Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	The Haven
Centre ID:	OSV-0005236
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Shane Kenny
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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:	To:
07 September 2017 10:00	07 September 2017 19:40

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection.
This was the fifth inspection of the designated centre. A registration inspection had been completed in this centre in April to 2015 from which a decision had been made to register this centre. Subsequent to this registration the provider had submitted two applications to vary the registration of the centre. One of which was to change the location of the centre and the other was to increase the occupancy levels of the centre from four to six residents. The last inspection was completed in August 2015.

This inspection was unannounced, the purpose of which was to monitor compliance with the regulations and to follow up on notifications submitted to HIQA. At the time of this inspection the provider had submitted a governance plan to HIQA which included actions that would be taken to improve services to this and other centres that they operate. The purpose of this inspection was to identify if the appropriate actions had been taken to improve the lives of the residents in the centre. The inspection was focused on five specific outcomes.

The centre is registered as a mixed centre; however there were no residents under the age of eighteen residing in the centre on the day of the inspection. The regional manager confirmed that going forward the provider planned to reduce the capacity of the centre to five residents and intended to submit an application to vary the registration of the centre. In addition, as part of this application the provider was to confirm their intention to change the centre to an adult centre.

Description of the Service.
This centre is operated by Nua Healthcare and is situated in Co. Kildare. It is a six bedroom community dwelling and currently provides care to male residents who require supports in line with their assessed needs. Direct care is delivered by health care assistants and social care workers. Nursing input is available from personnel from the clinical team employed by the provider.

How we gathered evidence.
Over the course of this inspection, inspectors met all of the residents living in the centre. Inspectors engaged with one resident during the inspection in order to ascertain their views on the quality of services provided in the centre.

The person in charge was not present in the centre on the day of the inspection. In their absence a deputy team leader was on duty that had oversight over the supervision of care being provided in the centre. Two staff were met and other documents including personal plans, risk management records and safeguarding plans were reviewed.

The feedback meeting was attended by the deputy team leader and the regional manager.

Overall findings.
Inspectors found on day of the inspection that residents appeared content in the centre. They were observed attending varied activities throughout the day. Staff were attentive to residents needs and care was delivered in a timely manner. While there were some residents in the process of transitioning from the centre, inspectors found that this was in line with their wishes and assessed needs.

The person in charge and the provider were responsive to any safeguarding concerns in the centre; however improvements were required in the review and implementation of safeguarding plans developed. Improvements were also required in the use of restrictive practices and risk management procedures.

Two of the outcomes inspected under Outcome; 7 and Outcome; 8 were found to be in moderate compliance with the regulations, two outcomes were fully compliant and one outcome was found to be substantially compliant.

The action plan at the end of this report outlines the improvements required.

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 inspectors found that the processes involved for the discharge of residents in the centre was done in a planned, safe and transparent manner. No other aspects of this outcome were inspected against.

Inspectors were informed that one resident was due to be discharged from the centre in October 2017. From speaking with staff and through reviewing the minutes of meetings held in the centre, inspectors found that this process had been planned in line with the residents assessed needs. For example, inspectors were informed that a meeting was scheduled to take place the day after the inspection to discuss extending the transition date for the resident in line with their needs. The transition was also being completed in consultation with the residents' representatives and staff from the centre where the resident planned to transition to.

Another resident was currently deciding whether they would like to move from the centre in line with their wishes and was being supported by an advocate and the provider in their decision.

The provider also had plans to move another resident from the centre to a self contained apartment on the grounds of the designated centre. Building works were in progress on the day of the inspection. Once complete the provider intended to submit an application to vary the registration of the centre.

A new admission discharge policy had recently been reviewed by the provider. This was part of the overall governance plan for the organisation. This had been submitted at an

earlier date to HIQA.

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:
Inspectors found that while there were policies and procedures in place for risk management in the centre, improvements were required in risk assessments, the review of significant events in the centre and the implementation of control measures to mitigate risks.

