of multi-disciplinary professionals. Medication management practices were also found to be adequate as were the systems of governance and management in the centre.

Of the seven outcomes assessed three were found to be compliant including social care needs, medication management and healthcare needs. A minor non-compliance was found in workforce and governance and management while moderate non-compliances were found in risk management and safeguarding.

These are further discussed in the main body of this report and the action plan at the end.

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:

Overall the inspector found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and individualised to each resident living in the centre.

The inspector found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive personal plan in place (to include personal, health and social care plans).

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from a small sample viewed by the inspector, it was observed that goals were being documented and a plan of action in place to support their achievement.

For example, one resident as part of their personal plan wished to go to London on holiday. This goal had been achieved and a second trip was also being planned. Another resident who liked the gymnasium was supported to use it on a regular basis by staff on a 1:1 basis.

For the children that lived in the centre, their educational goals were being provided for and they were supported to attend school and classes each day.

Residents were also supported to use their community on a regular basis and on their terms and went to local shops, walks, cinema and bowling.

Judgment:

Compliant

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:

While the health and safety of residents, visitors and staff was being promoted and systems were in place for the management of risk in the centre, some risk assessments required review and updating as they were not reflective of the mitigating factors in place to manage the significant level of risk the centre was carrying.

Some risk mitigation measures were not documented. As a result there was not adequate oversight of risk in the centre. A minor issue was also identified with one resident's personal emergency evacuation plan.

The inspector observed that there was a Health and Safety Statement in place which made explicit reference to the duties of both management and staff regarding the overall health and safety requirements of the centre.

There were also policies and procedures available on risk management (which were in the process of being updated) and the centre had a risk register in place which was made available to the inspector on the day of inspection.

The inspector was satisfied that where a risk was identified it was addressed and actions put in place to mitigate it. However, on review of a number of risk assessments the inspector observed that some of the actions in place to mitigate risk were not being adequately documented.

For example, in order to ensure the safety of both children and adults in the centre a number of restrictive measures were in place such as alarm systems on all bedroom doors. These actions were not documented on individual risk assessments.

It was also observed in some risk assessments that residents required high levels of staff support and supervision. However, when this was further discussed with the person in charge, she informed the inspector that because of the significant level of risk in the centre, high levels of staff supervision actually meant that each resident was being

supported on 1:1 staff ratio basis in the house. In some instances, support was being provided on a 2:1 basis.

The inspector was also informed that a designated staff member was assigned to each resident every day as part of risk management strategies. This specific information was not recorded in individual risk assessments.

Another risk assessment informed the inspector that one resident was at risk of swallowing foreign objects. The resident in question showed the inspector their bedroom and it was observed that there were a significant amount of relevant objects on display.

When this was brought to the attention of both the person in charge and a staff member they informed they inspector that the risk assessment should have read small objects such as "tacks" and the resident was not at risk of swallowing objects in the bedroom.

The inspector found that that a fire register was in place which was up to date. Fire equipment such as a fire alarm, fire blankets and fire extinguishers were installed and had recently been serviced. Emergency lighting was also in situ.

Fire drills were carried out regularly and all residents had individual personal emergency evacuation plan in place. A recent fire drill informed that there was a minor issue regarding the evacuation of one resident. While the resident did evacuate, their person evacuation emergency plan had not been updated after the relevant fire drill.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a small sample of files viewed, it was observed that staff had the required training in fire safety.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre however, the use of some restrictive practices required review.

There was a policy on and procedures in place for the safeguarding of residents and of the staff spoken with during inspection, they were able to demonstrate their knowledge of this policy, how to manage an allegation or concern and all corresponding reporting procedures.

They were also able to identify who the designated person was for the centre. It was observed that that where safeguarding plans were required, they were in place and were reviewed as required.

There was also written procedures in place for the provision of personal intimate care in each resident's personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time supporting their independence and maintaining their dignity, privacy and respect.

There was a policy in place for the management of behaviours of concern and all staff were trained in the promotion of positive behaviour that including environmental strategies, de-escalation, proactive and reactive interventions.

Of the staff spoken with by the inspector, they were able to verbalise their knowledge of the residents' multi-element behavioural support plans and the inspector was assured that they knew the individual needs of each resident at an intimate level.

There was also a policy on the use of restrictive practices in the centre. It was observed that there many restrictive practices in place. Where the majority of restrictions were in place, they were only in use to protect the residents from harm.

However, some restrictions required review. For example, in one part of the house protective covering were seen to be on televisions and computers. The inspector was not assured that this intervention was required or had been adequately reviewed as residents had televisions and computers in their bedrooms with no such protective covering.

There was a policy in place with regard to a resident going missing however and it was observed that all residents were either a 2:1 staff ratio or 1:1 staff ratio while accessing the community.

From a small sample of files viewed, staff had training in safeguarding of vulnerable persons.

