



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

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| Name of designated centre: | Rathdearg House |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Louth |
| Type of inspection: | Announced |
| Date of inspection: | 29 May 2019 |
| Centre ID: | OSV-0005449 |
| Fieldwork ID: | MON-0022622 |

About the designated centre

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

This is a service that can provide residential care and support to 4 adults (both male and female) with disabilities. The centre comprises of a large detached house in Co. Louth and is in close proximity to a number of large towns and villages. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema, bingo and health clubs. The house is a two-storey dwellings and each resident has their own private spacious bedroom which are decorated to their individual style and preference. Communal facilities include a large state of the art well equipped kitchen (with two dining areas), three spacious fully furnished sitting rooms/TV rooms (one upstairs), separate utility facilities, adequate storage space and very well maintained gardens to the rear and front of the property. There is also adequate private parking available to the front and side of the house.

There are systems in place to ensure that the assessed social and healthcare needs of the residents are comprehensively provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, two deputy team leaders and a team of social care workers and assistant support workers. All staff have qualifications, and/or specific training so as to meet the needs of the residents in a competent and comprehensive manner.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 |
|-------------|----------------------|---------------|---------|
| 29 May 2019 | 10:00hrs to 18:30hrs | Raymond Lynch | Lead |
| 29 May 2019 | 10:00hrs to 18:30hrs | Sarah Barry | Support |

Views of people who use the service

The inspectors met with all four of the residents and spoke with three of them over the course of this inspection. Residents reported that they loved living in the house, they felt very safe there, they had lots of different activities to engage in, the staff team were great and that they liked their individual bedrooms. Residents also spoke about the different social activities they like to engage in such as shopping, going out for meals and going to bingo and told the inspectors that staff support them to engage in these activities on a regular basis. One resident spoke about the day service options available to them and reported that they liked to attend as they could engage in hobbies and activities of interest to them. Another resident enjoyed arts and crafts and had their own space in their home to make cards and decorate them. They informed the inspectors that they loved this activity and staff were very supportive of it. One resident expressed some areas of dissatisfaction with the service however, the person in charge was working with that resident to address these and the resident appeared happy with this. It was also observed that this resident had not made any formal complaints about any aspect of the service.

Written feedback on the service from both family representatives and residents was also seen to be very positive. One family representative reported that they were so happy their relative lived there, the staff were great and they would recommend the centre as a home to live in. Residents also reported that they felt they were respected in the centre and were generally very happy with the overall service.

It was also observed over the course of this inspection that all residents were very comfortable and relaxed in the presence of staff and there was a welcoming and homely atmosphere in the house.

Capacity and capability

Over the course of this inspection residents appeared very happy and very much at home in this centre and the provider ensured that comprehensive supports and resources were in place to meet their assessed needs. The model of care provided was person centred and supportive of residents individual autonomy and choice. This was reflected in the high levels of compliance found across most regulations assessed as part of this inspection process. Some issues were identified with the process of risk and medication management however, they are discussed in detail in section two of this report, Quality and Safety.

The centre had a management structure in place which was responsive to residents' assessed complex needs and their feedback on the service. There was a clearly

defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in his role by the Director of Operations and two full-time and experienced deputy team leaders. This ensured there was a continuous and regular management oversight in the centre seven days per week.

The person in charge was a qualified social care professional and provided good leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to each resident.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in social care/healthcare) and all had undertaken a suite of in-service training including safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, autism awareness, intimate care and food hygiene. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

The person in charge and director of operations ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly unannounced audits. Such reviews and audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that key areas of the service required review. Some issues had been identified with the upkeep of the fire log and servicing of fire equipment and with some safeguarding plans. These issues had been addressed by the time of this inspection, ensuring ongoing effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Residents were vocal about what they wanted from the service and informed the inspectors they could talk to management or staff at any time about any concern they may have. Residents also spoke positively about the service provided and staff team working in the house. From a sample of files viewed, residents had access to independent advocacy services if required.

There were also systems in place to record and respond to any complaint arising in the service. The inspectors observed that where a complaint was made, it was being logged, investigated and addressed (to the satisfaction of the complainant) by the person in charge.

Overall, from spending time with and speaking directly to the residents, from reviewing written feedback on the service from residents and a family representative and from speaking with management and staff during the course of

this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed and complex needs of the residents in a competent and effective manner.

Residents reported that they were very happy with their home, got on very well with the staff team and appeared happy and relaxed in their home.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified social care professional with significant experience of working in and managing services for people with disabilities.

He was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

He provided good supervision and support to his staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, inspectors were satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, manual handling, autism awareness and food hygiene.