In response to a notification submitted to HIQA regarding a significant incident, inspectors reviewed the organisations risk management policy and found that the measures identified under regulation 26(1) were not robust. For example, the policy stated that a significant incident should be reported to the clinic team. It did not outline the arrangements for the recording, investigation of, and learning from a serious incident or adverse events involving residents.

Inspectors found that while this incident had been reviewed at a clinic meeting and by the person in charge - this system was not robust so as to inform future learning.

In addition, while potential risks had been mitigated in relation to this incident, the risk assessment did not outline the additional control measures implemented to reduce the likelihood of this incident reoccurring. Instead, the control measures listed included, high supervision levels and a number of organisational policies for staff to refer to.

Inspectors found that high levels of supervision were not always present in the centre at night and therefore it was unclear how this could be implemented into practice. It was also not clear how the policies and procedures listed were actually mitigating this specific risk.

Inspectors found that some recommendations made from the review of incidents were not always implemented, such as risk assessments were not reviewed and control measures identified were not consistently implemented.

For example, the control measures in place for one resident in relation to incidents of self injurious behaviour did not adequately guide staff in relation to when healthcare

advice should be sought. While inspectors acknowledge that one staff member outlined the control measures in place, a review of incidents by inspectors found that healthcare advice had not been sought for three of the six incidents viewed for this resident.

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:
There were policies in place to protect residents being harmed or suffering abuse. However, improvements were required so as to ensure that safeguarding plans were fully implemented and reviewed; interventions in response to behaviours of concern were fully implemented and reviewed; and that appropriate systems were in place to assess and review restrictive practices in the centre.

Inspectors found that any incidents of abuse had been recorded, were investigated and the relevant authorities were informed in such an event including HIQA. Safeguarding plans had been developed in response to these concerns which all related to the impact of some behaviours of concern on residents in the centre.

From a review of the plans, inspectors found that there was a schedule in place to review these plans which included an auditing process which had been implemented by the provider to review whether safeguarding plans were being implemented in the centre.

However, this audit had been completed during the day when staffing was significantly increased and while the findings were positive it did not reflect the practice in the evening time when staffing was reduced. Inspectors found that the plans did not reflect how staff should implement the safeguarding measures some of which included ensuring that high staffing levels were in place.

Residents had reactive strategies to behaviours of concern recorded in their personal plans. Associated risk assessments and standard operating procedures were also in

place to guide staff practice in supporting residents. Staff spoken with were very knowledgeable about the reactive strategies in place to support residents.

However, it was not clear how one specific intervention could be implemented due to the prescribed need for three staff to ensure its safe implementation. In the evening times when there were only two staff on duty. Inspectors acknowledge that there had been a decrease in this intervention for the month of August 2017.

Inspectors found that some restrictions in place for residents which included restrictions around the use of chemicals, had not been considered as a restrictive practice and had therefore not been reviewed so as to ensure that the least restrictive practice was in place.

The rationale for its use was not clearly documented and there was no evidence that residents or their representatives had consented to this. For example, inspectors asked about one resident who was restricted from accessing cleaning chemicals in the centre and were informed that this was in place as the resident used too much chemicals when cleaning.

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):
No actions were required from the previous inspection.

Findings:
Inspectors found there was a governance and management structure in place which identified clear lines of accountability.

The person in charge of the centre was on annual leave on the day of inspection and the inspectors found there were appropriate arrangements in place for the oversight of the centre in the interim.

From the records viewed regular staff meetings were held in the centre. All staff met stated that they felt supported and had supervision completed on a regular basis with

the team leader or deputy team leaders.

An annual review had been completed for 2016, however this did not include the views of residents or their representatives. An unannounced quality and safety review had been completed for the centre in July 2017.

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 staffing levels in the centre during the day were appropriate in order to meet the assessed needs of residents.

There was a planned and actual rota in place in the centre. A team leader or deputy team leader was in place every day in the centre and in their absence staff had access to over the phone advise or, to report concerns to senior personnel.