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 there were arrangements in place to ensure that resident's healthcare needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The person in charge and team leader informed the inspector that arrangements were in place for residents to have access to a GP and a range of allied healthcare services as and when required.

From a sample of files viewed, the inspector observed that residents had regular access to a GP, and a range of other allied healthcare professionals.

For example, appointments with dentists, chiropodists and opticians, were arranged and facilitated as required. Routine hospital appointments/blood tests were also provided for.

Where and when required, positive mental health was supported. In this instance residents had access to psychiatry support, psychotherapy support and a play therapist

The inspector observed that residents were supported to eat healthily and make healthy choices with regard to meals and diet. One resident had a specialised regime in place with regard to their diet and the person in charge informed the inspector that an appointment with a dietician would be organised for this resident.

It was also observed that physical exercise programmes were supported such as walks and visits to the gymnasium.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the practices in place to order, store, administer and record medications were safe the medicines management policy was adequate in guiding medication practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. It was also observed that appropriate measures were in place for the storage of controlled medication.

That inspector observed that some recent drug errors were on file in the centre. However, they were appropriately reported and recorded and were discussed at staff meetings so as to ensure that the error did not re-occur.

It was also observed that if deemed necessary, staff were required to undergo retraining in the safe administration of medication.

Medications were routinely audited in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

It was also observed that any staff member administering medications were appropriately trained to do so.

Judgment:

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:

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. However, it was observed that the person in charge had not completed a management qualification at the time of this inspection.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified Team Leader. There were also two deputy team leaders in situ.

The person in charge informed the inspector that the team leader and deputy team leaders all held qualifications in social care or other relevant qualifications appropriate to their role.

From speaking with the person in charge it was evident she had an in-depth knowledge of the significant individual needs and supports of the resident who lived in the centre.

The person in charge was responsible for managing a significant level of risk in this centre however, she demonstrated throughout the inspection process that she was aware of her statutory obligations and responsibilities with regard to her role and remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified team leader and two deputy team leaders supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance. The person in charge and team leader were also supported in their roles by a Regional Manager.

There were systems in place for the monitoring and auditing of the quality and safety of care provided to the residents. There was also an annual review completed for the centre. The inspector observed that actions were arising from these audits were being addressed, or in the process of being addressed.

For example, a recent audit identified that monthly outcomes should be incorporated into residents personal plans. These were now in place at the time of this inspection.

It was observed that the person in charge had not completed a management qualification at the time of this inspection. However, it was also observed that she was familiar with her remit to the regulations, was providing on-going support and supervision to her staff team and knew the needs of the residents in a detailed way.

Judgment:

Substantially 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:

The inspector found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents living in the centre.

However, it was observed that some staff did not have Children's First training as required for working in this centre.

There was a team of social care workers providing support to the residents living in the centre. From a small sample of documentation viewed, some staff had third level qualifications relevant to their role and staff had attended training in fire safety and safeguarding.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the complex care and support required by the residents.

The person in charge informed the inspector that she met with her staff team on a regular basis in order to support them in their roles.

Staff supervision records and the requirements of schedule 2 of the Regulations were not checked as part of this inspection.

It was observed that staff had undertaken safeguarding of vulnerable persons training however, the inspector was concerned that some staff did not have specific Children's First training taking into account that this was a centre supporting both minors and adults.

However, from speaking with a staff member the inspector was assured that they were aware of how their responsibility with regard to the safeguarding of both adults and

minors.

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:

Raymond Lynch
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 report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003389
Date of Inspection:	15 November 2017
Date of response:	12 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The centre's risk management policy had not been consistently implemented and followed. Some of the measures, actions and controls in place to manage the significant level of risk the centre carried were not documented

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

1. 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:

Person in Charge(PIC) completed a review of the Centre Specific Risk Register and Individual Risk Registers to include measures actions and controls in place to manage significant level of risks in place in the Designated Centre [22 Dec 2017]

Proposed Timescale: 22/12/2017

Theme: Effective Services

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

It was observed that one personal emergency evacuation plan required updating

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All personal emergency evacuation plan has been updated in the Designated Centre [12 Jan 2018]

Proposed Timescale: 12/01/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some restrictive practices in place required review

3. 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:

Person in Charge(PIC) and Director of Services to facilitated a review of restrictive practices in the Designated Centre. Date has been arranged for the 16th Jan 2018.

Proposed Timescale: 16/01/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

At the time of this inspection it was not demonstrated that the person in charge had the appropriate management qualification.

4. Action Required:

Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

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

Person in Charge (PIC) to receive Leadership and Management training. Training dates have been arranged for the 17th, 18th and 19th Jan 2018.

Proposed Timescale: 19/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff did not have Children's First Training

5. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff to receive Children's First Training. Training dates have been arranged for the 19th Jan, 2nd and 9th Feb.

Proposed Timescale: 09/02/2018

