



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

Issued by the Chief Inspector

Name of designated centre:	Rathdearg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0005449
Fieldwork ID:	MON-0031531

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 provides full-time residential care and support to 4 adults 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 that 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 dwelling and each resident has their own private spacious bedroom which is decorated to their individual style and preference. Communal facilities include a large state of the art and well equipped kitchen (with two dining areas), three spacious fully furnished sitting rooms/TV rooms (one upstairs), separate utility facilities, adequate storage space and 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.

Number of residents on the date of inspection:	3
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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
Wednesday 24 February 2021	10:30hrs to 15:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with all three of the residents and spoke with two of them so as to get their feedback on the service provided. A sample of written feedback on the service from residents was also reviewed by the inspector.

One resident spoken with said that while they would like to move closer to their hometown, they liked the house, the care was good and the staff team were nice. The house was in a rural setting and the resident also said that they liked to go for walks in the countryside. Another resident reported that they were also generally happy in the house however, their ultimate goal was to live in a more independent setting and plans were at an early stage to support the resident with this goal. The resident had an apartment on the first floor of the house and showed the inspector around. It was observed to be decorated to the individual style and preference of the resident. They also spoke to the inspector about their wishes for the future and that they wanted to further their education. Staff had supported the resident to enroll on a third level college course and the resident said that they were enjoying it immensely.

However, at times residents' rights were compromised in the centre. The inspector observed that on occasion, there were verbal altercations between residents and two of them expressed dissatisfaction concerning this issue. One resident said that while they were generally happy in the house, residents had their differences which could result in arguments among them and inappropriate name calling. A sample of written feedback on the service from residents was also viewed by the inspector. One resident reported that while they were fond of their housemates, there could be verbal disagreements between them and because of this, they would like to spend more time apart.

Notwithstanding these issues, the inspector observed there were times when residents got on well with each other and liked to organise in-house group activities together, such as dances and karaoke nights. They were also observed to be comfortable and at ease in the company and presence of staff and staff were observed to be supportive, caring and professional in their interactions with the residents. The house had a welcoming and homely atmosphere and over the course of the inspection, residents were observed to engage in activities of their choosing. One resident also reported to the inspector that while they were tired of the current lockdown, staff were supportive in ensuring they got to go out for drives and walks. Another resident had also taken up online shopping since the lock down began.

For the most part, residents reported that they were generally happy in their home and got on well with management and staff. However, at times their rights were compromised, due to adverse peer-to-peer interactions. A minor issue was also observed with the process of risk management. These issues are discussed in more detail in section two of this report: Quality and Safety.

Capacity and capability

On the day of this inspection, it was observed that the provider ensured appropriate supports and resources were in place to meet the assessed needs of the residents.

The centre had a clearly defined 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 their role by a director of operations. The person in charge was a qualified professional and provided leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met, as required by the Regulations.

They also ensured staff were appropriately qualified, trained, and supervised with the required skills to provide a responsive service to the residents. For example, from a small sample of files viewed, the inspector observed that staff had training in safeguarding of vulnerable adults, autism awareness, protection and welfare, safe administration of medication, positive behavioural support, hand hygiene and infection control. Where required, one-to-one staffing support was also provided to the residents to promote their overall safety and wellbeing.

The person in charge was also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) and was found to be responsive to the inspection process. The person in charge was also aware of the requirement to notify the chief inspector of any adverse incident occurring in the centre, as required by the regulations

The person in charge and director of operations also 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 for 2020 along with six-monthly auditing reports/unannounced visits. Such 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, the annual review determined that aspects of the residents' files (to include their needs assessments) required updating on an annual basis. This issue was addressed at the time of this inspection.

Overall, this inspection found that the provider had ensured that appropriate and adequate supports were in place to meet the assessed needs of the residents.

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Where required, residents were provided with one-to-one staff support. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire safety, manual handling and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined 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 their role by a director of operations. The centre was also monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports/unannounced visits.

Judgment: Compliant

Regulation 3: Statement of purpose

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.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home, within their community and systems were in place to meet their assessed health, emotional and social care needs. However, issues were found with regard to residents' rights and one aspect of the risk management process.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with the community. For example, one resident was being supported to achieve educational goals and at the time of this inspection, was attending a local college. The resident reported that they were very much enjoying their college work and that staff were very supportive in helping them with their studies. Residents were also being supported to build and develop independent living skills within their home. Prior to the lockdown the inspector observed that residents were being supported to visit community-based amenities such as shops, restaurants, shopping centres and hairdressers. However, residents continued to avail of drives, walks and in-house activities such as baking and card making.

