



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

Name of designated centre:	Rathbeag
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	17 April 2018
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0023867

## About the designated centre

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

This is a community based house providing residential services to four adults both male and female with intellectual disabilities. The centre was a large detached house comprising of four individual apartments. Each of the four residents has their own apartment within the centre however, communal facilities are also available such as a kitchen/dining room area. The centre provides services based on the assessed individual and complex needs of each resident and its ethos is to facilitate people to pursue meaningful and personalised lifestyles. It is based in a rural location in County Laois however, is in close proximity to a nearby large town. Transport is provided to residents so they have to access a range of community based facilities such as shops, shopping centres, hotels, hairdressers and cafes.

**The following information outlines some additional data on this centre.**

Current registration end date:	02/06/2021
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
17 April 2018	10:00hrs to 15:30hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector met and spoke with two people who use the service. Both residents appeared happy in the centre and comfortable in the presence of staff members.

One resident informed the inspector that they felt safe in the house, they were very happy living there, staff were kind to them and they could talk to any staff member at any time if they needed to. This resident said that the house was cosy, they were very happy with their apartment and were happy with how they were supported to exercise their rights.

One resident expressed (via a questionnaire) that they were unhappy with aspects of the service however, staff and management were aware of this issue and continued to work with the resident in exploring and addressing their concerns.

Other questionnaires completed by residents expressed their satisfaction with the service, they felt very well supported and safe and staff were very easy to talk to.

A family member was also spoken with as part of this inspection process. They spoke very highly of the staff team in the centre and said they knew the needs of their relative very well and were very kind to them.

## Capacity and capability

This was a well managed and resourced centre that was responsive in meeting the individual and complex needs of the residents who resided there.

The centre was being managed by a suitably skilled, qualified and experienced person in charge who was supported in her role by the Director of Operations, Operations Manager, Acting Team Leader and Staff Nurse. They too were experienced and qualified health care professionals providing oversight, management support and leadership to the centre.

This meant the centre was being adequately audited and monitored, trends with regard to adverse incidents were being identified and any issues arising from such audits/trend analysis were being actioned and addressed. For example, a recent audit on the premises identified that some remedial work was required on some parts of the building. This work had been completed by the time of this inspection

and the premises were found to be warm, bright and in a good state of repair.

A recent trend analysis on adverse incidents found that a resident had engaged in a number of behaviours of concern over a short period of time. This resulted in the resident's multi-element behavioural support plan being reviewed and updated, with the support and input of a psychologist. Such interventions provided the resident and staff with strategies to more effectively manage behaviours of concern and improve on their overall quality of life.

There was a skilled and adequately trained staff team in place who knew the needs of the residents very well. In turn, the numbers, qualification and skill mix of the staff were appropriate in meeting the assessed needs of the residents. There was a team of qualified social care professionals and a staff nurse in place. Staff were knowledgeable with regard to the assessed needs of the residents, provided continuity of care and supported the residents in a dignified and professional manner. Residents reported to the inspector that they felt safe in the centre, it was a homely environment and they could talk to any staff member at any time with regard to any issue they may have.

There were systems in place to support and develop staff performance. The person in charge provided regular supervision to the acting team leader, in turn the acting team leader provided supervision and guidance to the wider staff team. Staff that spoke with the inspector reported they felt adequately supported in their role and could approach the acting team leader or person in charge at any time with any concern they may have. The provider ensured staff were adequately trained and were supported to avail of learning opportunities so as to further enhance their knowledge and skills.

A family representative spoken with was complimentary of the staff team. They reported that because staff knew the needs of their relative very well, they were able to provide a service based on the best interests of the residents. While this family member had some issues with the entity in the past with regard to staff turnover and continuity of care, these issues had been addressed by the time of this inspection. The provider representative and person in charge assured the inspector that going forward that they had contingency plans in place to address such an issue should it arise in the future.

At the time of this inspection a new initiative was in development with regard to meeting the changing needs of one specific resident. This was based on a review of the service, concerns raised by a family representative and a review undertaken by a behavioural support specialist. The inspector observed that the centre was adequately responding to these issues. They were providing the resident with a specialised service supported by a core team of specially trained staff. The aim of this initiative was to improve the resident's quality of life and provide opportunities for greater integration and inclusion within the centre.

The person in charge was a qualified and experienced social care professional, who had recently completed a third level qualification in management. She had a regular physical presence in the centre and utilised her knowledge and skills to continuously

review and improve upon service delivery. Residents knew her well and could approach and speak with her at any time.

She also ensured that a system of localised audits were completed (with the support of the person participating in management and acting team leader) so as to ensure the service was meeting the needs of the residents and address any areas of non-compliance identified by the auditing process. This meant there were systems in place to continuously audit and monitor the centre at local level, address any areas of non-compliance which resulted in a service being provided that was safe and based on the assessed, individual needs of each resident.

#### Regulation 14: Persons in charge

The person in charge was an experienced, skilled and qualified social care professional who provided ongoing support and supervision to her staff team.

She was a full time staff member with the organisation, had a regular presence in the centre, residents knew her well and she ensured that local audits were carried out and actions arising from such audits were identified and plans to address them in place.

Judgment: Compliant

#### Regulation 15: Staffing

There was a team of suitably qualified, experienced and skilled social care professionals in place so as to meet the assessed and individualised needs of the residents.

There was also a qualified nurse working in the centre who provided support, guidance and advice to the residents and staff with regard to any health related issue and medication training and management.