The inspectors reviewed a sample of training records and found that staff had up-to-date training in fire safety, medication management and manual handling. However, not all staff had up-to-date training in safeguarding vulnerable adults. This had already been identified by the person in charge and there was a plan in place to address this.

There were no volunteers employed in the centre. Staff files were not reviewed as part of this inspection.

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:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0005236
Date of Inspection:	07 September 2017
Date of response:	20 October 2017

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 is failing to comply with a regulatory requirement in the following respect:
One risk assessment did not outline the additional control measures implemented to reduce the likehood of the incident reoccurring.

Recommendations made from the review of incidents were not always implemented,

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

such as risk assessments were not reviewed and control measures identified were not consistently implemented.

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:
1. Personal Plans will be reviewed by the PIC and the Director of Services in their entirety to ensure the information is accurate and of support to the staff team. Once complete, this will include the identification of key risks for each resident, the level of risk identified and the management of the risks [Due: 01.12.17]
2. A new Policy and Procedure on Risk Management and Individual Risk Management Planning Policy and Procedure has been developed [Completed: 09.10.17].
3. PIC completed training on the new Policy [Completed: 17.10.17].
4. Lessons learned from incidents will be part of the daily handover and the Centre's monthly team meeting.
5. A new incident management system has been developed for the organisation and in this case, has been rolled out in the Centre. The new system will allow for effective monitoring and review of incidents [Completed: 01.10.17].

Proposed Timescale: 01/12/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The organisations risk management policy under 26 (1) d, were not robust as the policy stated that a significant incident should be reported to the clinic team. It did not outline the arrangements for the recording, investigation of, and learning from a serious incident or adverse events involving residents.

2. Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
1.New revised Policy and Procedure on Risk Management and Individual Risk Management Planning Policy and Procedure has been circulated [Completed: 09.10.17]. The new Policy sets out arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving resident
s.
2.A new Centre Specific Management Register will be implemented in the Centre which will record all risks identified within the Centre [Due: 14.11.17].
The Centre Specific Management Register will be communicated as part of the daily handover.

3.PIC completed training on the New Policy [Completed: 17.10.17].

Proposed Timescale: 14/11/2017

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 for residents which included the use of chemicals in the centre had not been considered as a restriction and had therefore not been reviewed so as to ensure that the least restrictive practice was in place.

The rationale for the use of some restrictions had not clearly documented and there was no evidence that residents or their representatives had consented to this.

3. 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.All restrictions that are currently in place in the Centre will be reviewed by the PIC and Director of Services to ensure the least restrictive procedure is in place for the shortest duration necessary. This will include the restriction on chemicals such as hazardous cleaning products.

2.The review will include the rationale for any restriction that is in place.

3.Restrictive Practice Register to be developed in the Centre to identify any restrictive procedures in place. This Register will be discussed at the Centre's monthly team meeting to ensure all staff are aware of restrictions.

4.Process for obtaining Informed Consent from residents for therapeutic interventions is under review. The organisation will ensure this is fully person centred and in line with HIQA regulations and standards.

5.Where therapeutic interventions are required for any resident, informed consent shall be obtained from each resident and or his or her representative.

Proposed Timescale: 01/12/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not clear how one intervention could be implemented in the prescribed manner.

4. Action Required:
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Please state the actions you have taken or are planning to take:
1.The specific intervention that the inspector is referring to, is no longer needed in the Centre as the Resident was discharged since the Inspection in a safe and planned manner in line with regulation 25.

2.Personal Plans will be reviewed by the PIC and the Director of Services in their entirety to ensure the information is accurate and of support to the staff team. Once complete, this will be discussed at the staff team meeting in November and December 2017 to ensure staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

3.The staff team will receive training on Positive Behaviour Support and Autism.

Proposed Timescale: 11/12/2017

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:
The annual review for the centre did not include consultation with the residents or their representatives.

5. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
1.The Annual Review for the Centre will be reviewed to include the consultation that had took place with residents and their representatives.

Proposed Timescale: 01/12/2017