

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |   |
|---|---|
| <b>Centre name:</b>                                   | A designated centre for people with disabilities operated by Nua Healthcare |
| <b>Centre ID:</b>                                     | ORG-0011276   |
| <b>Centre county:</b>                                 | Laois   |
| <b>Email address:</b>                                 | p.whelan@nuahealthcare.ie   |
| <b>Type of centre:</b>                                | Health Act 2004 Section 39 Assistance                                       |
| <b>Registered provider:</b>                           | Nua Healthcare  |
| <b>Provider Nominee:</b>                              | Noel Dunne  |
| <b>Person in charge:</b>                              | Philip Whelan   |
| <b>Lead inspector:</b>                                | Sheila Doyle  |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Unannounced   |
| <b>Number of residents on the date of inspection:</b> | 4   |
| <b>Number of vacancies on the date of inspection:</b> | 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 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: 12 June 2014 10:00 To: 12 June 2014 17:00

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

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| 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**

This was the first monitoring inspection in this centre. The inspector met with the person in charge, the team leader, residents and staff and observed practices and reviewed documentation such as personal care plans and records. The inspector had previously met with the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

While areas for improvement were identified, overall the inspector found that residents received a good person centred quality service which was provided by a committed team of staff. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met. However the personal care plans and other documentation particularly in relation to the management of behaviour that challenges and weight management required improvement to ensure continuity of care.

The inspector found that some staff had not attended fire training and this was organised prior to the end of the inspection. Otherwise the health and safety of residents and staff was promoted and protected.

Improvement was required to ensure that staff files met the requirements of the Regulations. These areas are discussed further in the report and included in 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 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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Although there was ample evidence of good practice, the inspector was not satisfied that personal plans contained sufficient detail to guide practice.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members as appropriate. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. However, while personal plans were regularly reviewed to ensure goals were met, the inspector identified some information which had not been kept up-to-date or amended to reflect the changing needs of the resident. The inspector saw that in a personal plan relating to behaviour that challenges bits of information were documented in different folders. Staff were unable to find where some interventions were documented or why those interventions were required. In one resident's folder there was a document which related to daily records of the resident's general condition. However this was not completed on a daily basis and several gaps were noted. The inspector could not find why this was not consistently recorded or if indeed it was required.

Residents spoken with described to the inspector how they liked to spend their day and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities, including shopping, visits, outings and going to the cinema.

The inspector saw ample evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident should admission to general hospital services be required. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express pain etc.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

### **Findings:**

The inspector was not satisfied that there were adequate precautions in place in relation to fire.

Not all staff spoken with had attended fire training. The inspector was concerned as there was a potential risk to residents and therefore spoke to the person in charge requesting that this was addressed immediately. He arranged to provide fire training the following week and also to provide initial instruction to the staff in the interim.

Otherwise the inspector was satisfied that the health and safety of residents, visitors and staff was promoted. There was a Health and Safety Statement in place. There was an active health and safety committee and a monthly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed for residents. Risk assessments were also carried out on the use of vehicles to transport residents.

There were regular fire drills and the inspector viewed evidence that fire equipment including the fire alarm system was serviced regularly. The inspector read the emergency plan and saw that it provided sufficient detail to guide staff in the procedure to follow in the event of some possible emergencies such as flood or power outage. Priority support was available in the event of a power outage. In addition alternative accommodation for residents was available should evacuation be required.

All staff had attended training in the moving and handling and a matrix was maintained centrally by the organisation to identify when additional training was required.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood.

Other than the issues relating to incomplete documentation discussed under outcome 5, the inspector was satisfied that there was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary.

A restraint free environment was promoted and although some restrictive practices were observed, the inspector saw that they were used as a last resort and following risk assessment and the usage was guided by a robust policy.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was concerned because of inconsistencies and gaps in the documentation relating to weight management for one resident.

In one section of the personal plan it was stated that because of a high body mass index (BMI), a resident was to be weighed on a weekly basis and a food diary was to be maintained. Staff spoken with were unclear of the correct management procedures. For example although possible, staff had not obtained the resident's height and so the BMI could not be accurately measured. The scale on display used pounds but the resident's weight was recorded in kilograms. Staff spoken with were also unclear as to how to fill in the food diary. For example one entry stated burger and chips but did not outline portion size or type of burger etc.

Otherwise the inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was protected by the centre's policies and procedures for medication management.

All medications were administered by a social care worker. Each resident's medication was supplied in a blister pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training.

There was a comprehensive policy in place to guide practice and there was evidence of regular reviews by the medical team. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally complete and maintained in accordance with the centre's policies and professional guidelines. A new protocol had recently been introduced regarding checking of medications that required strict control and the inspector saw that the policy had been updated to guide this practice.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector recently met with the Director of Services and the Director of Operations for the organisation. They outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap

analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. He had responsibility for four other centres in the locality. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

### **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

#### **Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Further improvement was required to ensure that staff files met the requirements of the Regulations.

The inspector examined a sample of staff files and found that one of the four reviewed did not meet the requirements of the Regulations. Although it contained evidence of a telephone reference it did not contain any written references as required by the Regulations and the centre's own recruitment policy.

The inspector reviewed the staff rosters and staff spoken with confirmed that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

Records were maintained of staff training. These records showed that in addition to

mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them.

There were no volunteers in the service at this time.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

#### ***Report Compiled by:***

Sheila Doyle  
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 report<sup>1</sup>

|                            |   |
|----------------------------|---|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Nua Healthcare |
| <b>Centre ID:</b>          | ORG-0011276   |
| <b>Date of Inspection:</b> | 12 June 2014  |
| <b>Date of response:</b>   | 01 July 2014  |

### 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

There were gaps in the personal plan documentation relating to the management of behaviours that challenge.

**Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Personal Plans and Behavioural Plans were reviewed by Person In Charge and Behavioural team on 20/06/2014 and documentation was streamlined and simplified to support better adherence to and understanding of behaviour recording. The improved recording and documentation was presented to the staff and explained clearly with a defined and specific rationale that would identify any gaps that may occur in recording.

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

The recordings are to be reviewed weekly by the Behavioural Team. There will also be internal audits and Periodic Service Reviews to ensure compliance.

**Proposed Timescale:** 23/06/2014

### **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:**

Some staff had not attended fire training.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff not trained in the fire system and use of the fire fighting equipment in the house received training on 19/06/2014, as did two residents. Proof accessible in HR files.

**Proposed Timescale:** 19/06/2014

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The management of nutrition for one resident was disjointed and unclear.

**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:**

Nurse from Clinical Department linking in with Service User, Centre staff and Person In Charge to manage healthcare plans effectively. Health and Nutrition plan was reviewed and reference to BMI was removed as Service User's weight was within healthy range and supportive nutritional educational plan initiated with Service User.

**Proposed Timescale:** 04/07/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

One of the four staff files reviewed did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Human Resource Department immediately put an action plan in place to ensure requirements are met.

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**Proposed Timescale:** 01/08/2014