From speaking with one staff member over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured a contract of insurance was submitted to HIQA prior to this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced

and qualified director of operations and two deputy team leaders.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors were satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspectors that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. However, on the day of this inspection some issues were identified with regard to the management of risk and medication management procedures.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that they were being supported to achieve personal and social goals and to maintain links with their families and their community. Residents were also being supported to achieve meaningful goals such as regaining independence, holiday breaks, and looking into computer classes in the community. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented local shops and shopping centres, restaurants, went to bingo, attended a women's club where they met and socialised with peers and engaged in hobbies of interest such as arts and crafts.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, speech and language therapy, physiotherapy and chiropodist. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, comprehensive access to psychiatry and psychotherapy formed part of the service provided. Where required, plans were in place to support residents manage conditions such as anxiety and staff had training in positive behavioural support so they had the skills required to support residents in a professional, calm and competent manner if required. From speaking with one staff member over the course of this inspection the inspectors were assured they had a good knowledge of residents support plans and how best to support a resident with their emotional health and wellbeing.

Residents reported to the inspectors that they felt safe in the centre and access to independent advocacy services was available if required. Staff also had training in protection and safeguarding of vulnerable adults. It was observed that a number of safeguarding concerns between residents were on-going at the time of this inspection however, the person in charge was responding to these in a proactive and responsible manner. They were also reporting these concerns to HIQA as required. In order to address these issues, safeguarding plans were in place and a decision was taken to reduce the occupancy level in the centre from five residents to

four. An additional sitting room was also made available to the residents on the first floor of the house which meant that there were now three separate sitting rooms available to four residents. This meant that at times when a resident may be anxious or upset, they had a separate and private space they could avail of with staff support if required.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, they were provided with a high level of staff support. Where a health related condition posed a risk to a residents overall health and wellbeing, systems were in place to ensure they had regular GP reviews and hospital appointments. However, aspects of the risk management process required review so as to accurately reflect the mitigating factors with managing some risks in the centre.

All fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced quarterly with the last service taking place on May 25, 2019. The fire alarm system was last serviced in February 2019 and the emergency lighting serviced in April 25, 2019. A sample of documentation informed the inspectors that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted On May 07, 2019 and it was observed that three residents left the premises promptly when the alarm was sounded however, one who was reluctant to leave and needed some prompting. In response to this their personal emergency evacuation plan had been updated to reflect this issue. From a sample of files viewed, the inspectors observed that staff also had training in fire safety awareness.

There were procedures in place for the ordering, storing and disposal of medicines which met the requirements of the Regulations. However, the inspectors were concerned with regard to medication administration practices due to the number of medication errors on record in the centre (from January to May 2019). While it was observed that a number of these errors were related to documentation issues only and the person in charge had spoken with the relevant staff, five errors had been made recently. When the inspectors brought this to the attention of the person in charge and director of operations, they reported that the whole process of medication management was under review and changes would be made to the medication management process once this review was completed.

PRN (as required) medicine, where in use, was kept under review. However, some PRN medication such as a sleeping tablet did not have a specific individual protocol in place for it's administration. While staff appeared knowledgeable on how and when to administer this medication, there was no specific documentation available to guide practice. It was observed however, that a general PRN administration protocol was on file in the centre.

Overall, while some issues were found with the process of risk and medication management in the centre, feedback from residents and one family member informed inspectors that they were very happy with the service, they felt

adequately supported, they felt safe and their health and social care needs were being comprehensively provided for. Residents also appeared very much at home in this centre and very relaxed and comfortable in the presence of both management and staff.

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and found to be spacious and furnished to a very high standard.

Judgment: Compliant

Regulation 26: Risk management procedures

Aspects of the risk management process required review so as to accurately reflect the mitigating factors that were in place to manage some risks in the centre

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices required review due to the number of medication errors on record in the centre. Some PRN medication such as a sleeping tablet did not have a specific individual protocol in place for its administration.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had comprehensive access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychiatry and psychotherapy support and had plans in place to support best possible mental health.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults. From speaking with one staff member, the inspectors were assured that they had the knowledge and skills necessary to respond to any issue of concern if they had to.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Rathdearg House OSV-0005449

Inspection ID: MON-0022622

Date of inspection: 29/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1) Individual Risk management plans have been reviewed in full in the Centre to ensure they accurately reflect the mitigating factors in place to manage risk. This was completed on the 4th June 2019. 2) Centre specific risk register reviewed in full to reflect the mitigating factors in place to manage some risk in the Centre. This was completed on the 4th June 2019. 3) Above actions to be discussed at the next team meeting in the Centre on the 22nd July 2019. | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1) Individual PRN protocol for Residents have been reviewed in full to ensure they are specific to the individual. This was completed on the 11th July 2019. 2) Medications Errors trends are reviewed weekly on the Governance Matrix by the PIC and Director of Operations identifying trends and learnings. 3) Medication Administration Practices to be discussed as a standard agenda at monthly team meetings in the Centre. | |

- 4) Medication administration practices to be discussed at individual staff supervisions using Gibbs Model of Self Reflection in conjunction with the Policy and Procedure on Safe Administration of Medication.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 26(1)(b) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified. | Substantially Compliant | Yellow | 22/07/2019 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the | Not Compliant | Orange | 22/07/2019 |

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| | resident for whom it is prescribed and to no other resident. | | | |
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