From a small sample of files viewed the inspector observed that residents were also being supported with their emotional and healthcare-related needs. As required, access to a range of allied healthcare professionals, to include GP services, chiropody, occupational therapy and a dentist formed part of the service provided. Where required, specific healthcare plans were also in place to support residents with conditions, such as high blood pressure. Hospital appointments were also provided for and residents also had access to psychiatry and psychotherapy support as and when required.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre and these were mainly related to adverse peer-to-peer verbal interactions. However, all adverse incidents were being recorded, reported and responded to by the person in charge. Where required, residents were provided with one-to-one staff support and access to independent advocacy formed part of the service provided. From a small sample of files viewed, staff had training in safeguarding of vulnerable adults, protection and welfare and Children's First.

Residents were informed of their rights and held weekly forum meetings so as to plan and agree menus for the week. At these meetings they also planned and organised in-house group activities, such as dances and karaoke and planned social outings. However, there were times when residents' rights were compromised in the

centre. The inspector observed that on occasion, there were verbal altercations between residents and two of them expressed dissatisfaction concerning this issue. One resident reported that such altercations could result in arguments among residents and inappropriate name calling. A sample of written feedback viewed by the inspector also informed that because of this issue, residents would like to spend more time apart.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and wellbeing. For example, where a resident was at risk due to a health-related issue, such as high blood pressure, they were being supported to see their GP regularly, staff were monitoring their blood pressure and from a sample of files viewed, staff also had training in basic first aid and in the monitoring of blood pressure. However, aspects of the risk management process required review. For example, a control measure to reduce the risk of falls for one resident, as recommended by an occupational therapist, required updating to reflect changes in the resident's current living arrangement and assessed needs.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector observed staff wearing PPE throughout the course of this inspection and also noted there were adequate hand-washing facilities and hand sanitising gels available throughout the house.

Overall, residents were supported to have meaningful lives in their home and community. Systems were also in place to meet their assessed health, emotional and social care needs. However, at the time of this inspection issues were found with regard to residents' rights and with aspects of the risk management process.

Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, a control measure to reduce the risk of falls for one resident, as recommended by an occupational therapist, required updating to reflect changes in the resident's current living arrangement and assessed needs.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19. From a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with the community.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their emotional and healthcare-related needs. As required, access to a range of allied healthcare professionals, to include GP services, chiropody, occupational therapy and dentist formed part of the service provided.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre and these were mainly related to adverse peer-to-peer verbal interactions. However, all adverse incidents were being recorded, reported and responded to by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that at times, residents' rights to privacy and dignity were not adequately upheld in the centre.

Judgment: Substantially 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rathdearg House OSV-0005449

Inspection ID: MON-0031531

Date of inspection: 24/02/2021

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) The Person in Charge is to conduct a full review of Individual risk management plans on a monthly basis or as required. (19/03/2021) 2) An occupational therapy review is due to take place with Resident (23/03/2021) 3) Recommendations from the Occupational therapy review to be incorporated into the Individual risk management plan. (23/04/2021) 4) Recommendations from the occupational therapy review to be implemented in the Centre. (14/05/2021) 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1) An initial needs assessment has been completed with two Residents in the Centre which is discussed by the Admissions, discharges and transfers committee on a weekly basis. (02/03/2021) 2) Residents will be supported in line with their assessed needs and wishes by the Person in Charge for any discharge from the Centre. (30/09/2021) 3) Residents to discuss and be educated on their rights monthly. (22/03/2021) 4) Dignity and respect to be discussed at weekly in-house service user forum. (21/03/2021) 5) Monthly safeguarding reviews of the Centre to take place for a three-month period. (22/06/2021) 6) PIC to discuss safeguarding at 6-weekly internal Service review meetings. 	

(28/04/2021)

7) Actions agreed upon at the internal Service review meetings to be disseminated to relevant members of the MDT. (28/04/2021)

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(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	14/05/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal	Substantially Compliant	Yellow	30/09/2021

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