Judgment: Compliant

#### Regulation 23: Governance and management

There was a clearly defined governance and management structure in place with clear and explicit lines of authority and accountability. There were systems in place

to audit and monitor the service so as to ensure it was safe and adequately meeting the assessed needs of the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose met the requirements of the regulations and the centre was delivering their service in line with the Statement of Purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

The centre was notifying HIQA as required by the regulations. The person in charge was aware of her remit to ensure HIQA was notified of any adverse incident occurring in the centre with regard to any allegation of abuse or any incident requiring a resident to seek medical attention.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was to a good standard and the centre was responsive to the individual and changing needs of some of the residents.

From viewing a sample of files, the inspector was assured that residents were being supported to learn new skills and maintain their independence. Personal and social goals were being identified and achieved based on their assessed needs and interests. For example, one resident with a keen interest in animals was supported to have their own pets (to include a rabbit and hamster) and they took care of the animals independently. Residents, with staff support were also facilitated to use their local amenities such as shops, shopping centres and parks.

Some residents also availed of a day service where they pursued interests of their choosing such as pottery and woodwork. One resident showed the inspector a piece of pottery that they made, which was on display in the centre.

Residents were supported to enjoy the best possible health and had regular (or as

required) access to GP services and a range of other allied healthcare professionals such as the dentist, optician and occupational therapist. This in turn provided the residents with support to maintain a healthy lifestyle and manage any health related issue they may have. For example, one resident with diabetes was being regularly screened and there was a diabetic specific care plan in place to support them experience best possible health.

Residents were also supported to enjoy best possible mental health and where required, had access to psychiatry support, psychology support and a behavioural support specialist. Multi-element behavioural support plans were reviewed and updated as required, based on the assessed and changing needs of the residents.

Staff had training in positive behavioural support which in turn meant they had the skills to support residents in a calm, confident and caring manner. Residents also reported to the inspector that they felt safe in their home.

There were also some restrictive practices in place in the centre and it was observed that they were only used as a last resort and to ensure the residents' safety. For example, there was closed circuit television (CCTV) in place in the centre and protective coverings over some appliances such as the television. However, they were kept under constant review, audited and monitored and since the last inspection a number of these restrictions had been reduced and/or removed. For example, the use of CCTV had been reduced significantly in some parts of the centre. This resulted in enhancing better systems of privacy and dignity for some residents.

There were systems in place to identify, manage and mitigate risk in the centre. This was to keep residents safe and enhance their quality of life. For example, where a resident was at risk in the community they were provided with 2:1 staff ratio support in order to provide for their safety and to enhance their opportunities for community inclusion.

All fire fighting equipment was serviced as required on a quarterly and annual basis. Staff had up-to-date fire training, all residents had a personal emergency evacuation plan in place and fire drills were conducted as required. This meant that in the unlikely event of a fire in the centre, there were systems in place for both staff and residents to evacuate in a timely and safe manner.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines. All residents required staff support with their medication requirements. There were systems in place to record, report and respond to medication errors. There were some minor errors reported for 2018 (mainly related to recording practices). Once they were reported the severity of them was assessed and this assessment dictated how the centre would respond and learn from the incident. The process of learning involved speaking directly to the staff member responsible for the error, to recommending staff take additional safe administration of medication training. This ensured that residents were administered their medication in a safe manner by competent and trained staff members.

Overall, the quality and safety of the service provided to the residents was to a good standard, residents reported that they felt safe in their home and there were systems in place to monitor and audit the centre on regular basis.

### Regulation 26: Risk management procedures

There were systems in place to identify, report, manage and mitigate risk in the centre. There was a risk management policy in place and an up-to-date risk register on file. Each resident had a number of individualised risk assessments in their personal plans, which were reviewed and updated on a regular or as required basis.

There were arrangements in place to identify, record, investigate and learn from any adverse incident occurring in the centre. This included the unexpected absence of a resident and behaviours of concern.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate fire precaution systems in place to include a fire alarm systems and fire fighting equipment such as fire extinguishers, emergency lighting and fire blankets.

Regular fire drills were facilitated and each resident had a personal emergency evacuation plan in place. There were systems in place to ensure fire fighting equipment was serviced as required on a quarterly and annual basis.

Staff carried out regular checks on escape routes, emergency lighting, fire extinguishers and the fire panel and from a sample of files viewed, had up-to-date fire training.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The medication management policies and procedures were comprehensive and met

the requirements of the Regulations.

There were procedures in place for the safe ordering, storing, administration and disposal of medication in the centre. There were also policies and procedures available to guide staff in the event of a medication error occurring in the centre. It was observed that there were some minor errors on record at the time of this inspection however, they had been managed, recorded and reported in line with the centres' policies and procedures.

There were also systems in place to learn from medication errors so as to reduce the likelihood of a re-occurrence in the future.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were policies and procedures in place to ensure the residents' assessed needs were being reviewed and provided for in a timely manner with the input of a team of multi-disciplinary professionals.

Residents were being supported to achieve short-term and long-term goals relevant to their assessed needs and to use local community based facilities.

Some residents accessed day activation services where they were facilitated to participate in skills based activities of their choosing such as woodwork and pottery.

Judgment: Compliant

### Regulation 6: Health care

There were systems in place to ensure the residents' healthcare needs were being met in a comprehensive and timely manner. Residents had regular access to GP services and a range of other allied healthcare professionals.

Residents' mental health was also provided for and where required, access to a psychiatrist, psychologist and a behavioural support specialist was provided for.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Positive behavioural support was comprehensively provided for and where required, residents had access to a range of mental health professionals to include a psychiatrist, psychologist and behavioural support specialist.

Where required, residents had a multi-element behavioural support plan in place, which was regularly reviewed and updated based on their assessed and/or changing needs.

Restrictive practices where in use, were kept under regular review, were utilised as a last resort and systems were in place to reduce their usage in the centre.

From a sample of files viewed, staff had training in positive behavioural support.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant