

**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-0011278
<b>Centre county:</b>	Laois
<b>Email address:</b>	l.flynn@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>	Lisa Flynn
<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>	10
<b>Number of vacancies on the date of inspection:</b>	2

## **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: 01 May 2014 10:30 To: 01 May 2014 16:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 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, residents and staff, 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.

The inspector found that residents received a good person centred quality service. 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. The inspector found that the residents were comfortable and person centred care was provided by a committed team of staff. The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were robust. The risk management policy was currently being updated to meet the requirements of the Regulations.

Improvements to some aspects of medication management were required. These 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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of care plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Daily records were also maintained of how the residents spent their day. Key workers were assigned and the inspector saw evidence that goals were described and plans put in place to meet those. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used and communication needs.

There was an extensive range of activities available to the residents both in the centre and out in the community. Transport was available within the centre. A daily plan was devised for each resident. Several residents had part time jobs and one resident told the inspector how much she enjoyed this. The inspector also saw that residents were supported to attend mainstream courses available in the community such as photography. Other activities included trips to the shops, community activities, life skills

training and visits to the cinema. Staff told the inspector that a residents' meeting was held on each Monday evening and plans were put in place for the week but acknowledged that this changed depending on the wishes of the residents each day.

## **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:**

Compliant

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

No actions were required from the previous inspection.

### **Findings:**

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 weekly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed. For example it was identified that hand rails were required on one of the stairs in the house and plans were in place to address this. Risk assessments were also carried out on the vehicles used to transport residents.

The inspector read the emergency plan and saw it had recently been updated and provided sufficient detail to sufficiently guide staff in the procedure to follow in the event of an emergency. In addition possible alternative accommodation for residents was specified should evacuation be required.

This centre is part of a larger organisation and the inspector saw that following recent inspections in some of the other centres the organisation's risk management policy was being updated to ensure compliance with the Regulations. Individual risk assessments were also completed for each resident which included a risk assessment as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting.

All staff had attended training in the moving and handling and a matrix was maintained by the organisation's head office 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 was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where education was provided, issues were discussed at residents' meetings and included in each meeting with their keyworker.

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.

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. There were currently no instances of behaviour that challenged.

A restraint free environment was promoted and no resident was using either bedrails or lapbelts at the time of inspection.

## **Outcome 11. Healthcare Needs**

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

### **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 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.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost or gained weight. The menu choices were on display. Each resident took it in turn to choose the main course although choices were also provided for residents who did not like the main option. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector also saw that residents were supported in preparing and cooking the meals and in the cleaning up afterwards.

## **Outcome 12. Medication Management**

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

### **Theme:**

Health and Development

### **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 each resident was protected by the designated centres policies and procedures for medication management.

Some residents required medications on a PRN basis. On reviewing the prescription records, the inspector noted that there were conflicting instructions as to how often a medication could be given. For example one instruction reviewed stated that it could be given once a day but it also stated twice a day. Staff spoken with were unclear as to which was correct. The prescription records were transcribed by a nurse and then signed by the prescribing doctor. Staff stated that checks had been completed but these errors had not been identified.

The inspector also saw that a part of the record of drugs that required strict controls were difficult to read. The inspector could not decipher one date and misread it which meant that it then appeared that the stock balances were incorrect. However, the person in charge sought clarification from the staff and this was rectified. In addition, checks were not being completed at the end of each shift as required by the centre's policy.

Otherwise the inspector was satisfied with practices. Several residents were self medicating and the inspector saw that appropriate risk assessments had been completed and ongoing monitoring was carried out. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. There was a comprehensive policy in place which had recently been reviewed and there was evidence of regular reviews by the medical team.

**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 ongoing basis and that effective management systems

are in place that support and promote the delivery of safe, quality care services.

The Director of Services and the Director of Operations previously 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.

The team leader and staff spoken with confirmed that resident satisfaction surveys were completed on a yearly basis. The inspector saw where improvements were brought about as a result of this. For example locks had been put on doors and additional lighting was provided in the courtyard. In addition a weekly residents' meeting was held. The inspector saw where items discussed included planning menus for the week and the type of activities the residents would like to do in the coming week. For example a trip to the beach was on the agenda for the upcoming weekend.

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. She also had responsibility for four other centres in the locality. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. 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:**

Compliant

#### **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 and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and team leader told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced by the Human Resource department to ensure that required information was in place.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, first aid and the management of behaviour that challenges. 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.

**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-0011278
<b>Date of Inspection:</b>	01 May 2014
<b>Date of response:</b>	21 May 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 12. Medication Management

**Theme:** Health and Development

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

There were conflicting instructions as to how often a medication could be given.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The kardexs will be reviewed and rectified by our clinical department and in consultation with the prescribing psychiatrist to ensure the following

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

- Instructions on the kardexs are clear and concise.
- The direction on the kardexs ensures that all prescribed medication and PRN medication are transparent and are clarified to ensure that opportunities for errors have been eradicated.

**Proposed Timescale:** 01/06/2014

**Theme:** Health and Development

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

The procedures for checking and documenting drugs that required strict controls were not sufficiently robust.

**Action Required:**

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The person in charge is speaking to the team in house at a team meeting on the 22nd of May 2014 regarding this issue.

The following direction will be given to the team in a written format.

- All staff to ensure that when they are checking and documenting medication that it is clear and legible.
- The team leader will be assigned to review the control drug book when on shift and record it in his weekly report to the PIC showing the PIC that this task has been completed.
- The medication officer in house will be given the task to spot check the drug control book on a weekly basis.
- The PIC will review drug control book when on sight.
- Through Nua HealthCare's internal auditing system the auditor assigned will review this as part of their audit.
- New control recording document to be put place for counting controlled drugs independent of administering controlled medication.
- Policy on medication management will be adjusted to reflect this control measure being implemented.

**Proposed Timescale:** 01/07/2014